MINNESOTA DEPARTMENT OF TRANSPORTATION PRIME CONTRACTOR – SUBCONTRACTOR'S STATEMENT OF COMPLIANCE FEDERAL COPELAND ACT / DAVIS BACON ACT MINNESOTA PREVAILING WAGE STATUTES

REP	ORT	NUM	BER	i	JECT NUMBERS	(S)	•	DATE	101	נוס
	1				17-PL			8	4	27
				BCONTRACT		PHONE NUMBE		CONTRACT		ER
Nort	hlar	nd Cor	nstructors li	nc / Jakes Co	omapnies LLC	218-316-007	7	20		
ADI 532			33 Sagin	aw, MN 5	5779			FEDERAL P	ROJEC	Г NUMBER
1		F WOR								
Tru										
L		· · · · · · · · · · · · · · · · · · ·			(Compl	ete as described or	n proposal)			
				STATE	EMENT WITH RE	SPECT TO COMPL	IANCE AND W	AGES PAID		
[Jo	rden Ja	kubek				Office Manager				do hereby state:
**			(Na	ame of signator	y party)		(Title)			
(1)	Und reba (Pri (29 Stat	er sald me Cor CFR So :: 357; 4	hat during theof the Contract are blor deduction attractor or Su ubtitle A), iss 0 U.S.C.§ 31	e payroll period e year 2024 , the listed on the pays as have or will be beontractor) froud by the U.S 45) and/or period	commencing on the lere were wo yroll and have been be made either dire om the full wages be. Secretary of Labonissible deductions oor and Industry and	n paid the full prevaing ctly or indirectly to copy any person, other or under the Copelanor	vered work on so ling wages for al or on behalf of dethan permissible d Act, as amende esota Statutes 17	nid Contract. T I hours worked likes Companies LLC deductions as odd (48 Stat. 948	hat all p under s lefined i , 63 Stat	on said on the 27 day of ersons performing work aid Contract, that no n Regulations, Part 3 108, 72 Stat. 967; 76 1.06, and 181.79, issued
										. () ()
(2)	perf acco prev and	forming ording t vailing worker	work under to applicable wage rate for (s) performing	said Contract is laws; that wage the most simile	s (are) paid accordi es paid to laborer(s) ar classification of said Contract is (are	ng to the wage deter:), mechanic(s), and v labor performed as d	mination(s) and I vorker(s) perform efined under app	abor provisions ning work unde plicable law; an	s incorpor r said C d that th	nic(s), and worker(s) orated in said Contract and ontract is at least the e laborer(s), mechanic(s), r at a rate of at least one
(3)	Tha Mir Lab	nesota	pprentices em Department c	ployed during of Labor and In	said payroll period dustry, or are regis	are duly registered i tered with the Burea	n a bona fide app u of Apprentices	orenticeship pro hip and Trainin	gram re g; Unite	gistered with the ed States Department of
(4)	Tha	it: (Che	ck one box or	nly)						
	(a)	WHE	RE FRINGI	E BENEFITS A	ARE PAID TO <u>A</u>	<u>NY</u> APPROVED P	LANS, FUNDS,	OR PROGRA	MS	
		Ø	fide fringe l	enefit program	is as set forth in pa	ragraph 4(d), have b	een or will be ma	ide to the progr	am's ad	payments to current, bona ministrators, per state and cept as noted in Section
	(b)	WHE	RE FRINGE	EBENEFITS .	ARE PAID IN CA	SH TO <u>ALL</u> WOR	KERS			
										ount not less than the sum d into said Contract.

NOTE—FRINGE BENEFITS SECTION C, D, E, AND SIGNATURE BLOCK IS ON PAGE 2.

(c) EXCEPTIONS

WORKER NAME	CLASSIFICATION/OCCUPATION	EXPLANATION
Danial Erkkila	604	Cash in lieu of fringe; \$14.21

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

PROGRAM TITLE, CLASSIFICATION TITLE, OR INDIVIDUAL WORKERS	HEALTH/ WELFARE	VACATION/ HOLIDAY	APPRENTICESHIP/ TRAINING	PENSION	OTHER INCLUDE TITLE
Teamsters Local 346	S	S	S	s 9.50	S
	S	S	S	S	S
	S	S	S	S	S
	S	\$	S	S	S
	S	S	S	S	S
	S	S	S	S	S
	S	S	S	S	S
	S	S	S	S	S
	S	S	S	S	S
	S	S	S	S	S
	S	S	S	S	S

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

NAME AND ADDRESS OF FRINGE BENEFIT FUND, PLAN,	BENEFIT ACCOUNT NUMBER	THIRD PARTY TRUSTEE AND/OR CONTACT PERSON	TELEPHONE NUMBER
OR PROGRAM ADMINISTRATOR	NOMBER	AND/OR CONTACT TERSON	NOWIDER
Teamsters Local 346		Zenith American Solutions	651-256-1802
2520 Pilot Knob Rd, Suite 325			
Mendota Heights, MN 55120			
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The willful falsification of any of the above statements may subject the prime contractor or subcontractor to civil or criminal prosecution under federal and/or state law. See Minnesota Statute 15C; 16B; 161.315, Subdivision 2; 177.43, Subdivision 5; 177.44, Subdivision 6; 609.63; or United States Code 18 U.S.C. 1001; 31 U.S.C. 231; CFR 5.12.

NAME AND TITLE OF CONTRACTOR'S REPRESENTATIVE (PRINT)	SIGNATURE,	DAIL /
Jorden Jakubek, Office Manager	Jorden Golfabek	8/2/24
As a representative of the contractor submitting the attached payroll, I hereby certi-	fy that the information is true and accurate to the best of my	y knowledge.
NAME AND TITLE OF PRIME CONTRACTOR (PRINT)	SIGNATURE	DATE
KRIS JOHNSON ACCOUNTS PAYABLE	pris Johnson	8/7/24
As a representative of the Prime Contractor, I have reviewed the attached forms an company on this project and meet the contract requirements for this project.	d certify to the best of my knowledge that they accumitely r	eflect operations of this

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Contractor Name		le)	e's Cor	Jake's Companies				-		Prime Contractor Name	actor Name				North	land Const	Northland Constructors of Duluth, Inc.	Juluth. Inc		
Address and Telephone #		5323 Hwy 33 Saginaw, MN 55779 2183160077	jinaw, M	AN 5577	'9 21831	60077		+		Address & Telephone #	elephone #				4843 F	Rice Lake	4843 Rice Lake Rd. Duluth, MN 55803	MN 55803		
State Project / Contract Number		23-17-PL		8	ly Period	Pay Period End Date		712.	7127124		Project Location	tion		Ö	C Reiss Dock / 20211	k / 20211			Payroll #	-
(1)	(2)	(3)	(4)	(5) D	lay of We	(5) Day of Week (M, T, W, R, F, S, Su) & Date (xx/xx)	V, R, F, S,	Su) & Dat	(xx/xx) e	(9)	(6)	(8)	(6)			(10) De	(10) Deductions	-	1	(44)
Employee Name, Addrass and Last Four Digits of Social Security Number	# of Exempt ions	Labor Code and Classification Title		727	727	7.23	7124 7	17 2217	7217 8217	· + ⊨	1.22	Earr	0 8 M E	FICA	Federal	State Tax (Other (Specify)	Total	(11) Total Net Wages Paid
Dania! W Erkkila 7515 Industrial Rd		604	5			Hours Worked Each Day	rked Each	Day		0.00	71.14	3	1							
Saginaw, MN 55779 7107		Teamsters	ST			8.50				8.50	52.16	443.36	2656.56	203.22	436.39	172.00		***************************************	811.61	1844,95
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