

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

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

August 10, 2017

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

**RECEIVED**

AUG 11 2017

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 3<sup>rd</sup> 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, 2017 total \$94,913,179.46. 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.

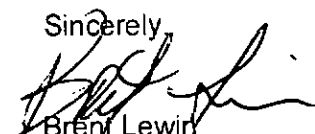
- The 5<sup>th</sup>, 4<sup>th</sup>, and 3<sup>rd</sup> floor renovations are complete.
- The GI lab, In-Patient Pharmacy, Lobby, Conference Center, Surgical addition, Surgical Phase II and ICU are all complete and occupied.
- The Elevator Tower is complete awaiting IDPH Inspection.
- Support Services Renovations are still under design.

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 847-570-5089 or via e-mail at [blewin@northshore.org](mailto:blewin@northshore.org).

Sincerely,



Brent Lewin  
Senior Director Accounting, Finance  
NorthShore University Health System

State of Illinois, County of Cook

Signed before me on August 10, 2017  
by Brent Lewin.

Ellen Daniel O. Notary Public





**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, 2017

	Projected	Total Costs Incurred as 6/30/2017	Available Balance as of 6/30/2017	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	\$ 33,874,391.18	\$ 2,111,380.82	\$ 2,000,000.00	\$ 111,380.82
Modernization Contracts	\$ 42,456,201	\$ 38,962,312.80	\$ 3,493,888.20	\$ 3,000,000.00	\$ 493,888.20
Contingencies	\$ 3,412,815		\$ 3,412,815.00	\$ 3,412,815.00	\$ -
Architectural/Engineering Fees	\$ 6,690,000	\$ 4,097,530.01	\$ 2,592,469.99	\$ 2,000,000.00	\$ 592,469.99
Consulting and Other Fees	\$ 3,500,000	\$ 4,049,979.50	\$ (549,979.50)	\$ 250,000.00	\$ (799,979.50)
Movable or Other Equipment	\$ 14,168,575	\$ 12,975,116.36	\$ 1,193,458.64	\$ 1,000,000.00	\$ 193,458.64
Other Costs to be Capitalized	\$ 700,000	\$ 581,185.00	\$ 118,815.00	\$ 100,000.00	\$ 18,815.00
<b>Total</b>	<b>\$ 107,313,363</b>	<b>\$ 94,913,179.46</b>	<b>\$ 12,400,183.54</b>	<b>\$ 11,762,815.00</b>	<b>\$ 637,368.54</b>

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      APPLICATION NO.: 12 Revision: 1  
 FROM: Power Construction Company, LLC      ARCHITECT : Eckenhoff Saunders      PERIOD TO : 01-31-2017  
                                                                                                                                          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	564,970	0
APPROVED THIS MONTH	4,761	0
Total Job To Date	569,731	0

1. ORIGINAL CONTRACT SUM .....	\$ 3,844,492
2. NET CHANGE BY CHANGE ORDERS.....	\$ 569,731
3. CONTRACT SUM TO DATE.....	\$ 4,414,223
4. TOTAL COMPLETED & STORED TO DATE.....	\$ 4,414,223
5. RETAINAGE.....	\$ 0
6. TOTAL EARNED LESS RETAINAGE .....	\$ 4,414,223
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate).....	\$ 4,124,112
8. CURRENT PAYMENT DUE .....	\$ 290,111
9. BALANCE TO FINISH, INCLUDING RETAINAGE..	\$ 0

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: Mya Sul Date: 02-02-2017

State of : Illinois County of: Cook

Subscribed and sworn to before me

This 02nd day of February, 2017

Notary Public



Amber Flores

## 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.....\$ 290,111.00

ARCHITECT:

By: DER

Date: 2/23/17

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

APPLICATION NO.: 16

PERIOD TO : 02-28-2017

FROM: Power Construction Company, LLC

ARCHITECT : Eckenhoff Saunders

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	777,656	0
APPROVED THIS MONTH	27,374	0
Total Job To Date	805,030	0

1. ORIGINAL CONTRACT SUM .....	\$ 6,498,753
2. NET CHANGE BY CHANGE ORDERS.....	\$ 805,030
3. CONTRACT SUM TO DATE.....	\$ 7,303,783
4. TOTAL COMPLETED & STORED TO DATE.....	\$ 7,303,783
5. RETAINAGE.....	\$ 0
6. TOTAL EARNED LESS RETAINAGE .....	\$ 7,303,783
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate).....	\$ 7,184,834
8. CURRENT PAYMENT DUE .....	\$ 118,949
9. BALANCE TO FINISH, INCLUDING RETAINAGE..	\$ 0

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 L. Sanders Date: 03-09-2017

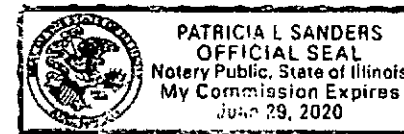
State of: Illinois

County of: Cook

Subscribed and sworn to before me

This 09th day of March, 2017

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.....\$ 118,949.00

ARCHITECT : ECKENHOFF SANDERS ARCHITECTS

By: [Signature] Date: 3/16/2017

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  
FROM: Power Construction Company, LLC ARCHITECT : Eckenhoff Saunders

APPLICATION NO.: 15  
PERIOD TO : 06-30-2016  
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	58,441	205,300
APPROVED THIS MONTH	0	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.....	\$ 7,115,864
5. RETAINAGE.....	\$ 0
6. TOTAL EARNED LESS RETAINAGE .....	\$ 7,115,864
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate).....	\$ 7,109,968
8. CURRENT PAYMENT DUE .....	\$ 5,896
9. BALANCE TO FINISH, INCLUDING RETAINAGE..	\$ 0

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

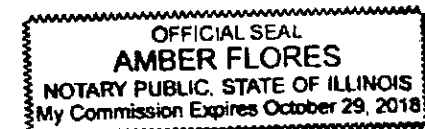
By: Mega Lail Date : 07-07-2016

State of : Illinois County of: Cook

Subscribed and sworn to before me

This 07th day of July, 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.....\$ 5,896<sup>00</sup>

ARCHITECT :

By: DSR

Date : 8/22/16

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: NORTSHORE UNIVERSITY HEALTH SY

PROJECT: NorthShore Univ - Skidie Hospital Basement

1301 CENTRAL AVE  
EVANSTON, IL  
60201 UNITED STATES

9600 Gross Point Rd  
Skidie, IL  
60078 UNITED STATES

AIA Document G702

FROM CONTRACTOR: Bulley & Andrews LLC  
1755 W. Armitage Avenue  
Chicago, IL, 60622 USA

ARCHITECT:

APPLICATION NO.: 5  
PERIOD TO : 31-AUG-16  
PROJECT NOS.: 118042  
INVOICE NO. 201600312

Distribution to:  
☐ OWNER  
☐ ARCHITECT  
☐ CONTRACTOR  
☐

CONTRACT FOR: NorthShore Univ - Skidie Hospital Basement

CONTRACT DATE : 25-MAR-16

## 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 ..... \$ 128,892.00
3. CONTRACT SUM TO DATE (Line 1 +/- 2) ..... \$ 1,833,867.00
4. TOTAL COMPLETED & STORED TO DATE ..... \$ 1,833,867.00  
(Column G on G703)
5. RETAINAGE:  
Total retainage Column I of G703) ..... \$ 0.00
6. TOTAL EARNED LESS RETAINAGE ..... \$ 1,833,867.00  
(Line 4 less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT  
(Line 6 from prior Certificate) ..... \$ 1,395,495.00
8. CURRENT PAYMENT DUE ..... \$ 438,372.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE ..... \$ 0.00  
(Line 3 less Line 6)

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		12,181.00	0.00
APPROVED THIS MONTH			
Number	Date Approved		
PC18002	15-AUG-2016	118,731.00	
CURRENT TOTAL		118,731.00	0.00
Net Change by Change Orders			128,892.00

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: 8/21/16

State of: Illinois

County of: COOK

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

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 ..... \$ 438,372.00

(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: 9.29.16

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: Northshore University HealthSystem

PROJECT: Skokie Hospital GI Lab Relocation

2650 Ridge Avenue  
Evanston, IL  
60201-0000

2650 Ridge Avenue  
Evanston, IL  
60201-0000 US

APPLICATION NO.:13

PERIOD TO :30-JUN-16

PROJECT NOS.:1400734

INVOICE NO.1400734013

CONTRACT DATE :14-OCT-14

Distribution to:

☐ OWNER  
☐ ARCHITECT  
☐ CONTRACTOR  
☐  
☐

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

ARCHITECT:

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 ..... \$ 276,000.00  
3. CONTRACT SUM TO DATE ( Line1 +/- 2 ) ..... \$ 2,994,716.00  
4. TOTAL COMPLETED & STORED TO DATE ..... \$ 2,994,716.00  
(Column G on G703)  
5. RETAINAGE:  
Total retainage Column I of G703) ..... \$ 0.00  
6. TOTAL EARNED LESS RETAINAGE ..... \$ 2,994,716.00  
(Line 4 less Line 5 Total )  
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT  
(Line 6 from Prior Certificate) ..... \$ 2,858,688.86  
8. CURRENT PAYMENT DUE ..... \$ 136,027.14  
9. BALANCE TO FINISH, INCLUDING RETAINAGE .  
(Line 3 less Line 6 ) \$ 0.00

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		313,595.00	0.00
APPROVED THIS MONTH			
Number	Date Approved		
0000005	09-JUN-2016	0.00	37,595.00
CURRENT TOTAL		0.00	37,595.00
Net Change by Change Orders			276,000.00

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: 6-23-16

State of: Illinois

County of: Cook

Subscribed and sworn to before me this 23 day of June

Notary Public: [Signature]

My Commission expires: 7-27-2019



## 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.....\$ 136,027.14

(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.)

[Signature] 6-27-16

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.

# APPLICATION AND CERTIFICATE FOR PAYMENT

TO : NorthShore University HealthSystem PROJECT : SH Elevator Tower (120513)  
FROM : Power Construction Company, LLC ARCHITECT : Eckenhoff Saunders

APPLICATION NO.: 12  
PERIOD TO : 05-31-2017  
PROJECT NO.: 81884  
CONTRACT DATE : 05-11-2016

## 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	90,180	0
APPROVED THIS MONTH	0	0
Total Job To Date	90,180	0

1. ORIGINAL CONTRACT SUM .....\$ 2,728,033  
2. NET CHANGE BY CHANGE ORDERS.....\$ 90,180  
3. CONTRACT SUM TO DATE.....\$ 2,818,213  
4. TOTAL COMPLETED & STORED TO DATE.....\$ 2,781,881  
5. RETAINAGE.....\$ 239,570  
6. TOTAL EARNED LESS RETAINAGE .....\$ 2,542,311  
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate).....\$ 2,390,354  
8. CURRENT PAYMENT DUE .....\$ 151,957  
9. BALANCE TO FINISH, INCLUDING RETAINAGE..\$ 275,902

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.

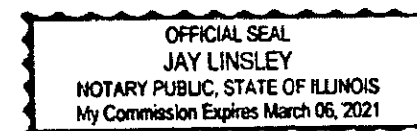
Contractor : POWER CONSTRUCTION COMPANY, LLC

By : Megan Lich Date : 05-31-2017

State of : Illinois County of: Cook

Subscribed and sworn to before me

This 31st day of May, 2017



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.....\$ 151,957

ARCHITECT : [Signature] 65.17

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.



# APPLICATION AND CERTIFICATE FOR PAYMENT

PAGE 1 OF 5 PAGES

TO OWNER: Northshore University HealthSystem

PROJECT: Skokie Hospital Surgery Pavilion

2650 Ridge Avenue  
Evanston, IL  
60201-0000

2650 Ridge Avenue  
Evanston, IL  
60201-0000 US

APPLICATION NO.:24

PERIOD TO :31-AUG-16

PROJECT NOS.:1300019

INVOICE NO.1300019024

CONTRACT DATE :10-NOV-13

Distribution to:

☐ OWNER  
☐ ARCHITECT  
☐ CONTRACTOR  
☐

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

ARCHITECT:

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 .....\$ 2,008,653.00  
3. CONTRACT SUM TO DATE ( Line1 +/- 2 ) .....\$ 27,162,119.00  
4. TOTAL COMPLETED & STORED TO DATE .....\$ 27,162,119.00  
(Column G on G703)  
5. RETAINAGE:  
Total retainage Column I of G703) .....\$ 0.00  
6. TOTAL EARNED LESS RETAINAGE .....\$ 27,162,119.00  
(Line 4 less Line 5 Total )  
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT  
(Line 6 from prior Certificate) .....\$ 26,265,813.40  
8. CURRENT PAYMENT DUE .....\$ 896,305.60  
9. BALANCE TO FINISH, INCLUDING RETAINAGE .  
(Line 3 less Line 6 ) \$ 0.00

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		2,219,227.17	-244,578.58
APPROVED THIS MONTH			
Number	Date Approved		
0000011	22-JUN-2016	34,004.00	
CURRENT TOTAL		34,004.00	0.00
Net Change by Change Orders		2,008,652.59	

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: 9-8-16

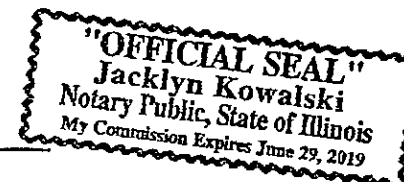
State of: \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public: Jacklyn Kowalski

My Commission expires: \_\_\_\_\_



## 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.....\$ 896,305.60

(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: \_\_\_\_\_ Date: 9-12-16

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.