STATEMENT OF COMPLIANCE

Format based on U.S. Department of Labor Form WH-347 (Rev. January 2025), OMB Control No. 1235-0008 — an equivalent form containing the identical Statement of Compliance wording per 29 C.F.R. § 5.5(a)(3)(ii).

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
Lincoln Park Fieldhouse Renovation	DBA-2026-4471	7	Northgate Electric Co.
PROJECT LOCATION	**WEEK ENDING DATE**	**PAYROLL PERIOD**	**CERTIFYING OFFICIAL's NAME AND TITLE**
2045 N Lincoln Park W, Chicago, Cook County, IL 60614	2026-07-25	07/19/2026 through 07/25/2026	Sample Contractor, 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:

[X] (1) 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.

[X] (2) 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.

[X] (3) The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

[X] (4) 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
1. IBEW/NECA Technical Institute	[X] OA [ ] SAA	Electrician, Apprentice
	[ ] OA [ ] SAA	
	[ ] OA [ ] SAA	

REGISTERED APPRENTICES ON PAGE 1: entry 2 Chen, Wei (level 3rd period) — program 1

[X] (5) 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.

[X] Paid to bona fide plans, funds, or programs (column 6B) [X] Paid in cash / payment in lieu of fringe benefits (column 6C)

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.

HOURLY CREDIT is the per-hour credit claimed for that worker under that one plan; TOTAL HOURLY CREDIT is the sum of that worker's hourly credits across every plan. It is the HOURLY figure that column (6B) on the previous page is computed from — (6B) itself is that hourly credit multiplied by the hours worked. Each worker's per-plan credits add up to their total hourly credit exactly — a payroll where they do not is refused rather than filed. Each worker is listed once here, under the worker entry no. used in column (1A), in the order the workers appear on the previous page.

NAME OF WORKER	FB NAME: IBEW Local 134 Health & Welfare FB TYPE: Health PLAN NO.: H-134-002 [X] Funded [ ] Unfunded	FB NAME: IBEW Local 134 Pension Trust FB TYPE: Pension PLAN NO.: P-134-011 [X] Funded [ ] Unfunded	TOTAL HOURLY CREDIT
1. Alvarez, Miguel R.	Hourly Credit $ 5.00	Hourly Credit $ 3.00	$ 8.00
2. Chen, Wei	Hourly Credit $ 3.50	Hourly Credit $ 2.00	$ 5.50

[X] (6) 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

Apprentice ratio maintained at 1:3 per program standards.

OTHER DEDUCTIONS (8) — DESCRIPTION OF EACH DEDUCTION:

Worker entry no. 1 (Alvarez, Miguel): Union dues (IBEW 134) — 35.00. Where this amount is the result of more than one deduction, an addendum itemizing each deduction and its amount must be submitted with this certified payroll.

CERTIFICATION

SIGNATURE OF CERTIFYING OFFICIAL: [EMPLOYER TO COMPLETE — SIGNATURE]

DATE: 2026-07-28

TELEPHONE NUMBER: 312-555-0148

EMAIL ADDRESS: office@example.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.