MINNESOTA DEPARTMENT OF LABOR & INDUSTRY

	Part 2 Statement of Compliance			
REPORT NUMBER 3	STATE PROJECT NAME AND LOCATION Superior WI	DATE 10/12/2023		
CONTACTING AUTHORITY	PROJECT C Reiss Dock	GENERAL CONTRACTOR Northland Constructors		
CONTRACTOR/SUBCONTRACTOR Dairyland Fence Co., Inc	PHONE NUMBER 715-372-5644	CONTRACT PURCHASE ORDER NUMBER		
ADDRESS PO Box 7	CITY/STATE Iron River, WI	ZIP 54847		
TYPE OF WORK Fencing				
I, Kathryn T. Burhans	(Complete as described on solicitation documents.) T WITH RESPECT TO COMPLIANCE AND Corporate Secretary	do hereby state:		
on said Contract; that during the payroll ending the _2day of _October Contract. That all persons performing wages for all hours worked under said indirectly to or on behalf of saidDairylan from the full wages earned by any pers	(Title-Owner or Office the persons employed by period commencing on the of the year 2023 there were 2 work under said Contract are listed on the part Contract, that no rebates and or deductions of Fence Co., Inc. on, other than permissible deductions as defined the permissioner of Labor and Industry and DESCRIBE LEGAL DEDUCTIONS	of the year 2023, andemployees performing work on said yroll and have been paid the full prevailing have or will be made either directly or(Contractor or Subcontractor) d in Minnesota Statutes 177.24. Subdivision		
worker(s) performing work under sa	Contract is complete and accurate; that the wa	wage determination(s) and labor provisions		

- (2) That the payroll submitted under said Contract is complete and accurate; that the wage rate(s) of the laborer(s), mechanic(s), and worker(s) performing work under said Contract is (are) paid according to the wage determination(s) and labor provisions incorporated in said Contract and according to applicable laws; that wages paid to laborer(s) mechanic(s), and worker(s) performing work under said Contract is at least the prevailing wage rate for the most similar classification of labor performed as defined under applicable law; and that the laborer(s), mechanic(s), and worker(s) performing work under said Contract is (are) paid for all hours in excess of the prevailing hours at a rate of at least one and one-halftimes the applicable base rate of pay.
- (3) That any apprentices employed during said payroll period are duly registered in a bona fide apprenticeship program registered with the Minnesota Department of Labor and Industry, or are registered with the Bureau of Apprenticeship and Training; United States Department of Labor.
- (4) That:

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

In addition to the basic hourly wage rates paid to each laborer, worker or mechanic listed on said payroll, payments to current, bona fide fringe benefit programs as set forth in paragraph 4(d), have been or will be made to the program's administrators as set forth in paragraph 4(e) for the benefit of said employees, except as noted in Section 4(c).

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH TO ALL EMPLOYEES

Each laborer, worker, or mechanic listed on said payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic rate plus the fringe rate as listed in the appropriate wage determination incorporated into said Contract.

(c) EXCEPTIONS

EMPLOYEE NAME	CLASSIFICATION/OCCUPATION	EXPLANATION

(d) BENEFIT PROGRAM INFORMATION in DOLLARS CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked.)

PROGRAM TITLE, CLASSIFICATION TITLE, OR INDIVIDUAL EMPLOYEES	HEALTH/ WELFARE	VACATION/ HOLIDAY	APPRENTI- CESHIP TRAINING	PENSION	OTHER INCLUDE TITLE
Laborers Local 1091	\$ 9.70	\$3.10	\$.35	\$ 9.20	\$.30 Lecet/Safety
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

(e) BENEFIT PROGRAM INFORMATION (Must be completed if 4(a) is checked.)

BENEFIT ACCOUNT NUMBER	THIRD PARTY TRUSTEE AND/OR CONTACT PERSON	TELEPHONE NUMBER
WL181	Fund Office	608-842-9102
	NUMBER	NUMBER AND/OR CONTACT PERSON

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under federal and/or state law.

NAME AND TITLE OF OWNER OR OFFICER	SIGNATURE
Corporate Secretary, Kathryn T. Burhans	Hatligh Sullans

As a representative of the contractor submitting the payroll identified above, I hereby certify that the payroll is true and correct to the best of my knowledge.

Molly Musolf, Project Administrator Wolly Wusolf

10/13/23

NOTE: For information regarding this form, submission of payroll records, or copies of the laws stated above, contact the Minnesota Department of Labor and Industry, 443 Lafayette Road N., St. Paul, MN 55155, Phone: (651) 284-5091 or 1-800-DIAL-DLI (1-800-342-5354), TTY: (651) 297-4198.

Minnesota Department of Labor and Industry Certified Payroll Form

subcontractor(s) shall furnish these completed forms every two weeks to the contracting authority. Copies of the Prevailing Wage Payroll Information form and the Statement of This is a two part form consisting of Part 1 - Prevailing Wage Payroll Information listed below and the accompany Part 2 - Statement of Compliance. The contractor and Compliance form are available at DLI.MN.GOV/LS/PrevWage.asp

Wages Paid 4843 Rice Lake Rd, Duluth, MN 55803 (218-625-2298) Total Net 1359.14 1338.02 = Deductions 403.91 672.50 Total Payroll # (Specify) (Specify) C. Reiss Dock, Superior, WI 140.28 Other 137.20 Northland Constructors 97.87 62.37 State Tax 68.00 282.00 Fed Tax 155.43 133.26 FICA 2031.64 Earned 1741.93 Gross Period This Amt Pay 187.72 Earned 201.97 Gross This Amt. Job 10/13/2023 Project Name and Location 42.52 39.52 Rates 59.28 Hrly 63.78 Pay of PO Box 7, Iron River, WI 54847 (715-372-4937) Address & Telephone Number Total Hrs This 2.5 2.5 Job 9 All payrolls must be certified by attaching to each report a completed and executed Statement of Compliance. Prime Contractor Name 401 9/01 S/01 HOI Day of Week & Date (xx/xx) ц Hours Worked Each Day П ≥ Pay Period End Date E/01 7/01 1/01 2.5 2.5 Σ Su Dairyland Fence Co., Inc. OT & ST ST OT LO ST OT ST IO ST LO ST LO ST OT ST OT Labor Code and Classification Foreman Laborer Laborer Exemp-Jo# tions 8 0 2 Identifying Number
(DO NOT provide Social Security Contract Purchase Order Number Employee Name, Address, & Address & Telephone Number Vame of Contractor or No.) Don Simmons Jesse Scharp Subcontractor

*Pursuant to the Minnesota Government Data Practices Act, all of the data provided hereunder is public data, which is available to anyone upon request. DO NOT provide any confidential data such as contact the Minnesota Department of Labor & Industry, 443 Lafayette Road NI, St. Paul, MN 55155, Phone (651) 284-5091 or 1-800-DIAL-DLI (1-800-342-53584), TTY (651) 297-4198. The willful social security numbers, in part or whole, on this form. This data is collected pursuant to Minnesota Stat. \$177.30 Sub. 4 and 177.43 Sub. 3. If you have questions regarding the Prevailing Wage Laws, falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under state and/or federal law.