5/2023STATEMENT OF COMPLIANCE CONTRACTOR – SUBCONTRACTOR MINNESOTA PREVAILING WAGE STATUTES

| REPORT NUMBER 10 | CONTRACT OR PURCHASE ORDER NUMBER | | DATE 3/21/2024 |
|---|-----------------------------------|------------------------------|-------------------------|
| CONTRACTOR/SUBCONTR PEC SOLUTIONS, LLC. | ACTOR NAME | PHONE NUMBER 763-571-8000 | CONTRACT NUMBER |
| ADDRESS 5960 Main Street NE, Minneapolis, MN 55432 | | | PROJECT NUMBER 23-17-PL |
| TYPE OF WORK Electrical | | | |

| 5960 Main Street NE, Minneapolis, MN 55432 | 23-17-PL |
|---|--|
| TYPE OF WORK Electrical | |
| (Complete as described on solicitation documents.) | |
| | _ |
| STATEMENT WITH RESPECT TO COMPLIANCE AND WAGES PAI | D |
| | do hereby state: |
| (Name of signatory party) (Title) | |
| (1) That I pay or supervise the payment of the persons employed byPEC SOLUTIONS, Contract; that during the payroll period commencing on the _10th_day of _March _the year _2024. of _March _the year _2024_, there were _2_employees performing covered work on said Contract performing work under said Contract are listed on the payroll and have been paid the full prevailing under said Contract, that no rebates and or deductions have or will be made either directly or indirectly of the persons of the payroll and have been paid the full prevailing under said Contract, that no rebates and or deductions have or will be made either directly or indirectly or indirectly or indirectly or persons of the payroll p | _, and ending the _16th_day ct. That all persons g wages for all hours worked ectly to or on behalf of said |
| from the full wages earned by any person, other than permissible deductions as defined in as defi 177.24, Subdivision 4, 181.06, and 181.79, issued by the Minnesota Commissioner of Labor and In | |
| DESCRIBE LEGAL DEDUCTIONS | |
| Federal and State Taxes, FICA, Union Dues | |
| EE Portion of Health, Dental, Vision Benefits, 401K, ROTH | |
| Garnishments and Levies | |
| (2) That the payroll submitted under said Contract is complete and accurate; that the wage rate(s) mechanic(s), and worker(s) performing work under said Contract is (are) paid according to the wag provisions incorporated in said Contract and according to applicable laws; that wages paid to labor worker(s) performing work under said Contract is at least the prevailing wage rate for the most simperformed as defined under applicable law; and that the laborer(s), mechanic(s), and worker(s) performed is (are) paid for all hours in excess of the prevailing hours at a rate of at least one and one base rate of pay. (3) That any apprentices employed during said payroll period are duly registered in a bona fide appregistered with the Minnesota Department of Labor and Industry, or are registered with the Bureau | ge determination(s) and labor rer(s), mechanic(s), and illar classification of labor rforming work under said e-half times the applicable prenticeship program |
| Training; United States Department of Labor. (4) That: | |
| (4) Mat. | |
| (a) WHERE FRINGE BENEFITS ARE PAID TO ANY APPROVED PLANS, FUNDS, OR PRO | OGRAMS |
| X In addition to the basic hourly wage rates paid to each laborer, worker or mechanic listed current, bona fide fringe benefit programs as set forth in paragraph 4(d), have been or wil administrators as set forth in paragraph 4(e) for the benefit of said employees, except as | I be made to the program's |
| (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 th than the sum of the applicable basic rate plus the fringe rate as listed in the appropriate w incorporated into said Contract. | |

NOTE----FRINGE BENEFIT SECTIONS C, D, E AND SIGNATURE BLOCK IS ON REVERSE SIDE.

(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 | APPRENTICESHIP / TRAINING | PENSION | OTHER INCLUDE TITLE |
|---|---------------------|-----------------------|------------------------------|----------|--|
| | \$ | \$ | \$ | \$ | \$ |
| Hwy Hvy Operator (\$43.38 rate) | \$ 12.15 | \$0 | \$ 0.55 | \$ 10.90 | \$ 1.60 Def. Contrib., \$0.02- LMCC, \$0.01 CILEC |
| | \$ | \$ | \$ | \$ | \$ |
| Foreman (\$50.59 rate) | \$ 12.05 | \$ 5.56 | \$ 0.76 | \$ 14.95 | \$ 1.52 NEBF |
| | \$ | \$ | \$ | \$ | \$ |
| Apprentice 85% (\$38.05 rate) | \$ 9.06 | \$ 4.19 | \$ 0.57 | \$ 11.25 | \$ 1.14 NEBF |
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |

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

| NAME AND ADDRESS OF | BENEFIT | THIRD PARTY TRUSTEE | TELEPHONE NUMBER |
|---------------------------------------|------------|-----------------------|------------------|
| | | | TELEPHONE NOWBER |
| FRINGE BENEFIT FUND, PLAN, | ACCOUNT | AND/OR CONTACT PERSON | |
| OR PROGRAM ADMINISTRATOR | NUMBER | | |
| IBEW Local 242 - 2002 London Road, | 06-1635069 | IBEW Local 242 | 218-728-6895 |
| Room 111, Duluth, MN 55812 | 00 100000 | 13211 20001 2 12 | 210720 0000 |
| IBEW Local 160 - 2909 Anthony Land, | 06-1635069 | IBEW Local 160 | 612-781-3126 |
| Saint Anthony, MN 55418 | 00 100000 | 13211 20001 100 | 0.2.0.0.20 |
| IBEW Local 160 - 2909 Anthony Land, | 06-1635069 | IUOW Local 49 | 612-788-9441 |
| Saint Anthony, MN 55418 | 00 100000 | 10011 2000. 10 | 0.2.000 |
| MPLS Electrical Industry Receiving | 06-1635069 | SHARON | 763-493-8841 |
| Agency 6900 Wedgewood Rd. N STE | 00 100000 | | 700 100 00 11 |
| 425, Maple Grove, Mn 55311 | | HAFERKORN | |
| Electrical Ind. Fringe Benefit Agency | 06-1635069 | RON ETHIER | 651-772-8767 |
| 1330 Conway Street STE 130, St. Paul, | 00 1000000 | I TON ETTILL | 031 772 0707 |
| MN 55106 | | | |
| 14114 00 100 | | | |
| | | | |

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under state law. See Minnesota Statutes 16B, 16C, 177.30, 177.43, Subdivision 5, 177.44, Subdivision 6, 609.63.

| NAME AND TITLE OF CONTRACTOR'S REPRESENTATIVE ANN GROSS - SR PAYROLL SPECIALIST | SIGNATURE |
|---|--|
| As a representative of the contractor submitting the payroll identified a | bove, I hereby certify that the payroll is true and correct to |
| the best of my knowledge. | |

| NOTE: For questions regarding | ng the Prevailing Wage | Laws, contact the Do | epartment of Labor at | nd industry at 651.26 | 34.5091. |
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Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347inst.htm)

U.S. Wane and Hour Division

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number Rev. Dec. 2008 NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS OMB No. 1235-0008 5960 MAIN ST NE PEC SOLUTIONS LLC MINNEAPOLIS, MN 55432 Expires: 07/31/2024 JOB/SUBJOB NO.: 301528 105 Project 23-17-PL PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION C REISS DOCK ST LOUIS BAY, SUPERIOR WI 03/16/2024 (1) (2) (4) DAY AND DATE DEDUCTIONS NO. OF WITHOLDING EXEMPTIONS NAME AND INDIVIDUAL OR 3 -10 3 -11 3 -12 3 -13 3 - 15 3 -16 3 -14 IDENTIFYING NUMBER WAGES Р. (e.g. LAST FOUR DIGITS OF GROSS PAID SOCIAL SECURITY WORK TOTAL RATE **AMOUNT** TOTAL FOR NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY EARNED FICA FED ST LOC OTHER DEDUCTIONS WEEK BUCKWALTER BEAU D XXX-ELECTRICIAN S 2246.20 / 2 50.590 772.17 .00 .00 .00 .00 .00 2.00 .00 2.00 171.83 203.16 108.00 .00 289.18 1474.03 FOR 112.31 XX-3558 DOLTER JACK T XXX-XX-**ELECTRICIAN** S T 1740.82 0 50.590 133.17 .00 1179.02 .00 .00 8.00 .00 .00 114.54 90.00 224.09 561.80 2.00 .00 10.00 561.55 0532 **FOR** JOB TOTALS -S .00 .00 8.00 .00 .00 4.00 .00 12.00 0 .00 .00 .00 .00 .00 .00 .00 .00 0 .00 .00 .00 .00 .00 .00 .00 .00 ٧ **DIVISION TOTALS -**S .00 .00 8.00 .00 .00 4.00 .00 12.00 0 .00 .00 .00 .00 .00 .00 .00 .00 0 .00 00 .00 .00 .00 .00 00 .00 V COMPANY TOTALS -

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contracts to respond to the information contracts to respond to the information collection contracts to respond to the information contracts to respond to

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210.

| Date | | |
|---|---|---|
| I. | | |
| I,(Name of Signatory P | arty) | (Title) |
| do hereby state: | | |
| (1) That I pay or supervise the p | payment of the persons em | nployed by |
| | | on the |
| (Con | tractor or Subcontractor) | |
| | ; that o | during the payroll period commencing on the |
| (Building or Work) | | |
| , day of, _ | , and ending the | , day of,, |
| all persons employed on said project been or will be made either directly or | | eekly wages earned, that no rebates have of said |
| (Co | entractor or Subcontractor | from the full |
| from the full wages earned by any pe | rson, other than permissibl e Secretary of Labor under | ave been made either directly or indirectly ble deductions as defined in Regulations, Part or the Copeland Act, as amended (48 Stat. 948, d described below: |
| | | |
| | | |
| | | |
| correct and complete; that the wage | rates for laborers or mechany wage determination inco | ed to be submitted for the above period are nanics contained therein are not less than the orporated into the contract; that the classificatio 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 in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
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| REMARKS: | |
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| | |
| NAME AND TITLE | SIGNATURE |
| | SIGNATURE |

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.