

STATEMENT OF COMPLIANCE – PAYROLL AFFIDAVIT

Payroll no. 1	Gross Amount \$ 4,260.00
Project no. Fed Proj 25-111/CO25111-2001-10	Payroll Period 12/29/2002 to 01/04/2003
Contractor <input type="checkbox"/> Subcontractor <input checked="" type="checkbox"/> Colorado Demo	Building or Work 25-111
Address 2378 Dane Hill Road West Charleston, CO 97800	Phone 802-895-4929

I certify that during the payroll period identified above:

- all persons employed on said project have been paid the full weekly wages earned.
- No rebates have been or will be made directly or indirectly from the full weekly wages earned by any person.
- That any payrolls under this contract for the above period are correct and complete
- The wage rates for laborers or mechanics are not less than the applicable wage rates contained in any wage determination incorporated into the contract, including subsequent changes thereto.
- The classifications set forth therein for each laborer or mechanic conform to the work they performed.
- That any apprentices employed are duly registered in a bona fide apprenticeship program registered with the U.S. Department of Labor, Bureau of Apprenticeship and Training.
- That fringe benefits were paid either:
 - (a) TO APPROVED PLANS, FUNDS OR PROGRAMS
 - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the payroll referenced above, payments of fringe benefits according to the contract, including subsequent changes thereto, have been or will be made to appropriate programs for the benefit of such employees as follows:
 - life insurance \$ **0.00** health insurance \$ **0.00**
 - dental insurance \$ **0.00** pension \$ **480.00**
 - vacation pay \$ **40.00** other **Other Bene \$ 0.00**
 - (b) IN CASH
 - Each laborer or mechanic listed in the payroll referenced above has been paid as indicated on the payroll, an amount not less than the sum of applicable basic hourly wage rate plus the amount of the required fringe benefits according to the contract, including subsequent changes thereto.
 - (c) EXCEPTIONS

CRAFT

EXPLANATION

Remarks: _____

Name of Prime Contractor **SLCP Inc.**
Union Member: Yes No ; Local **Colorado Local 1211**

Signature and Title of Owner, Partner or Corporation Officer

State of _____ ss.

County of _____

Sworn to before me this _____ day of _____,

My commission expires _____

(Notary Public

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution.