

Date **01/20/2010**

I, **Nancy Smyth, CQA , Payroll Administrator** do hereby state:

(1) That I pay or supervise the payment of the persons employed by **Missouri Test** on the **Customer One Federal Project State Project** ; that during the payroll period commencing on the **28** day of **December, 2003**, and ending the **03** day of **January, 2004**, all persons employed on said project have been paid the full weekly wages stated above, that no rebates have been or will be made either directly or indirectly to or on behalf of said **Missouri Test** from the full weekly wages earned by any person, other than permissible deductions, that full and accurate records clearly indicating the names, occupations, and crafts of every workman employed by them in connection with the public work together with an accurate record of the number of hours worked by each workman and the actual wages paid for each class or type of work performed and deduction made for each worker, that these payroll records are kept and have been provided for inspection to the authorized representative of the contracting public body and will be available often as may be necessary and such records shall not be destroyed or removed from the state for the period of one year following the completion of the public work in connection with which records are made.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage order incorporated into the contract; that the occupational title set forth therein for each laborer or mechanic conform with the work he or she 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 Office of Apprenticeship (OA), U.S. Department of Labor (USDOL), or if no such recognized agency exists in a state, are registered with the OA, USDOL.

FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic rates paid to each laborer or mechanic on the payroll, payments have been or will be made to appropriate programs for the benefit of these employees as shown in the following chart (if fringe benefit amounts paid are the same for all employees, you may list the amount of each such identical fringe payment only once in the appropriate column; if the fringe benefit amounts vary by employee, list each employee’s name and set out the amounts paid on behalf of each employee for each fringe benefit).

(Listed in the same order as shown on the front of the report)

Employee Name	Health & Welfare	Pension	Vacation	Holiday	Apprentice Training	*Other 1	*Other 2	*Other 3
Amy L. Apprentice	\$0.55	\$1.50	\$1.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
John J Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
John J Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Laura B. Laborer	\$1.10	\$3.00	\$2.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Sam L. Supervisor	\$1.10	\$3.00	\$2.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tammi T Trucker	\$1.10	\$3.00	\$2.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

*If “Other”, please explain:

Identify by name plan, fund, or programs to which fringe benefits are paid: **CPS allows you to enter exceptions and remarks that are specific to each job.**

Name and Title Nancy Smyth, CQA , Payroll Administrator	Signature
The falsification of any of the above statements may subject the contractor or subcontractor to criminal prosecution. See Sections 290.340, 575.055 and 575.080, RSMo.	