

# Davis-Bacon and Related Acts Weekly Certified Payroll Form

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

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Rev. January 2025  
OMB No.: 1235-0008  
Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																																		
25013-East 5th St Reconstruction		25-19-PW		16		M Jolma Inc																																		
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																																		
East 5th Street Superior, WI				09/13/2025		63946 Hangard Rd Ashland, WI 54806																																		
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)																	
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERD APPRENTICE	LABOR CLASSIFICATION	Earn Code	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK															
								SUN	MON	TUE	WED	THU	FRI	SAT							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS																
								09/07	09/08	09/09	09/10	09/11	09/12	09/13																										
HOURS WORKED EACH DAY																																								
1	Anderson	Braxten	T	6029	J	LABORER HEAVY SEWER		OT						0.69		0.69		58.02	47.85	0.00	108.49	2929.74	599.85	212.26	126.71	938.82	1990.92													
								REG		1.30			0.47					1.77		38.68																				
																		Union	Other	Ded.	Ded.	Amt.																		
1	Anderson	Braxten	T	6029	J	LABHW-LA HWY		OT					2.65		2.65		61.01	100.95	0.00	264.96	2929.74	599.85	212.26	126.71	938.82	1990.92														
								REG			1.71	0.83					2.54		40.67																					
																		Union	Other	Ded.	Ded.	Amt.																		
1	Anderson	Braxten	T	6029	J	OPERATOF HEAVY SEWER		OT				6.33	3.67		10.00		66.35	1202.03	0.00	2180.10	2929.74	599.85	212.26	126.71	938.82	1990.92														
								REG		9.18	9.65	11.23	4.23				34.29		44.23																					
																		Union	Other	Ded.	Ded.	Amt.																		

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East 5th Street Superior, WI				09/13/2025		63946 Hangard Rd Ashland, WI 54806																					
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)				
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERD APPRENTICE	LABOR CLASSIFICATION	Earn Code	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK		
								SUN	MON	TUE	WED	THU	FRI	SAT							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS			
								09/07	09/08	09/09	09/10	09/11	09/12	09/13													
							HOURS WORKED EACH DAY																				
1	Anderson	Braxten	T	6029	J	OPERATOF	OT					1.28	1.57				2.85	67.16	82.08	0.00	191.39	2929.74	599.85	212.26	126.71	938.82	1990.92
														<b>Union/Other Ddt: Ded. Amt.</b> H100 14.27 H200 0.85 ROTH 111.59													
2	Boardman	Jack	M	8506	J	Truck Driver - On Site Only	OT				0.50	0.55	0.45				1.50	60.00	49.00	0.00	108.00	4053.40	974.52	310.09	0.00	1284.61	2768.79
							REG							0.45 40.00													
3	Culligan	Daryl	M	1339	J	Truck Driver - On Site Only	OT					0.52					0.52	56.58	39.47	0.00	64.12	1986.85	259.41	151.99	0.00	411.40	1575.45
							REG							0.37 0.55 0.92 37.72													
4	Granger	Reed	D	7766	J	LABORER HEAVY SEWER	REG			4.62							4.62	38.68	89.86	0.00	178.70	2247.61	446.14	171.87	1.00	619.01	1628.60
														<b>Union/Other Ddt: Ded. Amt.</b> H200 0.85 H300 0.15													

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East 5th Street Superior, WI				09/13/2025		63946 Hangard Rd Ashland, WI 54806																				
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)			
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								SUN	MON	TUE	WED	THU	FRI	SAT							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS		
								09/07	09/08	09/09	09/10	09/11	09/12	09/13												
HOURS WORKED EACH DAY																										
4	Granger	Reed	D	7766	J	LABHW-LA HWY	REG				2.35					2.35	40.67	45.71	0.00	95.57	2247.61	446.14	171.87	1.00	619.01	1628.60
																		<b>Union/Other Ddt: Ded. Amt.</b>								
																		H200 0.85		H300 0.15						
4	Granger	Reed	D	7766	J	OPERATOF	REG		6.60	9.00					15.60	44.77	449.28	0.00	698.41	2247.61	446.14	171.87	1.00	619.01	1628.60	
																		<b>Union/Other Ddt: Ded. Amt.</b>								
																		H200 0.85		H300 0.15						
5	Granger	Reuben	M	4123	J	Truck Driver - On Site Only	REG		0.65	0.55	0.63				1.83	37.72	50.16	0.00	69.03	1237.83	149.07	86.66	0.00	235.73	1002.10	
6	Homola	Trevor	A	2329	J	LABORER HEAVY SEWER	OT				9.47	2.67			12.14	58.02	332.01	0.00	895.05	2965.93	615.29	216.18	0.00	831.47	2134.46	
							REG		1.40	3.53				4.93	38.68											

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East 5th Street Superior, WI				09/13/2025		63946 Hangard Rd Ashland, WI 54806																			
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)		
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								SUN	MON	TUE	WED	THU	FRI	SAT							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS	
								09/07	09/08	09/09	09/10	09/11	09/12	09/13											
HOURS WORKED EACH DAY																									
6	Homola	Trevor	A	2329	J	LABHW-LA HWY	OT						6.27	6.27	61.01	128.18	0.00	395.51	2965.93	615.29	216.18	0.00	831.47	2134.46	
							REG		0.32					0.32	40.67										
6	Homola	Trevor	A	2329	J	OPERATOF	REG		10.00	1.37	12.00			33.37	44.77	961.06	0.00	1493.97	2965.93	615.29	216.18	0.00	831.47	2134.46	
7	Lazorik	Andrew	T	8635	J	LABORER HEAVY SEWER	OT					7.78	8.95	16.73	58.02	1082.98	0.00	2477.26	2652.17	518.48	191.01	15.27	724.76	1927.41	
							REG		10.37	1.65	12.17	4.76		38.95	38.68										
												<b>Union/Other Ddt: Ded. Amt.</b> H100 14.27 H200 0.85 H300 0.15													

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								09/07	09/08	09/09	09/10	09/11	09/12	09/13							HOURS WORKED EACH DAY				
9	Miller	Tyler	J	1570	J	LABORER HEAVY SEWER	OT				1.20	11.57			12.77	58.02	604.70	0.00	1449.54	3324.46	670.62	230.63	0.00	901.25	2423.21
								REG			7.95	10.37			18.32	38.68									
9	Miller	Tyler	J	1570	J	LABHW-LA HWY	OT				1.57	6.25			7.82	61.01	525.15	0.00	1257.11	3324.46	670.62	230.63	0.00	901.25	2423.21
								REG	12.45	5.90	0.83			19.18	40.67										
9	Miller	Tyler	J	1570	J	OPERATOF	OT					3.62		3.62	67.16	104.26	0.00	243.10	3324.46	670.62	230.63	0.00	901.25	2423.21	
								REG																	
10	Paladeni	Ryan	M	2703	J	LABORER HEAVY SEWER	REG				11.20			11.20	38.68	217.84	0.00	433.22	1474.63	151.83	104.78	0.00	256.61	1218.02	
								REG				0.67	2.62	9.12	22.41	40.67	435.87	0.00	911.41	1474.63	151.83	104.78	0.00	256.61	1218.02

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PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE	
East 5th Street Superior, WI	09/13/2025	Jayden Jolma, Vice President	

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.

All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.

The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
N/A	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.


**HOURLY CREDIT FOR FRINGE BENEFITS**

*If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.*

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE	401K	FB TYPE	HEALTH	FB TYPE	PENSION	FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
1 Anderson, Braxten T	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
1 Anderson, Braxten T	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
1 Anderson, Braxten T	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 27.140	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 27.140
1 Anderson, Braxten T	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
2 Boardman, Jack M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 25.130	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 25.130
3 Culligan, Daryl M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 27.410	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 27.410
4 Granger, Reed D	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
4 Granger, Reed D	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450

All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
	9/25/25	715-278-0040	candace@mjomainc.com

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), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
25013-East 5th St Reconstruction	25-19-PW	16	M Jolma Inc

PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE
East 5th Street Superior, WI	09/13/2025	Jayden Jolma, Vice President

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.

All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.

The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
N/A	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

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**HOURLY CREDIT FOR FRINGE BENEFITS**

*If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.*

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE	401K	FB TYPE	HEALTH	FB TYPE	PENSION	FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
4 Granger, Reed D	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
5 Granger, Reuben M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 27.410	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 27.410
6 Homola, Trevor A	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
6 Homola, Trevor A	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
6 Homola, Trevor A	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
7 Lazorik, Andrew T	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
7 Lazorik, Andrew T	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
8 Lipka, William S	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450

All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
	9/25/25	715-278-0040	candace@mjolmainc.com

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PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
25013-East 5th St Reconstruction	25-19-PW	16	M Jolma Inc
PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE	
East 5th Street Superior, WI	09/13/2025	Jayden Jolma, Vice President	

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APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
N/A	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

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*If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.*

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE	401K	FB TYPE	HEALTH	FB TYPE	PENSION	FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
8 Lipka, William S	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
8 Lipka, William S	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
9 Miller, Tyler J	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
9 Miller, Tyler J	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
9 Miller, Tyler J	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
10 Paladeni, Ryan M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
10 Paladeni, Ryan M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
11 Palecek, Mark M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450

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ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
	9/25/25	715-278-0040	candace@mjolmainc.com

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25013-East 5th St Reconstruction	25-19-PW	16	M Jolma Inc

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East 5th Street Superior, WI	09/13/2025	Jayden Jolma, Vice President

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APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
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	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

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NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE	401K	FB TYPE	HEALTH	FB TYPE	PENSION	FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
11 Palecek, Mark M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
12 Seitz, Glenn A	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 27.410	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 27.410
13 Westlund, Kurt B	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 27.410	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 27.410
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$

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ADDITIONAL REMARKS

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