

STATEMENT OF COMPLIANCE

PAYROLL NUMBER 1	PAYROLL PAYMENT DATE 4/17/2014	CONTRACT NUMBER 382248 36883-19-02 (Hanford 200 East)
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DATE 4/16/2014

I, Jami Wellman Office Manager do hereby state;
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by Intermech, Inc. on the Olefa - Extraction Wells ME51 & ME52 project that during the payroll period commencing on 04/07/2014 and ending 04/13/2014, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made by either directly or indirectly to or on behalf of said Intermech, Inc. from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 848.63 Stat. 108,72 Stat.967; 76 Stat. 357; 40 U.S.C. 275c) and described below:

FEDERAL, STATE, AND LOCAL WITHHOLDING TAXES	CREDIT UNION
MEDICARE, FICA WITHHOLDING	LPL
401-K WITHHOLDING	L&I
MEDICAL INSURANCE PREMIUMS	OTHER AUTHORIZED OR LAWFUL DEDUCTIONS

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated in the contract that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed on the Contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (Cra#)	EXPLANATION
TRAVEL PAY	IF NO TRAVEL PAY OR PARTIAL TRAVEL PAY, EMPLOYEE(S) WORKED AT SHOP ALL WEEK OR PART OF WEEK.

REMARKS
 FEDERAL EIN #:

(b)(3):26
U.S.C. 6103

NAME AND TITLE JAMI WELLMAN OFFICE MANAGER	SIGNATURE 
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8667001

Certified Payroll Report

4/18/2014 11:56:00

Date 4/13/2014
Project Number 38224
Project Address Dyala-ME31 & ME32 -
Customer PO 38655-08-02 - Cjeda

Inmanach Inc.
5901 West Point Blvd
Wilmington, NC 27162

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*Payroll No. 1
Hanford - 200 East*

Employee Name - Social Security	Pay Type	4/7 4/8 4/9 4/10 4/11 4/12 4/13							Total	Rate	Job	Union							Wages Paid
		Mon	Tue	Wed	Thu	Fri	Sat	Sun				Grass	Grass Pay	FICA Med	Federal WHI	State WHI	Misc Ded	Total Ded	
(b)(6) (b)(4)	REGULAR								(b)(4)										(b)(4)
Employee Total									(b)(4)										(b)(4)
Total all employees									(b)(4)										(b)(4)
Per Diem Total																			

(b)(4)

STATEMENT OF COMPLIANCE

PAYROLL NUMBER 2	PAYROLL PAYMENT DATE 4/24/2014	CONTRACT NUMBER 382246 36883-19-02 (Hanford 200 East)
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DATE 4/22/2014

I, Jami Wellman Office Manager do hereby state:
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by Intermech, Inc. on the Oleada - Extraction Wells ME51 & ME52 project that during the payroll period commencing on 04/14/2014 and ending 04/20/2014, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made by either directly or indirectly to or on behalf of said Intermech, Inc. from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 848.63 Stat. 108,72 Stat.967; 76 Stat. 357; 40 U.S.C. 276c) and described below:

FEDERAL, STATE, AND LOCAL WITHHOLDING TAXES	CREDIT UNION
MEDICARE, FICA WITHHOLDING	LPL
401-K WITHHOLDING	L&I
MEDICAL INSURANCE PREMIUMS	OTHER AUTHORIZED OR LAWFUL DEDUCTIONS

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated in the contract that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed on the Contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION
TRAVEL PAY	IF NO TRAVEL PAY OR PARTIAL TRAVEL PAY, EMPLOYEE(S) WORKED AT SHOP ALL WEEK OR PART OF WEEK.

REMARKS

NO HOURS TO REPORT

(b)(3):26
U.S.C. 6103

FEDERAL EIN #:

NAME AND TITLE

JAMI WELLMAN
OFFICE MANAGER

SIGNATURE

Jami Wellman

STATEMENT OF COMPLIANCE

PAYROLL NUMBER 3	PAYROLL PAYMENT DATE 5/01/2014	CONTRACT NUMBER 382246 36883-19-02 (Hanford 200 East)
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DATE 4/29/2014

I, Jami Wellman Office Manager do hereby state;
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by Intermach, Inc. on the Ojeda - Extraction Wells ME51 & ME52 project that during the payroll period commencing on 04/21/2014 and ending 04/27/2014, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made by either directly or indirectly to or on behalf of said Intermach, Inc. from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 848.63 Stat. 108.72 Stat.967; 76 Stat. 357; 40 U.S.C. 276c) and described below:

FEDERAL, STATE, AND LOCAL WITHHOLDING TAXES	CREDIT UNION
MEDICARE, FICA WITHHOLDING	LPL
401-K WITHHOLDING	L&I
MEDICAL INSURANCE PREMIUMS	OTHER AUTHORIZED OR LAWFUL DEDUCTIONS

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated in the contract that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed on the Contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION
TRAVEL PAY	IF NO TRAVEL PAY OR PARTIAL TRAVEL PAY, EMPLOYEE(S) WORKED AT SHOP ALL WEEK OR PART OF WEEK.

REMARKS

(b)(3):26 FEDERAL EIN #
U.S.C. 6103

NAME AND TITLE

JAMI WELLMAN
OFFICE MANAGER

SIGNATURE

Jami Wellman

STATEMENT OF COMPLIANCE

PAYROLL NUMBER 4	PAYROLL PAYMENT DATE 5/08/2014	CONTRACT NUMBER 382246 36883-19-02 (Hanford 200 East)
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DATE 5/6/2014

I, Jami Wellman Office Manager do hereby state:
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by Intermech, Inc. on the Olada - Extraction Wells ME51 & ME52 project that during the payroll period commencing on 04/28/2014 and ending 05/04/2014, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made by either directly or indirectly to or on behalf of said Intermech, Inc. from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 848, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c) and described below:

FEDERAL STATE AND LOCAL WITHHOLDING TAXES	CREDIT UNION
MEDICARE, FICA WITHHOLDING	LPL
401-K WITHHOLDING	L&I
MEDICAL INSURANCE PREMIUMS	OTHER AUTHORIZED OR LAWFUL DEDUCTIONS

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated in the contract that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

[a] WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4[c] below

[b] WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed on the Contract, except as noted in section 4[c] below.

[c] EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION
TRAVEL PAY	IF NO TRAVEL PAY OR PARTIAL TRAVEL PAY, EMPLOYEE(S) WORKED AT SHOP ALL WEEK OR PART OF WEEK.

REMARKS

(b)(3):26
U.S.C. 6103

FEDERAL EIN #:

NAME AND TITLE
JAMI WELLMAN
OFFICE MANAGER

SIGNATURE

Jami Wellman

STATEMENT OF COMPLIANCE

PAYROLL NUMBER 5	PAYROLL PAYMENT DATE 5/15/2014	CONTRACT NUMBER 382246 36883-19-02 (Hanford 200 East)
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DATE 5/13/2014

I, Jami Wellman Office Manager do hereby state;
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by Intermech, Inc. on the Ojeda - Extraction Wells ME51 & ME52 project that during the payroll period commencing on 05/05/2014 and ending 05/11/2014, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made by either directly or indirectly to or on behalf of said Intermech, Inc. from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 648.63 Stat. 108,72 Stat.967; 76 Stat. 357; 40 U.S.C. 276c) and described below:

<u>FEDERAL, STATE, AND LOCAL WITHHOLDING TAXES</u>	<u>CREDIT UNION</u>
<u>MEDICARE, FICA WITHHOLDING</u>	<u>LPL</u>
<u>401-K WITHHOLDING</u>	<u>L&I</u>
<u>MEDICAL INSURANCE PREMIUMS</u>	<u>OTHER AUTHORIZED OR LAWFUL DEDUCTIONS</u>

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated in the contract that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

- (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
 In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below
 - (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
 Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed on the Contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION
TRAVEL PAY	IF NO TRAVEL PAY OR PARTIAL TRAVEL PAY, EMPLOYEE(S) WORKED AT SHOP ALL WEEK OR PART OF WEEK.

REMARKS
 FEDERAL EIN #: (b)(3):26 U.S.

NAME AND TITLE JAMI WELLMAN OFFICE MANAGER	SIGNATURE 
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48867051

Certified Payroll Report
Intermech Inc.
2801 West Point Blvd
Winston Salem, NC 27103

6/13/2014 11:14:16
Page - 17 of 21

Date: 6/11/2014
Project Number: 261246
Project Address: Cjeda-ME51 & ME52 -
Customer PO: 91853-10-03 - Cjeda

Payroll Number: 5
Handford Zoo East

Employee Name - Social Security Job Title	Pay Type	26 Mon	26 Tue	27 Wed	28 Thu	29 Fri	30 Sat	1/11 Sun	Total	Rate	Job					Union		Wages	
											Gross	Gross Pay	FICA Med	Federal WH	State WH	Misc Ded	Total Ded	Paid	
(b)(6) (b)(4)	(b)(4)								(b)(4)										
	1 REGULAR 23 TRAVEL-			(b)(4)															
Employee Total				(b)(4)					(b)(4)										
(b)(6) (b)(4)	(b)(4)								(b)(4)										
	1 REGULAR			(b)(4)															
Employee Total				(b)(4)					(b)(4)										
(b)(6) (b)(4)	(b)(4)								(b)(4)										
	1 REGULAR 23 TRAVEL-			(b)(4)															
Employee Total				(b)(4)					(b)(4)										
Total all employees				(b)(4)					(b)(4)										
Per Diem Total									(b)(4)										

(b)(4)

STATEMENT OF COMPLIANCE

PAYROLL NUMBER 6	PAYROLL PAYMENT DATE 5/22/2014	CONTRACT NUMBER 382246 36883-19-02 (Hanford 200 East)
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DATE 5/20/2014

I, Jami Wellman Office Manager do hereby state:
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by Intermach, inc. on the Ojeda - Extraction Wells ME51 & ME52 project that during the payroll period commencing on 06/12/2014 and ending 05/18/2014, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made by either directly or indirectly to or on behalf of said Intermach, Inc. from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 848.63 Stat. 108,72 Stat.967; 76 Stat. 357; 40 U.S.C. 276c) and described below:

<u>FEDERAL, STATE, AND LOCAL WITHHOLDING TAXES</u>	<u>CREDIT UNION</u>
<u>MEDICARE, FICA WITHHOLDING</u>	<u>LPL</u>
<u>401-K WITHHOLDING</u>	<u>L&I</u>
<u>MEDICAL INSURANCE PREMIUMS</u>	<u>OTHER AUTHORIZED OR LAWFUL DEDUCTIONS</u>

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated in the contract that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

- (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
 In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below
 - (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
 Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed on the Contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION
TRAVEL PAY	IF NO TRAVEL PAY OR PARTIAL TRAVEL PAY, EMPLOYEE(S) WORKED AT SHOP ALL WEEK OR PART OF WEEK.

REMARKS
 FEDERAL EIN # (b)(3):26 U.S.

NAME AND TITLE JAMI WELLMAN OFFICE MANAGER	SIGNATURE 
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STATEMENT OF COMPLIANCE

PAYROLL NUMBER 7	PAYROLL PAYMENT DATE 5/29/2014	CONTRACT NUMBER 382248 36883-19-02 (Hanford 200 East)
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DATE 5/27/2014

I, Jam Wellman Office Manager do hereby state;
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by Intermach, Inc. on the Ojeda - Extraction Wells ME51 & ME52 project that during the payroll period commencing on 05/19/2014 and ending 05/26/2014, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made by either directly or indirectly to or on behalf of said Intermach, Inc. from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 848.63 Stat. 108.72 Stat.967; 76 Stat. 357; 40 U.S.C. 276c) and described below:

FEDERAL STATE AND LOCAL WITHHOLDING TAXES	CREDIT UNION
MEDICARE FICA WITHHOLDING	LPI
401-K WITHHOLDING	LAI
MEDICAL INSURANCE PREMIUMS	OTHER AUTHORIZED OR LAWFUL DEDUCTIONS

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated in the contract that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

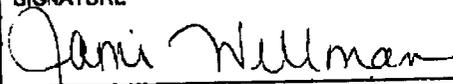
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
 In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
 Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed on the Contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION
TRAVEL PAY	IF NO TRAVEL PAY OR PARTIAL TRAVEL PAY, EMPLOYEE(S) WORKED AT SHOP ALL WEEK OR PART OF WEEK.

REMARKS
 FEDERAL EIN #: (b)(3):26 U.S.

NAME AND TITLE JAMI WELLMAN OFFICE MANAGER	SIGNATURE 
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STATEMENT OF COMPLIANCE

PAYROLL NUMBER 8 - FINAL	PAYROLL PAYMENT DATE 6/05/2014	CONTRACT NUMBER 382248 36883-19-02 (Hanford 200 East)
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DATE 6/3/2014

I, Jami Wellman Office Manager do hereby state;
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by Intermech, Inc. on the Ojeda - Extraction Wells ME51 & ME52 project that during the payroll period commencing on 05/26/2014 and ending 06/01/2014, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made by either directly or indirectly to or on behalf of said Intermech, Inc. from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 848.63 Stat. 108.72 Stat.967; 76 Stat. 357; 40 U.S.C. 276c) and described below:

FEDERAL STATE AND LOCAL WITHHOLDING TAXES	CREDIT UNION
MEDICARE, FICA WITHHOLDING	LPL
401-K WITHHOLDING	L&I
MEDICAL INSURANCE PREMIUMS	OTHER AUTHORIZED OR LAWFUL DEDUCTIONS

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated in the contract that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

- (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
 - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below
 - (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
 - Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed on the Contract, except as noted in section 4(c) below.

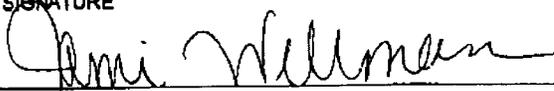
(c) EXCEPTIONS

EXCEPTION (Craft)	EXPLANATION
TRAVEL PAY	IF NO TRAVEL PAY OR PARTIAL TRAVEL PAY, EMPLOYEE(S) WORKED AT SHOP ALL WEEK OR PART OF WEEK.

REMARKS
NO HOURS TO REPORT

(b)(3):26
U.S.C. 6103

FEDERAL EIN #

NAME AND TITLE JAMI WELLMAN OFFICE MANAGER	SIGNATURE 
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