

1301 Central Street
Evanston, IL 60201
www.northshore.org

(847) 570-5065
(847) 570-5240 Fax

August 9, 2016

Ms. Kathy Olson
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RECEIVED

AUG 10 2016

HEALTH FACILITIES &
SERVICES REVIEW BOARD

SUBJECT: Project #: 14-017 Skokie Hospital
Annual Progress Report
Project Title: Skokie Hospital Modernization and new construction
Permit Holder: NorthShore University Health System, 1301 Central, Evanston,
Illinois 60201

Dear Ms. Olson:

This is our 2nd annual progress report for the above project.

The scope and financing of the project remains as outlined in the CON Application approved by the Illinois Health Facilities and Services Review Board.

Costs incurred through June 30, 2016 total \$76,846,977.61. The attached spreadsheet outlines these costs by category and provides projections to the project's completion.

The project is on schedule to be completed by December 31, 2017.

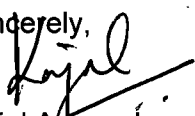
- Construction projects for the Conference Rooms, Lobby addition, GI lab and Surgery Pavilion are complete.
- The 3rd, 4th, and 5th floor renovations are complete.
- Construction projects for the surgery addition Phase II and ICU projects are complete and awaiting IDPH review.
- The ambulatory surgery and support services projects are still in design phase.

The project remains on schedule as outlined in the application.

The required AIA forms G707s are attached.

If we can provide you any further information at this time, please contact me at 847-570-5217 or via e-mail at kagarwal@northshore.org.

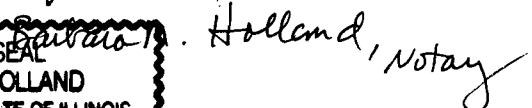
Sincerely,


Kajal Agarwal
Senior Director Accounting, Finance
NorthShore University Health System

State of Illinois
County of Cook

Signed before me on August 9, 2016
by Kajal Agarwal.




Barbara M. Holland, Notary



**Integrated
Facilities
Solutions, Inc.**

Project Number: 14-017
Project Title: 14-017 Skokie Hospital Modernization and new construction
Subject: Annual C.O.N. Progress Report
Permit Holder: NorthShore University HealthSystem
Date: June 30, 2016

	Projected	Total Costs Incurred as 6/30/2016	Available Balance as of 6/30/2016	Estimated Costs to Completion	Variance From Approved
Preplanning Costs	\$ 400,000	\$ 372,664.61	\$ 27,335.39	\$ -	\$ 27,335.39
Site Survey & Soil Investigation	\$ -		\$ -		\$ -
Site Preparation	\$ -		\$ -		\$ -
Off-site Work	\$ -		\$ -		\$ -
New Construction Contracts	\$ 35,985,772	\$ 30,435,774.58	\$ 5,549,997.42	\$ 5,500,000.00	\$ 49,997.42
Modernization Contracts	\$ 42,456,201	\$ 28,470,826.94	\$ 13,985,374.06	\$ 13,900,000.00	\$ 85,374.06
Contingencies	\$ 3,412,815		\$ 3,412,815.00	\$ 3,412,815.00	\$ -
Architectural/Engineering Fees	\$ 6,690,000	\$ 3,346,623.81	\$ 3,343,376.19	\$ 3,300,000.00	\$ 43,376.19
Consulting and Other Fees	\$ 3,500,000	\$ 3,326,605.13	\$ 173,394.87	\$ 150,000.00	\$ 23,394.87
Movable or Other Equipment	\$ 14,168,575	\$ 10,371,158.54	\$ 3,797,416.46	\$ 3,700,000.00	\$ 97,416.46
Other Costs to be Capitalized	\$ 700,000	\$ 523,324.00	\$ 176,676.00	\$ 175,000.00	\$ 1,676.00
Total	\$ 107,313,363	\$ 76,846,977.61	\$ 30,466,385.39	\$ 30,137,815.00	\$ 328,570.39

Cash and Securities \$ 107,313,363.00
Pledges
Gifts and Bequests
Bond Issues (project related)
Mortgages
Leases (fair market value)
Governmental Appropriations
Grants
Other Funds and Sources
TOTAL FUNDS \$ 107,313,363.00

APPLICATION AND CERTIFICATE FOR PAYMENT

TO : NorthShore University HealthSystem PROJECT : SH ICU Renovation
FROM: Power Construction Company, LLC ARCHITECT : Eckenhoff Saunders

APPLICATION NO.: 7
PERIOD TO : 06-30-2016
PROJECT NO.: 81882
CONTRACT DATE : 11-06-2015

CONTRACTOR'S APPLICATION FOR PAYMENT

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

CHANGE ORDER SUMMARY		
Change Order approved in previous months by Owner	Additions	Deductions
TOTAL	236,980	0
APPROVED THIS MONTH	114,746	0
Total Job To Date	351,726	0

1. ORIGINAL CONTRACT SUM\$ 3,844,492
2. NET CHANGE BY CHANGE ORDERS.....\$ 351,726
3. CONTRACT SUM TO DATE.....\$ 4,196,218
4. TOTAL COMPLETED & STORED TO DATE.....\$ 3,977,728
5. RETAINAGE.....\$ 393,716
6. TOTAL EARNED LESS RETAINAGE\$ 3,584,012
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate).....\$ 3,287,306
8. CURRENT PAYMENT DUE\$ 296,706
9. BALANCE TO FINISH, INCLUDING RETAINAGE..\$ 612,206

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 payment shown herein is now due.

Contractor : POWER CONSTRUCTION COMPANY, LLC

By : Myra Hill Date : 06-24-2016

State of : Illinois County of: Cook

Subscribed and sworn to before me
This 24th day of June, 2016



Notary Public

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above 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 Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED.....\$ 296,706.00

ARCHITECT :

By : DRS R Date : 6/27/16

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.

APPLICATION AND CERTIFICATE FOR PAYMENT

TO : NorthShore University HealthSystem PROJECT : SH Phase 2 Surgery
FROM: Power Construction Company, LLC ARCHITECT : Eckenhoff Saunders

APPLICATION NO.: 9
PERIOD TO : 06-30-2016
PROJECT NO.: 81881
CONTRACT DATE : 10-01-2015

CONTRACTOR'S APPLICATION FOR PAYMENT

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

CHANGE ORDER SUMMARY		
Change Order approved in previous months by Owner	Additions	Deductions
TOTAL	122,578	0
APPROVED THIS MONTH	20,271	0
Total Job To Date	142,849	0

1. ORIGINAL CONTRACT SUM\$ 6,498,753
2. NET CHANGE BY CHANGE ORDERS.....\$ 142,849
3. CONTRACT SUM TO DATE.....\$ 6,641,602
4. TOTAL COMPLETED & STORED TO DATE.....\$ 6,115,196
5. RETAINAGE.....\$ 611,522
6. TOTAL EARNED LESS RETAINAGE\$ 5,503,674
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate).....\$ 5,061,845
8. CURRENT PAYMENT DUE\$ 441,829
9. BALANCE TO FINISH, INCLUDING RETAINAGE..\$ 1,137,928

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 payment shown herein is now due.

Contractor : POWER CONSTRUCTION COMPANY, LLC

By : Megan Lail Date : 06-23-2016

State of : Illinois County of: Cook

Subscribed and sworn to before me

This 23rd day of June, 2016

Notary Public

Theresa J. Jovic



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above 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 Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED.....\$ 441,829.00

ARCHITECT : ECKENHOFF SAUNDERS ARCHITECTS

By : [Signature] Date : 6/24/2016

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.

APPLICATION AND CERTIFICATE FOR PAYMENT

TO : NorthShore University HealthSystem PROJECT : Skokie Hosp 3FL Patient Remodel APPLICATION NO.: 14
 FROM: Power Construction Company, LLC ARCHITECT : Eckenhoff Saunders PERIOD TO : 02-29-2016
 PROJECT NO.: 81872 CONTRACT DATE : 08-27-2014

CONTRACTOR'S APPLICATION FOR PAYMENT

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

CHANGE ORDER SUMMARY	Additions	Deductions
Change Order approved in previous months by Owner		
TOTAL	0	205,300
APPROVED THIS MONTH	58,441	0
Total Job To Date	58,441	205,300

1. ORIGINAL CONTRACT SUM\$ 7,262,723
 2. NET CHANGE BY CHANGE ORDERS.....\$ -146,859
 3. CONTRACT SUM TO DATE.....\$ 7,115,864
 4. TOTAL COMPLETED & STORED TO DATE.....\$ 7,109,968
 5. RETAINAGE.....\$ 0
 6. TOTAL EARNED LESS RETAINAGE\$ 7,109,968
 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate).....\$ 7,048,114
 8. CURRENT PAYMENT DUE\$ 61,854
 9. BALANCE TO FINISH, INCLUDING RETAINAGE..\$ 5,896

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 payment shown herein is now due.

Contractor : POWER CONSTRUCTION COMPANY, LLC

By: Meja Sel Date : 03-03-2016

State of : Illinois County of: Cook

Subscribed and sworn to before me

This 03rd day of March, 2016

Notary Public



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above 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 Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED.....\$

ARCHITECT :

By :

Date :

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.

61,854⁰⁰

3/21/16

APPLICATION AND CERTIFICATE FOR PAYMENT

PAGE 1 OF 4 PAGES

TO OWNER: Northshore University HealthSystem

2650 Ridge Avenue
Evanston, IL
60201-0000

PROJECT: Skokie Hospital Surgery Pavilion

2650 Ridge Avenue
Evanston, IL
60201-0000 US

APPLICATION NO: 23

PERIOD TO: 31-MAR-16

PROJECT NOS: 1300019

CONTRACT DATE: 10-NOV-13

FROM CONTRACTOR: Pepper Construction Company

411 Lake Zurich Road
Barrington, IL, 60010-3141

ARCHITECT:

Distribution to:

☐ OWNER
☐ ARCHITECT
☐ CONTRACTOR

CONTRACT FOR: Skokie Hospital Surgery Pavilion

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	\$ 25,153,466.00
2. Net change by change orders	\$ 1,974,649.00
3. CONTRACT SUM TO DATE (Line 1 +/- 2)	\$ 27,128,115.00
4. TOTAL COMPLETED & STORED TO DATE	\$ 26,864,620.26
(Column on G703)	
5. RETAINAGE:	
Total retainage Column K of G703)	\$ 598,806.86
6. TOTAL EARNED LESS RETAINAGE	\$ 26,265,813.40
(Line 4 less Line 5 Total)	
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT	
me 6 from prior Certificate)	\$ 25,886,330.28
8. CURRENT PAYMENT DUE	\$ 379,483.12
9. BALANCE TO FINISH, INCLUDING RETAINAGE.	
(Line 3 less Line 6)	\$ 862,301.60

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		1,984,905.17	-244,678.58
APPROVED THIS MONTH			
Number	Date Approved		
0000010	04-MAR-2016	234,322.00	
CURRENT TOTAL		234,322.00	0.00
Net Change by Change Orders			1,974,649.59

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 payment shown herein is now due.

Contractor: Pepper Construction Company

By: [Signature] Date: 4-18-16

State of: _____

County of: _____

Subscribed and sworn to before

me this _____ day of _____

Notary Public: Jacklyn Kowalski

My Commission Expires: _____

"OFFICIAL SEAL"
Jacklyn Kowalski
Notary Public, State of Illinois
My Commission Expires June 29, 2019

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above 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 Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ 379,483.12

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

ARCHITECT: [Signature]

By: [Signature] Date: 4/20/16

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.

APPLICATION AND CERTIFICATE FOR PAYMENT

PAGE 1 OF 3 PAGES

TO OWNER: NORTHSORE UNIVERSITY HEALTH SY

PROJECT: NorthShore Univ - Skokie Hospital Basement

AIA Document G702

1301 CENTRAL AVE
EVANSTON, IL
60201 UNITED STATES

8800 Gross Point Rd
Skokie, IL
60076 UNITED STATES

APPLICATION NO.:3

PERIOD TO:31-MAY-16

PROJECT NOS.:116042

INVOICE NO.201600219

CONTRACT DATE:25-MAR-16

Distribution to:

☐ OWNER
☐ ARCHITECT
☐ CONTRACTOR
☐

FROM CONTRACTOR: Bulley & Andrews LLC
1735 W. Armitage Avenue
Chicago, IL, 60622 USA

ARCHITECT:

CONTRACT FOR: NorthShore Univ - Skokie Hospital Basement

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	\$	1,704,975.00
2. Net change by change orders	\$	12,161.00
3. CONTRACT SUM TO DATE (Line1 +/- 2)	\$	1,717,136.00
4. TOTAL COMPLETED & STORED TO DATE	\$	1,000,250.00
(Column G on G703)		
5. RETAINAGE:		
Total retainage Column I of G703)	\$	100,025.00
6. TOTAL EARNED LESS RETAINAGE	\$	900,225.00
(Line 4 less Line 5 Total)		
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT		
(Line 6 from prior Certificate)	\$	389,772.44
8. CURRENT PAYMENT DUE	\$	510,452.56
9. BALANCE TO FINISH, INCLUDING RETAINAGE .		
(Line 3 less Line 8)	\$	816,911.00

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		0.00	0.00
APPROVED THIS MONTH			
Number	Date Approved		
PC0001	11-MAY-2016	12,161.00	
CURRENT TOTAL		12,161.00	0.00
Net Change by Change Orders			12,161.00

AIA DOCUMENT G702 - APPLICATION AND CERTIFICATE FOR PAYMENT
THE AMERICAN INSTITUTE OF ARCHITECTS 1735 NEW YORK AVENUE NW WASHINGTON DC 20006

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 payment shown herein is now due.

Contractor: Bulley & Andrews LLC

By: [Signature] Date: 5/31/16

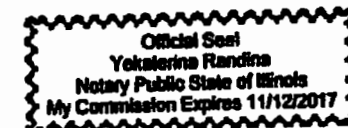
State of: Illinois

County of: Cook

Subscribed and sworn to before me this 31st day of May

Notary Public: Yekaterina Randina

My Commission expires: 11/12/2017



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above 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 Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED.....\$ 510,452.56

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

ARCHITECT: [Signature] Date: 5/16/16

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.

APPLICATION AND CERTIFICATE FOR PAYMENT

PAGE 1 OF 2 PAGES

TO OWNER: Northshore University HealthSystem

2650 Ridge Avenue
Evanston, IL
60201-0000

PROJECT: Skokie Hospital Conference Center

2650 Ridge Avenue
Evanston, IL
60201-0000 US

FROM CONTRACTOR: Pepper Construction Company
411 Lake Zurich Road
Barrington, IL, 60010-3141

ARCHITECT:

APPLICATION NO.:8

PERIOD TO:31-DEC-15

PROJECT NOS.:1400735

CONTRACT DATE:14-OCT-14

Distribution to:

☐ OWNER
☐ ARCHITECT
☐ CONTRACTOR
☐

CONTRACT FOR: Skokie Hospital Conference Center

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 \$ 461,421.00
2. Net change by change orders \$ 540.00
3. CONTRACT SUM TO DATE (Line1 +/- 2) \$ 461,961.00
4. TOTAL COMPLETED & STORED TO DATE \$ 455,853.39
(Column I on G703)
5. RETAINAGE:
Total retainage Column K of G703) \$ 0.00
6. TOTAL EARNED LESS RETAINAGE \$ 455,853.39
(Line 4 less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT
(Line 6 from prior Certificate) \$ 426,166.07
8. CURRENT PAYMENT DUE \$ 29,687.32
9. BALANCE TO FINISH, INCLUDING RETAINAGE .
(Line 3 less Line 6) \$ 6,107.61

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		540.00	0.00
APPROVED THIS MONTH			
Number	Date Approved		
CURRENT TOTAL		0.00	0.00
Net Change by Change Orders			540.00

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 for which previous Certificates for payment were issued and payments received from the Owner, and that current payment shown herein is now due.

Contractor: Pepper Construction Company

By: [Signature] Date: 12/23/15

State of: _____

County of: _____

Subscribed and sworn to before
me this _____ day of _____

Notary Public: Jacklyn Kowalski

My Commission expires: _____

"OFFICIAL SEAL"
Jacklyn Kowalski
Notary Public, State of Illinois
My Commission Expires June 29, 2019

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above 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 Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED.....\$ 29,687.32

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

ARCHITECT:

By: [Signature] Date: 12/28/15

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.

APPLICATION AND CERTIFICATE FOR PAYMENT

PAGE 1 OF 3 PAGES

TO OWNER: Northshore University HealthSystem

2650 Ridge Avenue
Evanston, IL
60201-0000

PROJECT: Skokie Hospital GI Lab Relocation

2650 Ridge Avenue
Evanston, IL
60201-0000 US

FROM CONTRACTOR: Pepper Construction Company
411 Lake Zurich Road
Barrington, IL, 60010-3141

ARCHITECT:

APPLICATION NO.:12
PERIOD TO:29-FEB-16
PROJECT NOS.:1400734

CONTRACT DATE:14-OCT-14

Distribution to:

☐ OWNER
☐ ARCHITECT
☐ CONTRACTOR
☐

CONTRACT FOR: Skokie Hospital GI Lab Relocation

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 \$ 2,718,716.00
2. Net change by change orders \$ 313,595.00
3. CONTRACT SUM TO DATE (Line1 +/- 2) \$ 3,032,311.00
4. TOTAL COMPLETED & STORED TO DATE \$ 2,979,757.32
(Column I on G703)
5. RETAINAGE:
Total retainage Column K of G703) \$ 121,068.46
6. TOTAL EARNED LESS RETAINAGE \$ 2,858,688.86
(Line 4 less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT
(Line 6 from prior Certificate) \$ 2,837,264.92
8. CURRENT PAYMENT DUE \$ 21,423.94
9. BALANCE TO FINISH, INCLUDING RETAINAGE .
(Line 3 less Line 6) \$ 173,622.14

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner	313,595.00	0.00
APPROVED THIS MONTH		
Number Date Approved		
CURRENT TOTAL	0.00	0.00
Net Change by Change Orders		313,595.00

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 for which previous Certificates for payment were issued and payments received from the Owner, and that current payment shown herein is now due.

Contractor: Pepper Construction Company

By: [Signature] Date: 2-24-16

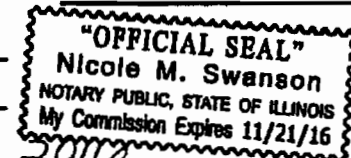
State of: Illinois

County of: COOK

Subscribed and sworn to before me this 24th day of Feb 2016

Notary Public: Nicole M. Swanson

My Commission expires: 11-21-16



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above 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 Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED.....\$ 21,423.94

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

ARCHITECT: [Signature] 2-25-16

By: _____ Date: _____

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.