

AFFIDAVIT

Weekly Statement of Compliance

Date: 04/13/2011

I, Nancy Smyth, COA, President & Payroll Administrator, do hereby state: That I pay or supervise the payment of the persons employed on the public works project **Contractor One Fed Proj State Proj**; that during the payroll period commencing on the **01** day of **October, 2000**, and ending on the **07** day of **October, 2000**, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly. To or on behalf of said **Illinois Certified Payroll** (name of contractor or subcontractor, from the full weekly wages earned by any person, and that no weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State law. I further certify that this payroll is correct and complete; that the wage rates contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

Signature: _____

SUBCONTRACTORS

Attach explanation of monies paid, copy of contract or billing, or other pertinent information

Company Name: Nancy Hoffman
Contact Person:
Address: PO Box 336
City, State, Zip: Somers, MT 59932
Telephone:

Company Name: Smyth Construction
Contact Person: John J. Smyth
Address: PO Box 336
City, State, Zip: Chicago, IL 55512
Telephone: 800-555-1212

Company Name:
Contact Person:
Address:
City, State, Zip:
Telephone:

Company Name:
Contact Person:
Address:
City, State, Zip:
Telephone:

Company Name:
Contact Person:
Address:
City, State, Zip:
Telephone: