### MINNESOTA DEPARTMENT OF LABOR & INDUSTRY

## Part 2 Statement of Compliance

STATE PROJECT NAME AND LOCATION	DATE 8/1/2024
PROJECT 23-17-PL C Reiss	GENERAL CONTRACTOR Northland Constructors
PHONE NUMBER 715-372-4937	CONTRACT PURCHASE ORDER NUMBER 20211
CITY/STATE Iron River, WI	ZIP 54847
	PROJECT 23-17-PL C Reiss PHONE NUMBER 715-372-4937 CITY/STATE

Corporate Secretary

I, Kathryn Burhans

1, _	Natili yii Dullialis		rporate Secretary	do hereby state:
	(Name of signatory part	y)	(Title-Owner or Officer)	
(1)	on said Contract; that duending the 27 de Contract. That all perswages for all hours worlindirectly to or on behal from the full wages earn	the payment of the persons employed bearing the payroll period commencing or ay of July of the year 2024 ons performing work under said Contract, that no rebard for said Dairyland Fence Co., Inc.  ned by any person, other than permissis ssued by the Minnesota Commissioner DESCRIBE LEG	the day of July, there were 6 ract are listed on the payroll an ates and or deductions have or ble deductions as defined in Mi	will be made either directly or  (Contractor or Subcontractor)  (Innesota Statutes 177.24, Subdivision
(2)	worker(s) performing incorporated in said Corwork under said Contra applicable law; and that	tted under said Contract is complete a work under said Contract is (are) putract and according to applicable laws ct is at least the prevailing wage rate for the laborer(s), mechanic(s), and working hours at a rate of at least one and one	paid according to the wage d ; that wages paid to laborer(s) r for the most similar classification (ser(s) performing work under sa	determination(s) and labor provisions nechanic(s), and worker(s) performing n of labor performed as defined under aid Contract is (are) paid for all hours
(3)	That any apprentices en the Minnesota Department of Labor.	nployed during said payroll period are ent of Labor and Industry, or are regis	duly registered in a bona fide a stered with the Bureau of Appro	apprenticeship program registered with enticeship and Training; United States
(4)	That:			
	In addition to current,	BENEFITS ARE PAID TO ANY All n to the basic hourly wage rates paid to bona fide fringe benefit programs as set administrators as set forth in paragraph	each laborer, worker or mechant forth in paragraph 4(d), have b	nic listed on said payroll, payments een or will be made to the
	Each labor less than the	BENEFITS ARE PAID IN CASH T er, worker, or mechanic listed on said p ne sum of the applicable basic rate plus ed into said Contract.	payroll has been paid, as indicate	ed on the payroll, an amount not oppropriate wage determination

### (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
Local 1091 WI Laborers	\$ 10.30	\$3.35	\$.40	\$ 8.75	\$ .73 Lecet Safety training
Local 139 WI Operators	\$ 10.91	\$	\$.05	\$ 13.44	\$3.11 Annuity, Skill, JLMWPF
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

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

NAME & ADDRESS OF FRINGE BENEFIT FUND, PLAN, OR PROGRAM ADMINISTRATOR	BENEFIT ACCOUNT NUMBER	THIRD PARTY TRUSTEE AND/OR CONTACT PERSON	TELEPHONE NUMBER
WI Laborer's Fringe Benefit FUnds	WL181	Fund Office	608-872-9102
International Union of Op Engineers	18956	Rmittance Dept.	262-549-9190

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 CO. 1
Kathryn T. Burhans, Corporate Secretary	Falligh Duhan

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 Molly M

Molly Musolf 8/7/24

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

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All payrolls must be certified by attaching to each report a completed and executed Statement of Compliance.	y attach	ing to each repo	rt a co	mpleted	and e	xecute	Stater	nent c	f Comp	liance.										
Name of Contractor or Subcontractor	Dairy	Dairyland Fence Co., Inc.	o., In	ن ن			Pr	ime Co	Prime Contractor Name	Vame			Nort	Northland Constructors	Cons	structo	)rs			
Address & Telephone Number	PO Bo	PO Box 7, Iron River, WI 54847 (715-372-4937)	W.	54847 (	715-3	72-49	37) A	ddress {	Address & Telephone Number	one Nun	ıber		4843	Rice	Lake	Rd, D	uluth, N	1N 558(	4843 Rice Lake Rd, Duluth, MN 55806 (218-625-2298)	25-2298)
Contract Purchase Order Number				Pay Period End Date	od End	Date	7	12712(	7/27/2024 Project Name and Location	ect Nar	ne and L	ocation	R	eiss	Jock,	Supe	C. Reiss Dock, Superior, WI	_	Payroll #	8
1	2	3	4	S	Da	y of W	Day of Week & Date (xx/xx)	Date (x	x/xx)	9	7	00	6				10			11
Employee Name, Address, & Identifying Number	Jo #	Labor Code and	OT	Su	Σ	ь	}	Th	T S	Total	al Hrly	Gross Amt.	Gross Amt		To D	Stoto	Other	Other		F
(DO NOT provide Social Security	Exemp- tions	Classification	ST S	1/21	7/22/23	123 7	1 12/2	12/2 32/2	12/2 72/		_	Earned		FICA	Tax	Tax	(Specify)	(Specify) (Specify)	Deductions	Vages Paid
INO.)		litle			Но	urs Wor	Hours Worked Each Day	h Day		දු 	o Pay		Pay Period			************	Vaca	Christ		
John Lahti	c	Labo0140-002	OT			2				2	70.43									
	>	Foreman	ST			8	8	-		16	46.95	892.06	1927.91	147.49	214.00	91.19	149.08		601.76	1326.15
Chris Carl	c	Labo0140-002	LO		_					_										
	5	Laborer	ST				8	80	3.5	19.5	5 43.95	857.03	1472.60	112.65	101.00	63.95	121.44		399.04	1073.56
James Olson	ď	Labo0140-002	OT		_															
		Laborer	ST					8	5.5	13.5	5 43.95	593.33	1660.27	127.01		51.10	142.38		320.49	1339.78
Trevor Gomulak	c	Labo0140-002	OT			1				1	65.93									
		Laborer	ST		4	8	8	8	3.5	31.5	5 43.95	1450.36	1597.36	122.20	162.00	73.96	123.96		482.12	1115.24
Jesse Scharp	C	Labo0140-002	OT																	
	,	Laborer	ST		_			8	8	16	46.95	751.20	1769.96	135.40	176.00	84.67	137.35		533.42	1236.54
Adam Naber	~	Engi0139-003	OT		_	2	1	_		3	70.92									
		Operator	ST			8	8			16	47.28	969.24	2046.76	156.58	142.00	89.00		49.85	437.43	1609.33
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\*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 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, 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 falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under state and/or federal law.