

St. Mary's Good Samaritan

Incorporated

Cosponsored by Felician Services, Inc.
and SSM Health Care

April 17, 2013

RECEIVED

APR 18 2013

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Illinois Health Facilities & Services Review Board
Attn: Mike Constantino
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Constantino:

Attached you will find the G702 forms for Good Samaritan Regional Health Center's three related CON projects, 08-051 (replacement hospital), 08-050 (Physicians & Ambulatory Services Building), and 08-070 (Good Samaritan Surgery Center). These documents should finalize the request received last week from Ms. Kendrick and complete compliance for our 2013 Progress reports. To remain consistent with the Progress Reports, the forms are completed with financials thru year-end 2012.

Final G702 forms will be submitted to represent project-end financials with the final realized costs and audited financials of each project.

Thank you, and please feel free to call me if there are any questions at (618) 436-6535 or email me at Julie_Long@ssmhc.com

Best regards,



Julie Long, Vice President, Strategic Planning & Development
St. Mary's Good Samaritan, Inc.

JL/ks

Enclosures (4)

400 North Pleasant
Centralia, IL 62801
618.436.8000

www.smsgsi.com

APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER:
 PROJECT: Good Samaritan Regional Health Center
 APPLICATION NO: 03
 PERIOD TO: 12/31/2012
 PROJECT NOS: 0720

FROM CONTRACTOR:
 VIA: BSA Life/Invoices
 CONTRACT DATE:

CONTRACT FOR: Good Samaritan Regional Health Center

BY: McCarthy Date: 1/8/13

McCarthy
 1341 North Rock Hill Road
 St. Louis, MO 63124

Good Samaritan Regional Health Center
 205 N. 12th St.
 Moline, IL 62304

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1.	ORIGINAL CONTRACT SUM.....	\$ 139,518,860.00
2.	Net Change by Change Orders.....	\$ 3,237,954.36
3.	CONTRACT SUM TO DATE (Line 1+2).....	\$ 144,756,814.36
4.	TOTAL COMPLETED & STORED TO DATE..... (Column G on Continuation Sheet)	\$ 141,955,290
5.	Retainage:	
a.	Completed Work	\$ 4,426,051
b.	Stored Material	\$
6.	TOTAL EARNED (on Continuation Sheet).....	\$ 4,426,051
7.	LESS PREVIOUS CERTIFICATES FOR PAYMENT..... (Line 6 less Line 5 Total)	\$ 137,526,338
8.	CURRENT PAYMENT DUE.....	\$ 1,899,713
9.	BALANCE TO FINISH, INCLUDING RETAINAGE..... (Line 7 less Line 8 Total)	\$ 7,228,515.99

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total Changes Approved in previous months by Owner	\$ 14,063,348.47	(10,334,403.11)
Total Approved this Month	\$ 280,049.00	
TOTALS	\$ 14,343,397.47	(10,334,403.11)
NET CHANGES by Change Order	\$	\$ 3,998,994.36

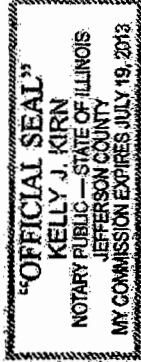
The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payments shown herein is now due.

CONTRACTOR: McCarthy Date: 1/8/13

State of: Illinois
 County of: Jefferson

Subscribed and sworn to before me this 8 day of January, 2013

Notary Public: [Signature]
 My Commission expires: 11/12/13



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on written observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed to the extent indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED: \$ 1,809,480

(Attached explanation if amount certified differs from the amount applied for. Initial all figures on this Application are the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT: **Marshall Eadie**
 Digitally signed by Marshall Eadie
 DN: cn=Marshall Eadie, email=meadie@marshallstructure.com, c=US
 Date: 2013.01.08 10:47:30 -0500

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and applicability of payment are without prejudice to any rights of the Owner or Contractor under the Contract.

OWNER'S CERTIFICATE FOR PAYMENT

The Owner acknowledges that the Work has progressed as indicated in this Application and Certificate for Payment, and authorizes enforcement of funds equal to the Amount Authorized, subject to the terms of the Contract Documents.

AMOUNT AUTHORIZED: \$

By: _____ Date: _____



Application For Payment

Application No: 14
 Period To: 12/31/2012
 Project No: 003776.000
 Contract Date: 11/21/2011

To Owner: St Mary's Good Samaritan
 From Contractor: McCarthy Building Companies, Inc.
 Contract For: 70,000 SF fit-out of the Good Samaritan MOB.

Project: Good Sam Tenant Improvements
 Via Architect: BSA Lifestructures

Application For Payment Summary

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

- 1. ORIGINAL CONTRACT SUM 9,877,681.00
- 2. Net Change by Change Orders 6,432,143.05
- 3. CONTRACT SUM TO DATE (Line 1 + 2) 16,309,824.05
- 4. TOTAL COMPLETED & STORED TO DATE 15,512,095.35

- 5. RETAINAGE
 - a. 8.47 % of Completed Work 1,313,487.36
 - b. .00 % of Stored Material 0.00
- Total Retainage (Lines 5a+5b or Total in Cont. Sheet) 1,313,487.36
- 6. TOTAL EARNED LESS RETAINAGE 14,198,607.99
 (Line 4 Less Line 5 Total)
- 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT 13,435,167.69
 (Line 6 from Prior Certificate)
- 8. CURRENT PAYMENT DUE 763,440.30
- 9. BALANCE TO FINISH, INCLUDING RETAINAGE 2,111,216.06
 (Line 3 Less Line 6)

Change Order Summary	Additions	Deductions
Total changes in previous applications	6,801,591.45	369,268.40
Total approved this application	0.00	180.00
Totals	6,801,591.45	369,448.40
Net Changes by Change Order	6,432,143.05	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

Contractor: BSA Lifestructures Date: 11/21/13
 By: [Signature]
 State of: Illinois

County of: Jefferson
 Subscribed and sworn to (or affirmed) before me on this 7 day of November
 2013, by BSA Lifestructures, personally known to me or proved to me on the basis
 of satisfactory evidence to be the person(s) who appeared before me.
 Notary Public: [Signature]
 My Commission Expires: 7-13-13



Architect's Certificate For Payment

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

Amount Certified: \$ 763,440.30

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

Architect: BSA Lifestructures
 By: Marshall Eadie

Digitally signed by Marshall Eadie
 DN: cn=Marshall Eadie, o=BSA Lifestructures, ou=
 email=meadie@bsalifestructures.com, c=US
 Date: 2013.01.07.11:05:19 -0500

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

Owner's Approval For Payment

By: _____ Date: _____



Application For Payment

Application No: 20
 Period To: 11/30/2012
 Project No: 003747.000
 Contract Date: 02/11/2011

To Owner: Mount Vernon Physicians LLC c/o Frauenshuh
 From Contractor: McCarthy Building Companies, Inc.
 Contract For: 4-Story, 140,000, \$14.4 million medical office building shell and care.

Project: Med Office Bldg-Good Samaritan
 Via Architect: BSA Life Structures

Application For Payment Summary

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

- 1. ORIGINAL CONTRACT SUM 14,466,900.00
- 2. Net Change by Change Orders -575,612.00
- 3. CONTRACT SUM TO DATE (Line 1 + 2) 13,891,288.00
- 4. TOTAL COMPLETED & STORED TO DATE 13,891,288.00

5. RETAINAGE

- a. .00 % of Completed Work 0.00
- b. .00 % of Stored Material 0.00

Total Retainage (Lines 5a+5b or Total in Cont. Sheet) 0.00

- 6. TOTAL EARNED LESS RETAINAGE 13,891,288.00
- (Line 4 Less Line 5 Total)
- 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT 13,865,405.87
- (Line 6 from Prior Certificate)

- 8. CURRENT PAYMENT DUE 25,882.13
- 9. BALANCE TO FINISH, INCLUDING RETAINAGE 0.00
- (Line 3 Less Line 6)

Change Order Summary	Additions	Deductions
Total changes in previous applications	82,629.60	165,289.03
Total approved this application	0.00	492,952.57
Totals	82,629.60	658,241.60
Net Changes by Change Order	-575,612.00	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

Contractor: David D. Pata Date: 11/29/12
 By: _____
 State of: Illinois
 County of: Jefferson

Subscribed and sworn to (or affirmed) before me on this 29 day of November 2012, by David D. Pata, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public: Kelly J. Kirn
 My Commission Expires: July 19, 2013
 NOTARY PUBLIC - STATE OF ILLINOIS
 JEFFERSON COUNTY

Architect's Certificate For Payment

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

Amount Certified: \$ 25,882.13

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

Architect: BSA Life Structures

By: M. Sadek Date: 11/30/12

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

Owner's Approval For Payment

By: _____ Date: _____

Shores Builders Inc.

1154 Schwartz Road

Centralia, IL 62801

Phone: 618-532-3997

Fax: 618-532-9719

TRANSMITTAL

No. 00069

PROJECT: 12-038 MTV Ambulatory Surgery Center

DATE: 11/12/2012

TO: Physicians Surgery Ctr. at Good Sam.
8 Cadillac Drive, Suite 200
Brentwood, TN 37027

REF: Requisition

ATTN: Rosa Byrum

WE ARE SENDING:	SUBMITTED FOR:	ACTION TAKEN:
<input type="checkbox"/> Shop Drawings	<input type="checkbox"/> Approval	<input type="checkbox"/> Approved as Submitted
<input type="checkbox"/> Letter	<input type="checkbox"/> Your Use	<input type="checkbox"/> Approved as Noted
<input type="checkbox"/> Prints	<input type="checkbox"/> As Requested	<input type="checkbox"/> Returned After Loan
<input type="checkbox"/> Change Order	<input checked="" type="checkbox"/> Review and Comment	<input type="checkbox"/> Resubmit
<input type="checkbox"/> Plans		<input type="checkbox"/> Submit
<input type="checkbox"/> Samples	SENT VIA:	<input type="checkbox"/> Returned
<input type="checkbox"/> Specifications	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Returned for Corrections
<input checked="" type="checkbox"/> Other: Requisition	<input type="checkbox"/> Separate Cover Via: Mail	<input type="checkbox"/> Due Date:

ITEM NO.	COPIES	DATE	ITEM	NUMBER	REV. NO.	DESCRIPTION	STATUS
001	1	11/13/2012	RQS	006			AAN
002	1	11/13/2012				Lien Waiver Shores Builders Inc.	NEW

Remarks:

CC:

Signed: 

Steve Shores, Jr.

TO OWNER: Physicians Surgery Ctr. at Good Sam.
 8 Cadillac Drive, Suite 200
 Brentwood, TN 37027

PROJECT: 12-038 MTV Ambulatory Surgery C. APPLICATION NO: 006
 PERIOD TO: 11/13/2012
 PROJECT NOS.: 12-038 MTV AMI

FROM CONTRACTOR: Shores Builders Inc.
 1154 Schwartz Road
 Centralia, IL 62801

VIA ARCHITECT: Shores Builders Inc.
 1154 Schwartz Road
 Centralia, IL 62801

Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR

CONTRACT DATE:

CONTRACT FOR:

CONTRACTOR'S APPLICATION FOR PAYMENT
 Application is made for payment, as shown below, in connection with the contract.
 Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM \$2,197,766.90

2. Net change by Change Orders \$106,933.69

3. CONTRACT SUM TO DATE (Line 1 ± 2) \$2,304,700.59

4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$2,269,122.35

5. RETAINAGE:
 a. 3.000 % of Completed Work (Columns D + E on G703) \$68,073.67
 b. 0 % of Stored Material (Columns F on G703) \$0.00

Total Retainage (Line 5a + 5b or Total in Columns I on G703) \$68,073.67

6. TOTAL EARNED LESS RETAINAGE \$2,201,048.68

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 4 less Line 5 Total) \$1,819,449.67

8. CURRENT PAYMENT DUE (Line 6 from prior Certificate) \$381,599.01

9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) \$103,651.91

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$381,599.01
 (Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT: Philo-White Partnership
 By: *Kevin Fenbrook* Date: 11/19/2012
 My Commission Expires 01/23/14

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

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OFFICIAL SEAL
 MARY M. GRUBB
 Notary Public, State of Illinois
 My Commission Expires 01/23/14

By: *Steve Shores, Jr.* Date: 11/13/2012
 Steve Shores, Jr.
 State of Illinois
 County of Marion

Subscribed and sworn to before me this 13th day of November, 2012
 Notary Public: *Mary M. Grubb*
 My Commission expires: 1/23/14

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$107,590.65	\$6,451.00
Total approved this Month	\$5,794.04	\$0.00
TOTALS	\$113,384.69	\$6,451.00
NET CHANGES by Change Order		\$106,933.69

G702-1992

CONTINUATION SHEET

AIA DOCUMENT G703

PAGE 1 OF 3 PAGES

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification, is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO.: 006

APPLICATION DATE:

PERIOD TO: 11/13/2012

ARCHITECT'S PROJECT NO.: 12-038 MTV AMBULA J

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H BALANCE TO FINISH (C - G)	I RETAINAGE (IF VARIABLE) RATE
			FROM PREVIOUS APPLICATION (D + E)						
0000	GENERAL CONDITIONS								
0001	Fees	\$90,000.00	\$79,200.00	\$0.00	\$0.00	\$0.00	\$79,200.00	88.00%	\$2,376.00
0002	Project Management	\$63,040.00	\$49,420.00	\$13,620.00	\$0.00	\$0.00	\$63,040.00	100.00%	\$1,891.20
0003	Supervision	\$86,942.00	\$69,958.00	\$16,984.00	\$0.00	\$0.00	\$86,942.00	100.00%	\$2,608.26
0004	Dumpster	\$4,050.00	\$4,050.00	\$0.00	\$0.00	\$0.00	\$4,050.00	100.00%	\$121.50
0005	Liability Insurance	\$18,000.00	\$16,200.00	\$1,800.00	\$0.00	\$0.00	\$18,000.00	100.00%	\$540.00
0006	Builders Risk Insurance	\$5,060.00	\$5,060.00	\$0.00	\$0.00	\$0.00	\$5,060.00	100.00%	\$151.80
0007	Signage Allowance	\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00
0008	Miscellaneous General Conditions	\$1,285.00	\$1,285.00	\$0.00	\$0.00	\$0.00	\$1,285.00	100.00%	\$38.55
0009	Tools & Equipment	\$26,764.77	\$21,802.03	\$4,962.74	\$0.00	\$0.00	\$26,764.77	100.00%	\$802.94
0014	Blueprints	\$3,000.00	\$3,000.00	\$0.00	\$0.00	\$0.00	\$3,000.00	100.00%	\$90.00
0015	Rough Clean	\$29,168.68	\$20,580.00	\$8,588.68	\$0.00	\$0.00	\$29,168.68	100.00%	\$875.06
0016	Final Clean	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00
0017	Contractor Contingency	\$90,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00
0018	Contractor Continuity Used	(\$77,818.16)	\$0.00	\$0.00	\$0.00	\$0.00	(\$77,818.16)	0	\$0.00
0200	SITEWORK								
0210	Layout	\$5,176.00	\$5,176.00	\$0.00	\$0.00	\$0.00	\$5,176.00	100.00%	\$155.28
0215	Temporary Protection Materials	\$1,250.00	\$1,250.00	\$0.00	\$0.00	\$0.00	\$1,250.00	100.00%	\$37.50
0220	Temporary Protection Labor	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00
0225	Selective Demo/Concrete - SBI	\$4,696.00	\$4,696.00	\$0.00	\$0.00	\$0.00	\$4,696.00	100.00%	\$140.88
0600	CARPENTRY								
0610	Rough Carpentry Materials	\$8,343.09	\$8,071.12	\$271.97	\$0.00	\$0.00	\$8,343.09	100.00%	\$250.29
0615	Rough Carpentry Labor	\$17,816.00	\$17,816.00	\$0.00	\$0.00	\$0.00	\$17,816.00	100.00%	\$534.48
0620	Finish Carpentry Materials	\$510.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00
0625	Finish Carpentry Labor	\$4,352.00	\$0.00	\$4,352.00	\$0.00	\$0.00	\$4,352.00	100.00%	\$130.56
0630	Casework Materials	\$55,680.90	\$20,616.36	\$35,064.54	\$0.00	\$0.00	\$55,680.90	100.00%	\$1,670.43
0635	Casework Labor	\$39,950.00	\$18,360.00	\$21,590.00	\$0.00	\$0.00	\$39,950.00	100.00%	\$1,198.50
0700	THERMAL/MOISTURE PROTECTION								
0710	Roof Patch - Jim Taylor Inc.	\$8,263.00	\$8,263.00	\$0.00	\$0.00	\$0.00	\$8,263.00	100.00%	\$247.89
0800	DOORS/WINDOWS								
0810	Auto Door Open - Door Control St. Louis	\$9,008.00	\$0.00	\$9,008.00	\$0.00	\$0.00	\$9,008.00	100.00%	\$270.24
0815	HM Doors/Frames/Hdwe Mds	\$41,130.08	\$41,130.08	\$0.00	\$0.00	\$0.00	\$41,130.08	100.00%	\$1,233.90
0820	HM Doors/Frames/Hdwe Labor	\$16,188.00	\$14,556.00	\$1,632.00	\$0.00	\$0.00	\$16,188.00	100.00%	\$485.64
0830	Glazing - Southern ILL Glass	\$2,600.00	\$0.00	\$2,600.00	\$0.00	\$0.00	\$2,600.00	100.00%	\$78.00

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G703-1992

CONTINUATION SHEET

AIA DOCUMENT G703

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification, is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO.: 006

APPLICATION DATE: 11/13/2012

PERIOD TO: 12-038 MTV AMBULA J

ARCHITECT'S PROJECT NO.: 12-038 MTV AMBULA J

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H BALANCE TO FINISH (C-G)	I RETAINAGE (IF VARIABLE) RATE
			FROM PREVIOUS APPLICATION (D+E)	THIS PERIOD					
0900	FINISHES								
0910	MS/DW/ACT/Insul - Hoelscher Interiors	\$149,220.00	\$141,659.32	\$7,560.68	\$0.00	\$149,220.00	\$0.00	\$4,476.60	
0920	Firestopping - Fire Stop Techs	\$17,730.00	\$13,303.17	\$4,426.83	\$0.00	\$17,730.00	\$0.00	\$531.90	
0930	Flooring - Richieret Floor Covering	\$58,449.00	\$41,443.20	\$17,005.80	\$0.00	\$58,449.00	\$0.00	\$1,753.47	
0940	Caulking	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
0950	Painting - Dave Mulvin Painting	\$26,954.90	\$26,954.90	\$0.00	\$0.00	\$26,954.90	\$0.00	\$808.65	
1000	SPECIALTIES								
1005	Wall Protection - Materials	\$14,789.59	\$14,789.59	\$0.00	\$0.00	\$14,789.59	\$0.00	\$443.69	
1010	Wall Protection Labor	\$12,308.00	\$9,724.00	\$2,584.00	\$0.00	\$12,308.00	\$0.00	\$369.24	
1015	Toilet Accessories Materials	\$3,951.11	\$3,951.11	\$0.00	\$0.00	\$3,951.11	\$0.00	\$118.53	
1020	Toilet Accessories Labor Elvet, Inc	\$4,450.00	\$4,450.00	\$0.00	\$0.00	\$4,450.00	\$0.00	\$133.50	
1025	Lockers - Warehouse Design	\$9,000.00	\$0.00	\$9,000.00	\$0.00	\$9,000.00	\$0.00	\$270.00	
1030	Fire Extinguishers/Cabinets Materials	\$1,400.00	\$1,400.00	\$0.00	\$0.00	\$1,400.00	\$0.00	\$42.00	
1035	Fire Extinguishers/Cabinets Labor	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
1040	Counters & Shelves - Glen Alpaugh	\$13,230.00	\$0.00	\$13,230.00	\$0.00	\$13,230.00	\$0.00	\$396.90	
1045	Owner Furnished Contractor Install Labor	\$544.00	\$544.00	\$0.00	\$0.00	\$544.00	\$0.00	\$16.32	
1050	Cubical Curtain Tracks Materials	\$630.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
1055	Cubical Curtain Tracks Labor	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
1060	Cubical Curtain Labor	\$476.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
1065	Contractor Furnished Contractor Installed Mtl	\$1,103.45	\$0.00	\$1,103.45	\$0.00	\$1,103.45	\$0.00	\$33.10	
1070	Contractor Furnished Contractor Installed Labor	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
1080	Blinds Labor	\$980.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
1200	FURNISHINGS								
1210	Appliance Materials	\$3,972.00	\$79.00	\$3,893.00	\$0.00	\$3,972.00	\$0.00	\$119.16	
1215	Appliance Labor	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
1220	Ice Machine Materials	\$3,500.00	\$3,500.00	\$0.00	\$0.00	\$3,500.00	\$0.00	\$105.00	
1500	MECHANICAL								
1510	Plumbing - Elvet, Inc.	\$376,450.00	\$370,127.13	\$6,322.87	\$0.00	\$376,450.00	\$0.00	\$11,293.50	
1520	Fire Sprinkler - Tri Star Fire	\$17,960.00	\$8,786.00	\$9,174.00	\$0.00	\$17,960.00	\$0.00	\$538.80	
1530	HVAC - Custom Mechanical	\$465,475.00	\$439,308.60	\$26,166.40	\$0.00	\$465,475.00	\$0.00	\$13,964.25	
1600	ELECTRICAL								
1610	Electrical - Hunt Electric	\$437,229.00	\$416,452.40	\$20,776.60	\$0.00	\$437,229.00	\$0.00	\$13,116.87	
1620	CONTINGENCIES								
CND1	Quick Ship Fire Dampers	\$6,500.00	\$6,500.00	\$0.00	\$0.00	\$6,500.00	\$0.00	\$195.00	

G703-1992

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CONTINUATION SHEET

AIA DOCUMENT G703

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification, is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO.: 006

APPLICATION DATE:

PERIOD TO: 11/13/2012

ARCHITECT'S PROJECT NO.: 12-038 MTV AMBULA

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H BALANCE TO FINISH (C - G)	I RETAINAGE (IF VARIABLE) RATE
			FROM PREVIOUS APPLICATION (D + E)	% (G ÷ C)					
CN02	Shaft Wall Replace	\$3,351.09	\$3,351.09	\$0.00	\$0.00	\$0.00	\$3,351.09	100.000	\$100.53
CN03	Condensing Unit	\$3,658.00	\$3,658.00	\$0.00	\$0.00	\$0.00	\$3,658.00	100.000	\$109.74
CN04	Change Insulation Roof Drain Piping thru Fire Wall	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00
CO	CHANGE ORDERS								
CO01	Emergency Power to (1) elevator	\$8,870.16	\$8,870.16	\$0.00	\$0.00	\$0.00	\$8,870.16	100.000	\$266.11
CO02	Add Med Air to Room 121	\$3,835.13	\$3,835.13	\$0.00	\$0.00	\$0.00	\$3,835.13	100.000	\$115.05
CO03	Corner Guard Changes	(\$3,851.00)	(\$3,851.00)	\$0.00	\$0.00	\$0.00	(\$3,851.00)	100.000	(\$115.53)
CO04	Under Counter Refrigerators	\$727.32	\$727.32	\$0.00	\$0.00	\$0.00	\$727.32	100.000	\$21.82
CO05	Negative Pressure RM 141 (PR4)	\$20,745.71	\$20,745.71	\$0.00	\$0.00	\$0.00	\$20,745.71	100.000	\$622.37
CO06	Add (2) Outlets Room 133	\$656.24	\$656.24	\$0.00	\$0.00	\$0.00	\$656.24	100.000	\$19.69
CO07	Door Lock Changes	\$425.36	\$425.36	\$0.00	\$0.00	\$0.00	\$425.36	100.000	\$12.76
CO08	Add Plumbing for Sterilizer	\$7,237.30	\$7,237.30	\$0.00	\$0.00	\$0.00	\$7,237.30	100.000	\$217.12
CO09	Add Vent for Med Gas Reliefs	\$9,060.31	\$9,060.31	\$0.00	\$0.00	\$0.00	\$9,060.31	100.000	\$271.81
CO10	Fire Rated Corridor Walls	\$15,714.40	\$15,714.40	\$0.00	\$0.00	\$0.00	\$15,714.40	100.000	\$471.43
CO11	HVAC Value Engineering	(\$2,600.00)	(\$2,600.00)	\$0.00	\$0.00	\$0.00	(\$2,600.00)	100.000	(\$78.00)
CO12	Power to Laser in OR #2	\$2,580.24	\$2,580.24	\$0.00	\$0.00	\$0.00	\$2,580.24	100.000	\$77.41
CO13	Signal Elevator Switch Emer. Power	\$3,354.00	\$3,354.00	\$0.00	\$0.00	\$0.00	\$3,354.00	100.000	\$100.62
CO14	Moisture Mitigation	\$32,906.64	\$32,906.64	\$0.00	\$0.00	\$0.00	\$32,906.64	100.000	\$987.20
CO15	(2) Standalone Detectors	\$1,477.84	\$1,477.84	\$0.00	\$0.00	\$0.00	\$1,477.84	100.000	\$44.34
CO16	Locker FLAM	\$165.00	\$0.00	\$165.00	\$0.00	\$0.00	\$165.00	100.000	\$4.95
CO17	Add Cabinet Room 136	\$1,026.17	\$0.00	\$1,026.17	\$0.00	\$0.00	\$1,026.17	100.000	\$30.79
CO18	Install Vapor Barrier	\$1,053.16	\$0.00	\$1,053.16	\$0.00	\$0.00	\$1,053.16	100.000	\$31.60
CO19	Change to Door Room 135	\$1,137.72	\$0.00	\$1,137.72	\$0.00	\$0.00	\$1,137.72	100.000	\$34.13
CO20	Add Larger Sink RM 143	\$1,627.38	\$0.00	\$1,627.38	\$0.00	\$0.00	\$1,627.38	100.000	\$48.82
CO21	Add Clocks	\$784.61	\$0.00	\$784.61	\$0.00	\$0.00	\$784.61	100.000	\$23.54
		\$2,304,700.59	\$2,021,610.75	\$247,511.60	\$0.00	\$0.00	\$2,269,122.35	98.46%	\$68,073.68

PARTIAL LIEN WAIVER

**STATE OF ILLINOIS
COUNTY OF MARION**

**Ambulatory Surgery Center
Mt. Vernon, IL**

To Whom It May Concern:

WHEREAS the undersigned has been employed by Physicians Surgery Center
to furnish for the premises known as Ambulatory Surgery Center
of which the named is owner Physicians Surgery Center

THE undersigned, for and in consideration of Three hundred eighty one thousand five hundred ninety nine dollars and 01/100 (\$381,599.01), and other good and valuable considerations, the receipt whereof acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds, or other considerations due or to become due from the owner, on account of labor, services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises.

Given under MY hand and seal this 13th day of November, 2012 .

(AFFIX CORPORATE SEAL HERE) BY: SHORES BUILDERS INC.
Name of Corporation, Partnership, Business, Etc.

ATTEST: Marjorie Shores ITS: Stephen D. Shores, Jr.
Signature of Secretary of Corporation (Signature of Owner, Authorized Representative)
Marjorie Shores, Secretary Stephen D. Shores, Jr.

NOTE: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, corporate seal affixed and title of officer, signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate himself as partner.