QUINCY MEDICAL GROUP

RECEIVED
DEC 8 2025
HEALTH FACILITIES & SERVICES REVIEW BOARD

Date: December 4, 2025

Via Federal Express
Via Email

Mr. John Kniery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Quincy Medical Group Birth Center (Proj. No. 21-029)
Notice of Project Completion & Final Realized Cost Report

Dear Mr. Kniery:

I am writing to submit the notice of project completion and final realized cost report for Project No. 21-029. On April 26, 2022, the Illinois Health Facilities and Services Review Board approved Quincy Medical Group's ("QMG") to establish a three-room freestanding birthing center to be located at 3301 Broadway Street, Broadway, Illinois (the "Project"). On November 18, 2025, the Board approved a request for permit renewal related to this project.

The Project is now substantially completed with IDPH issuing a license on November 21, 2025 and the Birth Center becoming operational on December 8, 2025.

For your review, QMG submits the following information as its final realized cost report for the addition of surgical specialties:

1. Final Realized Costs

Quincy Medical Group Birth Center Final Realized Project Costs		
	Approved	**Expended**
Preplanning Costs	$120,114	$10,000
New Construction Costs	$1,062,172	$1,837,889
Contingencies	$96,926	$0
Architectural/Engineering Fees	$89,545	$40,000
Consulting and Other Fees	$194,038	$64,500

QUINCY MEDICAL GROUP

Quincy Medical Group Birth Center Final Realized Project Costs		
	Approved	**Expended**
Moveable Equipment	$600,000	$209,000
Total Project Cost	**$2,162,795**	**$2,161,389**

2. Certification of Final Realized Costs and Compliance

Pursuant to 77 Ill. Admin. Code §1130.770, I, the undersigned, certify that the final realized costs, as itemized, are the total costs required to complete the Project and there are no additional associated costs or capital expenditures related to the Project. I further certify that QMG complied with all of the terms of the permit to date, and all information submitted in this cost report for the Project is true and correct.

3. Final Application and Certification for Payment

Attached as Attachment A is the final Application and Certification for Payment (G702) for the Project.

If you have any questions or need any additional information related to the Project, please feel free to contact me.

Sincerely,

Carol Brockmiller

Carol Brockmiller
Chief Executive Officer
Quincy Medical Group

QUINCY MEDICAL GROUP

STATE OF Illinois)
) SS
COUNTY OF Adams)

The foregoing instrument was acknowledged before me this 4th day of December 2025, by Carol Brockmiller, as Chief Executive Officer of Quincy Medical Group.

Witness my hand and official seal.

Official Seal
NIKOLE L WILLIS
Notary Public, State of Illinois
Commission No. 830783
My Commission Expires April 18, 2028

(Notary Seal)

My commission expires: 4.18.28

Nikole L Willis
Notary Public

NIKOLE L. WILLIS
(Type or Print Name)

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST, SPRINGFIELD, ILLINOIS 62761 •(217) 782-3516 FAX: (217) 785-4111

November 25, 2025

TRANSMITTED ELECTRONICALLY AND VIA CERTIFIED MAIL

Anne Cooper, CON Counsel
Aronberg Goldgehn Davis & Garmisa
225 West Washington Street, Suite 2800
Chicago, IL. 60606

acooper@agdglaw.com

Carol Brockmiller
President, Quincy Medical Group
1025 Maine Street
Quincy, Illinois 62301

RE: **NOTICE OF APPROVAL AND ISSUANCE OF PERMIT RENEWAL**
Permit Renewal: Project # 21-029 QMG Birth Center
Permit Holder: Quincy Physicians and Surgeons, PLLC d/b/a Quincy Medical Group

Dear Ms. Brockmiller and Ms. Cooper:

On November 18, 2025, the Illinois Health Facilities and Services Review Board (HFSRB) approved the Permit Holder's request for a permit renewal for the above-referenced project. This letter confirms the approval and issuance of a renewal to the above-referenced permitted project. Therefore, the permit for this project has been renewed through March 31, 2026.

If the Permit Holder determines they cannot complete the project on or before March 31, 2026, they may request another renewal. Per 77 Ill. Adm. Code 1130.740, permit renewals must be requested before the project completion date and must be received by HFSRB **AT LEAST 45 DAYS BEFORE THE PERMIT'S EXPIRATION DATE.**

Projects not completed within the time frame allowed under a valid permit shall expire and become invalid unless renewed by HFSRB according to a request submitted under 77 Ill. Adm. Code 1130.740.

The Permit Holder is solely responsible for maintaining a valid permit and must comply with all post-permit requirements contained in the relevant parts of Title 77 of the Illinois Administrative Code, including, without limitation, Subpart G of Part 1130.

Should you have any questions, contact HFSRB staff at (217) 782-3516 or via email at DPH.HFSRB@illinois.gov.

Sincerely,

Debra Savage

Debra Savage
Chairwoman
Illinois Health Facilities and Services Review Board

Cc: John Kniery

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. SPRINGFIELD, ILLINOIS 62761 •(217) 782-3516 FAX: (217) 785-4111

CERTIFICATE OF SERVICE

Sharie Ryan, HFSRB Office Coordinator, under penalties as provided by law pursuant to §1-109 of the Code of Civil Procedure (735 ILCS 5/1-109), certifies that the statements set forth in this certificate of service are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that they verily believe the same to be true and that they have served a copy of the above-mentioned documents from the foregoing Illinois Health Facilities & Services Review Board on November 25, 2025, to the below-referenced Applicant(s), by electronic mail and U.S. Post Office Certified Mail to the following:

Anne Cooper, CON Counsel
Aronberg Goldgehn Davis & Garmisa
225 West Washington Street, Suite 2800
Chicago, IL. 60606

acooper@agdglaw.com

Carol Brockmiller
President, Quincy Medical Group
1025 Maine Street
Quincy, Illinois 62301

By: s/ Sharie Ryan
HFSRB Office Coordinator

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HF135234

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/20/2026		4000039

Birthing Centers

Licensed Beds: 3

Quincy Physicians & Surgeons Clinic, PLLC
dba Quincy Medical Group Birth Center
3301 Broadway Street

Quincy, IL 62301

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4025001 2M 4/25

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 11/20/2026
Lic Number 4000039

Date Printed 11/21/2025

Quincy Physicians & Surgeons Clinic,
dba Quincy Medical Group Birth Cente

FEE RECEIPT NO.

Leopardo
CONSTRUCTION, INC.

Corporate Headquarters:
5200 Prairie Stone Parkway Hoffman Estates IL 60192
TEL 847 783 3000 FAX 847 783 3001
www leopardo com

To: Quincy Medical Group
1025 Maine Street
Quincy,IL 62301

Attn: Brandon Selle

Date:	09/26/25
Invoice:	60568
Payout # :	5
Job:	25-3468
Terms:	net 30

Description		Totals
Quincy Medical Group - Birthing Center 3301 Broadway Quincy,IL 62301		
Client Reference		
Amount of Contract	2,082,504.00	
Extras to Contract	-244,615.00	
Adjusted Total Contract	1,837,889.00	
Work Completed to Date	1,837,889.00	
Less Retained	0.00	
Net Amount Earned	1,837,889.00	
Net Amount Previously Invoiced	1,689,522.74	
Total of This Invoice		148,366.26
Balance to Become Due Including Retention	0.00	
Change Order Summary	001 - 005	

Please send check to :

Leopardo Construction, Inc.
5200 Prairie Stone Parkway
Hoffman Estates, IL 60192

Attention: *Deidre Grounds*

APPLICATION FOR PAYMENT AND SWORN STATEMENT FOR CONTRACTOR AND SUBCONTRACTOR TO OWNER

oject Title :	Quincy Medical Group - Birthing Center	Application Date :	September 26, 2025
oject Number:	25-3468	Application No. :	5
chitect:	Erdman (WI)	Period From :	9/1/2025 - 9/30/2025
ontractor :	Leopardo Construction, Inc.	Change Orders Included :	001 - 005

	1	2	3	4		5	6	7	8
:m #	Contractor Work/Material Contracted For	Contractor	Adjusted Total	Work Completed Material Stored To Date		Total Retained	Previously Invoiced	Net Amount Requested	Balance To Become Due
				%	Dollar Value				
	General Conditions/ Requirements	Leopardo Construction, Inc	$190,431 00	100%	$190,431.00	$0.00	$171,387.89	$19,043.11	$0 00
2	Permits and Fees Allowance	Leopardo Construction, Inc	$3,623 00	100%	$3,623.00	$0.00	$3,623.00	$0.00	$0 00
3	Insurance	Leopardo Construction, Inc	$44,836.00	100%	$44,836.00	$0.00	$44,836.00	$0 00	$0 00
4	Concrete	Petty Construction LLC	$31,856.00	100%	$31,856.00	$0.00	$28,670.40	$3,185.60	$0.00
5	Masonry/ Stone work	Otto Baum Company, Inc.	$18,390.00	100%	$18,390.00	$0.00	$18,390.00	$0.00	$0.00
6	Arch Woodwork/ Millwork	Riverside Woodworking & Construction, Inc	$65,360.00	100%	$65,360.00	$0.00	$65,360.00	$0.00	$0 00
7	Material Management	Leopardo Construction, Inc	$16,384 00	100%	$16,384 00	$0.00	$14,745.60	$1,638 40	$0.00
8	Roofing	Roofing Services and Solutions, a Tecta America Company LLC	$6,750.00	100%	$6,750.00	$0.00	$6,075.00	$675.00	$0.00
9	HM, Wood Doors and Frames	Leopardo Construction, Inc	$88,133.00	100%	$88,133 00	$0.00	$79,319.70	$8,813.30	$0.00
10	Alum Entrance/ Panels/ Windows/ Sliders	Adams County Glass Inc	$32,707 00	100%	$32,707.00	$0.00	$29,436.30	$3,270.70	$0.00
11	Drywall/ Acoustical	Maas Construction, Inc	$292,613.00	100%	$292,613.00	$0.00	$263,036.70	$29,576.30	$0 00
12	Hard Tile	Moore's Floors Inc	$62,461.00	100%	$62,461.00	$0.00	$56,214.90	$6,246.10	$0.00
13	Temporary Protection	Leopardo Construction, Inc	$17,740.00	100%	$17,740.00	$0.00	$15,966.00	$1,774.00	$0.00
14	Carpeting & VCT	Diverzify Pro, LLC	$76,023.00	100%	$76,023.00	$0.00	$68,421.30	$7,601.70	$0.00
15	Painting	Ascher Brothers Co., Inc.	$32,750 00	100%	$32,750.00	$0.00	$32,750.00	$0.00	$0.00
16	Specialties	Leopardo Construction, Inc	$32,330 00	100%	$32,330.00	$0.00	$29,097.00	$3,233.00	$0.00
17	Window Treaments	Young Customs LLC DBA MRK's	$3,196.00	100%	$3,196.00	$0.00	$2,876.40	$319.60	$0.00
18	Fire Protection	S.J. Carlson Fire Protection, Inc	$15,383.00	100%	$15,383.00	$0.00	$15,383.00	$0.00	$0 00
19	Plumbing	Damon's Plumbing	$182,321.00	100%	$182,321.00	$0.00	$182,321.00	$0.00	$0.00
20	HVAC	Peters Heating and Air Conditioning, LLC	$198,627.00	100%	$198,627 00	$0.00	$178,764.29	$19,862.71	$0 00
21	HVAC Procurement	Leopardo Construction, Inc	$107,077 00	100%	$107,077.00	$0.00	$96,369.30	$10,707.70	$0.00
22	Electrical	Power Factor Electrical Solution LLC	$175,919.00	100%	$175,919.00	$0.00	$158,327.10	$17,591.90	$0 00
23	Security System	Alarm Systems, Inc	$49,386.00	100%	$49,386.00	$0.00	$44,447.40	$4,938.60	$0 00
24	Communications	DeVine Technologies, Inc.	$34,788.00	100%	$34,788.00	$0.00	$31,309.20	$3,478.80	$0 00
25	Overhead and Profit	Leopardo Construction, Inc	$58,805.00	100%	$58,805.00	$0.00	$52,395.26	$6,409.74	$0 00
	Totals		**$1,837,889.00**	**100%**	**$1,837,889.00**	**$0.00**	**$1,689,522.74**	**$148,366.26**	**$0.00**

Amount of Original Contract	$2,082,504 00
Adjustments to Contract	($244,615 00)
Adjusted Total Contract	$1,837,889.00

Work Completed to Date (column 4)	$1,837,889.00
Total Retained (column 5)	$0.00
Net Amount Earned (col. 4 minus col. 5)	$1,837,889.00
Previously Invoiced (column 6)	$1,689,522.74
Net Amount Due this Payment (column 7)	$148,366.26

STATE OF Illinois }
COUNTY OF Cook }

The undersigned Todd M. Welch, being first duly sworn on oath, deposes and says
That he/she is Chief Financial Officer of Leopardo Construction, Inc. contractor for the GENERAL CONTRACTING for the following project
Contract Title: Quincy Medical Group - Birthing Center
Contract Address: 3301 Broadway - Quincy,IL 62301

That, for the purpose of this work, the foregoing orders have been placed and the foregoing parties subcontracted with, and these have furnished materials or have provided labor, or both, for said project. That the amount of such order or subcontract is as stated above and that there is due and to become due then respectively, the amounts set opposite their names for materials or labor or both. That, this statement is made in compliance with the statutes relating to Mechanics Liens and for the purpose of procuring from the Owner FINAL /PARTIAL payment in accordance with the terms of the contract and is a full, true and complete statement, of all parties furnishing labor and/or materials and of amounts paid due and to become due then

Subscribed and sworn to before me on 29th day of September, 2025

Signed

OFFICIAL SEAL
DEIDRE M. GROUNDS
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires December 1, 2026
Commission # 477139

Notary Public

FINAL WAIVER OF LIEN

STATE OF Illinois
COUNTY OF Cook } SS

Gty #
Escrow #

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by Quincy Medical Group

to furnish General Construction

for the premises known as 3301 Broadway Quincy, IL 62301

of which Cullinan Companies, L.L.C. is the owner

THE undersigned, effective upon payment of and in consideration of one hundred forty-eight thousand three hundred sixty-six and 26 / 100 ($148,366.26) dollars, and other good and valuable consideration, 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 heretofore furnished by the undersigned for the above-described premises.

COMPANY NAME: Leopardo Construction, Inc.

ADDRESS: 5200 Prairie Stone Parkway, Hoffman Estates, IL 60192

DATE: 9/29/2025

SIGNATURE AND TITLE: Todd M. Welch, Chief Financial Officer

CONTRACTOR'S AFFIDAVIT

STATE OF Illinois
COUNTY OF Cook } SS

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, (NAME) Todd M. Welch BEING DULY SWORN, DEPOSES AND SAYS THAT HE OR SHE IS (POSITION) Chief Financial Officer OF (COMPANY NAME) Leopardo Construction, Inc. WHO IS THE CONTRACTOR FURNISHING General Construction WORK ON THE BUILDING LOCATED AT 3301 Broadway Quincy, IL 62301 OWNED BY Cullinan Companies, L.L.C.

That the total amount of the contract including approved change orders is $ 1,837,889.00 on which he or she has invoiced $ 1,689,522.74 prior to this invoice. That all prior waivers are true, correct and genuine and delivered unconditionally provided payment is received by the undersigned and that there is otherwise no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have furnished material or labor, or both, for said work and all parties having subcontracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES	WHAT FOR	CONTRACT PRICE	AMOUNT PREVIOUSLY INVOICED	THIS INVOICE DUE	BALANCE TO BECOME DUE
Leopardo Construction, Inc.	General Construction	$1,837,889.00	$1,689,522.74	$148,366.26	$0.00
Total Labor and Material Including Approved Change Orders to Complete		$1,837,889.00	$1,689,522.74	$148,366.26	$0.00

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE: 9/29/2025 SIGNATURE:

Subscribed and sworn to before me this 29th day of September, 2025

OFFICIAL SEAL
DEIDRE M. GROUNDS
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires December 1, 2026
Commission # 477129

NOTARY PUBLIC

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

Invoice # : 60568

To Owner: Quincy Medical Group
1025 Maine Street
Quincy IL 62301

Project: 25-3468 Quincy Medical Group - Birthing Center

Application No: 5
Period: 09/01/2025 - 09/30/2025
Project Number: 25-3468
Contract Date: 04/15/2025
Client Reference:

Distribution to:
- [ ] Owner
- [ ] Architect
- [ ] Contractor
- [ ]
- [ ]

From Contractor: Leopardo Construction, Inc.
5200 Prairie Stone Parkway
Hoffman Estates, IL 60192

Via Architect: Erdman (WI)
One Erdman Place, Suite 300
Madison,WI 53717

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		$2,082,504.00
2. Net Change By Change Orders		-$244,615.00
3. Contract Sum To Date		$1,837,889.00
4. Total Completed and Stored To Date		$1,837,889.00
5. Retainage:		
a. 0.00% of Completed Work *(Column D+E on G703)*	$0.00	
b. 0% of Stored Material *(Column F on G703)*	$0.00	
Total Retainage *(Lines 5a + 5b)*		$0.00
6. Total Earned Less Retainage *(Line 4 Less Line5 Total)*		$1,837,889.00
7. Less Previous Certificates For Payment *(Line 6 from prior Certificate)*		$1,689,522.74
8.Current Payment Due		$148,366.26
9.Balance To Finish, Including Retainage *(Line 3 Less Line 6)*		$0.00

CHANGE ORDER SUMMARY	Additions	Deductions
Total changes approved in previous month by Owner	8,582.00	-253,197.00
Total Approved this Month	0.00	0.00
TOTALS	8,582.00	-253,197.00
Net Changes By Change Order	-244,615.00	

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 where issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: **Leopardo Construction, Inc.**

By : Date : 9/29/2025

State of : Illinois County of : Cook

Subscribed and sworn to before me on 29th day of September, 2025

Notary Public:

My Commission expires: 12/01/2026

OFFICIAL SEAL
DEIDRE M. GROUNDS
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires December 1, 2026

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 the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED $148,366.26

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

ARCHITECT:

By : Date : 11-3-2025

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: (if applicable)

By : Carl Brockmiller Date : 12-4-25

CONTINUATION SHEET

AIA DOCUMENT G703

Application and Certification for Payment, containing Contractor's signed certification is attached.
In tabulation below, amounts are stated to the nearest dollar.
Use Column I on Contracts where variable retainage for line items may apply.

Application No. : 5
Period From: : 09/01/2025
To : 09/30/2025

Invoice # : 60568 Contract : 25-3468 Quincy Medical Group - Birthing Center

A Item No	B Description of Work	C Scheduled Value	D Work Completed: From Previous Application (D + E)	E Work Completed: This Period In Place	F Materials Presently Stored (Not In D or E)	G Total Completed and Stored To Date (D + E + F)	% (G ÷ C)	H Balance To Finish (C - G)	I Retainage (If Variable Rate)
1	General Conditions/ Requirements	190,431.00	190,431.00	0.00	0.00	190,431.00	100%	0.00	0.00
2	Permits and Fees Allowance	3,623.00	3,623.00	0.00	0.00	3,623.00	100%	0.00	0.00
3	Insurance	44,836.00	44,836.00	0.00	0.00	44,836.00	100%	0.00	0.00
4	Concrete	31,856.00	31,856.00	0.00	0.00	31,856.00	100%	0.00	0.00
5	Masonry/ Stone work	18,390.00	18,390.00	0.00	0.00	18,390.00	100%	0.00	0.00
6	Arch Woodwork/ Millwork	65,360.00	65,360.00	0.00	0.00	65,360.00	100%	0.00	0.00
7	Material Management	16,384.00	16,384.00	0.00	0.00	16,384.00	100%	0.00	0.00
8	Roofing	6,750.00	6,750.00	0.00	0.00	6,750.00	100%	0.00	0.00
9	HM, Wood Doors and Frames	88,133.00	88,133.00	0.00	0.00	88,133.00	100%	0.00	0.00
10	Alum Entrance/ Panels/ Windows/ Sliders	32,707.00	32,707.00	0.00	0.00	32,707.00	100%	0.00	0.00
11	Drywall/ Acoustical	292,613.00	292,263.00	350.00	0.00	292,613.00	100%	0.00	0.00
12	Hard Tile	62,461.00	62,461.00	0.00	0.00	62,461.00	100%	0.00	0.00
13	Temporary Protection	17,740.00	17,740.00	0.00	0.00	17,740.00	100%	0.00	0.00
14	Carpeting & VCT	76,023.00	76,023.00	0.00	0.00	76,023.00	100%	0.00	0.00
15	Painting	32,750.00	32,750.00	0.00	0.00	32,750.00	100%	0.00	0.00
16	Specialties	32,330.00	32,330.00	0.00	0.00	32,330.00	100%	0.00	0.00
17	Window Treaments	3,196.00	3,196.00	0.00	0.00	3,196.00	100%	0.00	0.00
18	Fire Protection	15,383.00	15,383.00	0.00	0.00	15,383.00	100%	0.00	0.00
19	Plumbing	182,321.00	182,321.00	0.00	0.00	182,321.00	100%	0.00	0.00
20	HVAC	198,627.00	198,627.00	0.00	0.00	198,627.00	100%	0.00	0.00
21	HVAC Procurement	107,077.00	107,077.00	0.00	0.00	107,077.00	100%	0.00	0.00
22	Electrical	175,919.00	175,919.00	0.00	0.00	175,919.00	100%	0.00	0.00
23	Security System	49,386.00	49,386.00	0.00	0.00	49,386.00	100%	0.00	0.00
24	Communications	34,788.00	34,788.00	0.00	0.00	34,788.00	100%	0.00	0.00
25	Overhead and Profit	58,805.00	58,216.96	588.04	0.00	58,805.00	100%	0.00	0.00
	GRAND TOTALS	1,837,889.00	1,836,950.96	938.04	0.00	1,837,889.00	100.00%	0.00	0.00

APPLICATION AND CERTIFICATE FOR PAYMENT

Roofing Services & Solutions, a Tecta America Company

TO OWNER:
Leopardo Construction
5200 Prairie Stone Parkway
Hoffman Estates, IL 60192

PROJECT: Quincy Medical Group - Birthing Center
Project#: 25-3468

APPLICATION NO.: 2
PERIOD TO: 9/30/2025
Project No. 25-3468

Distribution to:
OWNER
ARCHITECT
CONTRACTOR
C.M.

FROM CONTRACTOR:
Roofing Services & Solutions, A Tecta America Co., LLC
3810 Paule Avenue
St. Louis, MO 63125

VIA ARCHITECT:

SUBCONTRACT DATE:

CONTRACT FOR:

CONTRACTOR'S APPLICATION FOR PAYMENT

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

1. ORIGINAL CONTRACT SUM $6,750.00
2. Net change by Change Orders $0.00
3. CONTRACT SUM TO DATE - $6,750.00
4. TOTAL COMPLETED & STORED TO DATE $6,750.00
5. RETAINAGE:
   a. 0 % of Completed Work $0.00
   b. ___ % of Stored Material $0.00
   Total Retainage *(total of a + b)* $0.00
6. TOTAL EARNED LESS RETAINAGE $6,750.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT $6,075.00
8. CURRENT PAYMENT $675.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE .. $0.00

3.

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	$0.00	$0.00
Total approved this Month	$0.00	$0.00
TOTALS	$0.00	$0.00
NET CHANGES by Change Order	$0.00	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by Application for Payment has been completed in accordance with the Contact 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: Roofing Services & Solutions, a Tecta America Company

By: Aaron Hammerstone, Vice-President

State of: Missouri

County of: St. Louis

Subscribed and sworn to before me this 30th day of September 2025

Notary Public:

My Commission expires: 5/3/25

KIM SNOW
Notary Public, Notary Seal
State of Missouri
St. Louis County
Commission # 13706095
My Commission Expires 05-03-2029

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 .... ____________

(Attach explanation if amount certified differs form 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:

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.

SCHEDULE OF VALUES AND INVOICE BREAKOUT FORM

Roofing Services & Solutions, a Tecta America Company

Job Name - Quincy Medical Group - Birthing Center

APPLICATION NO.: 2
APPLICATION DATE: 9/30/2025
PERIOD TO: 9/30/2025
PROJECT NO.: 25-3468

In tabulations below, amounts are stated to the nearest dollar.
Use Column I on Contracts where variable retainage for line items may apply.

A	B	C	D	E	F	G		H	I
			WORK COMPLETED						
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	FROM PREVIOUS APPLICATION	THIS PERIOD	MATERIALS PRESENTLY STORED	TOTAL COMPLETED AND STORED TO DATE	%	BALANCE TO FINISH	RETAINAGE (IF VARIABLE RATE)
1	Roofing Labor	$6,750.00	$6,750.00	$0.00	$0.00	$6,750.00	100%	$0.00	$0.00
2		$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
3		$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
4		$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
5		$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
6		$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
7		$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
8		$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
9		$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
10		$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
11		$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
12		$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
13		$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
14		$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
		$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
		$6,750.00	**$6,750.00**	**$0.00**	**$0.00**	**$6,750.00**	**100%**	**$0.00**	**$0.00**

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702 PAGE ONE OF PAGES

TO GC: Leopardo Construction Inc
5200 Prairie Stone Parkway
Hoffman Estates, IL 60192

PROJECT: QMG Birthing Center
Address: 3301 Broadway
Quincy, IL 62301

APPLICATION NO: 2

PERIOD TO: 9/30/2025

PROJECT NO: 25-3468

CONTRACT DATE 5/23/2025

Distribution to:
- [ ] OWNER
- [ ] ARCHITECT
- [X] CONTRACTOR

FROM SUBCONTRACTOR:
ADAMS COUNTY GLASS INC
2408 W SCHNEIDMAN DR
QUINCY, IL 62305

VIA ARCHITECT:

CONTRACT FOR: storefront, glazing, operators

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 $ 31,935.00
2. Net change by Change Orders $ 772.00
3. CONTRACT SUM TO DATE (Line 1 ± 2) $ 32,707.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) $ 32,707.00
5. RETAINAGE:
   a. 10 % of Completed Work (Column D + E on G703) $ 0.00
   b. ___ % of Stored Material (Column F on G703) $ ___
   Total Retainage (Lines 5a + 5b or Total in Column I of G703) $ 0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total) $ 32,707.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) $ 29,436.30
8. CURRENT PAYMENT DUE $ 3,270.70
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) $ ___

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		$0.00
Total approved this Month	$772.00	$0.00
TOTALS	$772.00	$0.00
NET CHANGES by Change Order	$772.00	

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.

SUBCONTRACTOR:

By: [signature] Date: 9-19-2025

State of: IL County of: ADAMS
Subscribed and sworn to before me this 19 day of Sept. 2025
Notary Public: [signature]
My Commission expires: 9-21-27

OFFICIAL SEAL
WILLIAM JASON BRIGMAN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Sept. 21, 2027

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site 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 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 . . . . $ ___

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

AIA Document G702, APPLICATION AND CERTIFICATION 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: 2
APPLICATION DATE: 9/19/2025
PERIOD TO: 9/30/2025
PROJECT NO: 25-3468

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED FROM PREVIOUS APPLICATION (D + E)	WORK COMPLETED THIS PERIOD	MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G ÷ C)	BALANCE (C - G)	RETAINAGE (IF VARIABLE RATE)
1	Adams County Glass Inc - alum, misc matl, labor	$ 11,812.81	$ 11,812.81			$ 11,812.81	100.00%		$ 1,181.28
2	Insulite Glass Co - glass	$ 1,382.19	$ 1,382.19	$ -		$ 1,382.19	100%		$ 138.22
3	Allegion Stanley - auto operators	$ 19,512.00	$ 19,512.00			$ 19,512.00	100%		$ 1,951.20
4			$ -	$ -		$ -			$ -
5		$ -	$ -	$ -		$ -			$ -
6		$ -	$ -	$ -		$ -			$ -
7		$ -	$ -	$ -		$ -			$ -
8		$ -	$ -	$ -		$ -			$ -
9		$ -	$ -	$ -		$ -			$ -
10		$ -	$ -	$ -		$ -			$ -
	PLEASE BREAKDOWN THE TOTAL SCHEDULED VALUE (INCLUDING CHANGE ORDERS)								
	Total Labor:								
	Total Materials:								
	Total Tax:	$ -							
	Total Scheduled Value:								
	GRAND TOTALS	$ 32,707.00	$ 32,707.00	$ -	$ -	$ 32,707.00	100%	$ -	$ 3,270.70

Users may obtain validation of this document by requesting of the license a completed AIA Document D401 - Certification of Document's Authenticity

AIA® Document G702™ – 1992

Application and Certificate for Payment

TO OWNER: Leopardo
5200 Prairie Stone Parkway
Hoffman Estates, IL 60192

PROJECT: Quincy Medical Group
Birthing Center

APPLICATION NO: 5
PERIOD TO: 9/30/25
CONTRACT FOR:
CONTRACT DATE:
PROJECT NOS: / /

Distribution to:
OWNER ☐
ARCHITECT ☐
CONTRACTOR ☐
FIELD ☐
OTHER ☐

FROM CONTRACTOR:
Maas Construction, Inc.
3615 St. Anthony Road
Quincy, IL 62305

VIA ARCHITECT:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
AIA Document G703™, Continuation Sheet, is attached.

1. ORIGINAL CONTRACT SUM .... $ 278,397.00
2. NET CHANGE BY CHANGE ORDERS .... $ 14,216.00
3. CONTRACT SUM TO DATE *(Line 1 ± 2)* .... $ 292,613.00
4. TOTAL COMPLETED & STORED TO DATE *(Column G on G703)* ...... $ 292,613.00
5. RETAINAGE:
   a. 0.0 % of Completed Work *(Columns D + E on G703)* $ 0.00
   b. 0.0 % of Stored Material *(Column F on G703)* $ 0.00

   Total Retainage *(Lines 5a + 5b, or Total in Column I of G703)*...... $ 0.00
6. TOTAL EARNED LESS RETAINAGE .... $ 292,613.00
   (Line 4 minus Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT .... $ 263,036.70
   (Line 6 from prior Certificate)
8. CURRENT PAYMENT DUE .... $ 29,576.30
9. BALANCE TO FINISH, INCLUDING RETAINAGE
   (Line 3 minus Line 6) $ 0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	$ 14,216.00	$ 0.00
Total approved this month	$ 0.00	$ 0.00
TOTAL	$ 14,216.00	$ 0.00
NET CHANGES by Change Order	$ 14,216.00	

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: Maas Construction, Inc.

By: [signature] Date: 10/1/25

State of: IL
County of: Adams
Subscribed and sworn to before me this 1st day of October 2025

Notary Public: Nicole Maas O'Banion
My commission expires: Aug 23, 2027

OFFICIAL SEAL
NICOLE MAAS O'BANION
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES August, 23, 2027

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 .... $

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

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.

AIA® Document G703™ – 1992

Continuation Sheet

AIA Document G702™–1992, Application and Certificate for Payment, or G732™–2009, Application and Certificate for Payment, Construction Manager as Adviser Edition, containing Contractor's signed certification is attached.
In tabulations below, amounts are in US dollars.
Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO: 5
APPLICATION DATE: 9/30/25
PERIOD TO: 9/30/25
ARCHITECT'S PROJECT NO:

A	B	C	D	E	F	G		H	I
			WORK COMPLETED						
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD	MATERIALS PRESENTLY STORED (Not in D or E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G ÷ C)	BALANCE TO FINISH (C – G)	RETAINAGE (If variable rate)
1	Insulation, Drywall, Mudding & Framing	168,112.00	168,112.00	0.00	0.00	168,112.00	100	0.00	0.00
2	Backing	2,300.00	2,300.00	0.00	0.00	2,300.00	100	0.00	0.00
3	Ceiling, Including ACT & Grid	50,025.00	50,025.00	0.00	0.00	50,025.00	100	0.00	0.00
4	Casework Installation	12,880.00	12,880.00	0.00	0.00	12,880.00	100	0.00	0.00
5	Door/Hardware	27,600.00	27,600.00	0.00	0.00	27,600.00	100	0.00	0.00
6	Bathroom Hardware	17,480.00	17,480.00	0.00	0.00	17,480.00	100	0.00	0.00
7	Change Order 1 OVER/FRP/DOORS	18,500.00	18,500.00	0.00	0.00	18,500.00	100	0.00	0.00
8	Change Order 2	-4,284.00	-4,284.00	0.00	0.00	-4,284.00	100	0.00	0.00
	GRAND TOTAL	292,613.00	292,613.00	0.00	0.00	292,613.00	100	0.00	0.00

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO CONTRACTOR: LEOPARDO COMPANIES
5200 PRAIRIE STONE PARKWAY
HOFFMAN ESTATES, IL 60192

PROJECT: QUINCY MEDICAL GROUP
3301 BROADWAY
QUINCY, IL 62301

FROM SUB CONTRACTOR: Diverzify Pro LLC
865 W Irving Park Rd
Itasca, IL 60143

VIA ARCHITECT:

CONTRACT FOR: Flooring

APPLICATION #: 3
PERIOD FROM: 10/1/2025
PERIOD TO: 10/31/2025
MRD PROJECT #: 2412197152
PROJECT #: 25-3468
Application Date: 10/10/25

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM $ 51,100.00
2. Net Change by Change Orders $ 24,923.00
3. CONTRACT SUM TO DATE (Line 1 +/- 2) $ 76,023.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) $ 76,023.00
5. RETAINAGE:
   a. 0% of Completed Work (Columns D + E on G703) $0.00
   b. 0% of Stored Material (Column F on G703) $0.00
   Total Retainage (Line 5a + 5b or Total in Column I of G703) $0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total) $ 76,023.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) $ 68,421.30
8. CURRENT PAYMENT DUE $ 7,601.70
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) $ -

CHANGE ORDER SUMMARY		ADDITIONS $	DEDUCTIONS $
Total changes approved in previous months by Owner			
Total approved this Month		$0	$0
	TOTALS	$0	$0
Subsequent Change Orders			
Number	Approved (DATE)		
NET CHANGES by Change Orders		$0	$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.

SUBCONTRACTOR: Diverzify Pro LLC

By: Yraceila Bebe Date: 10/10/2025

State of: ILLINOIS
County of: DUPAGE
Subscribed and sworn to before me this 10th day of October , 2025

Notary Public: Toni L Wagner

My Commission Expires:

"OFFICIAL SEAL"
Toni L. Wagner
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 04/11/27

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: $

(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:

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.

CONTINUATION SHEET

AIA DOCUMENT G703

QUINCY MEDICAL GROUP

AIA Document G702, APPLICATION AND CERTIFICATION 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 #: 3
APPLICATION DATE: 10/10/2025
PERIOD FROM: 10/1/2025
PERIOD TO: 10/31/2025
ARCHITECT'S PROJECT #:

A	B	C	D	E	F	G		H	I
			WORK COMPLETED						
SPEC ITEM #	DESCRIPTION OF WORK	SCHEDULED VALUE	FROM PREVIOUS APPLICATIONS	THIS APPLICATION	MATERIALS PRESENTLY STORED (Not in D or E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G ÷ C)	BALANCE TO FINISH (C - G)	RETAINAGE
	MATERIALS	$ 20,440.00	$ 20,440.00			$ 20,440.00	100%	$ -	$ -
	LABOR	$ 30,660.00	$ 30,660.00			$ 30,660.00	100%	$ -	$ -
	CHANGE ORDER # 1	$ 23,324.00	$ 23,324.00			$ 23,324.00	100%	$ -	$ -
	CHANGE ORDER # 2	$ 1,599.00	$ 1,599.00			$ 1,599.00	100%	$ -	$ -
0									
	Grand Total	$76,023.00	$76,023.00	$0.00	$0.00	$76,023.00	100%	$0.00	$0.00

To Owner:	Project:	Contract For:	Distribution to:
Leopardo Construction	QMG Birthing Center	Application #: 5	Owner ☒
5200 Prairie Stone Pkwy	3301 Broadway St	Period to: 09/18/2025	Architect ☒
Hoffman Estates IL	Quincy, IL 62301-3713	Contract for:	Contractor ☒
60192	Owner PO:	Contract date:	Field ☐
From Contractor:	Via Architect:	04/12/2025	Other ☐
Peters Heating and Air Conditioning			
4520 Broadway			
Quincy, IL 62305			
Phone: (217) 222-1368			

Contractor's Application for Payment

Application is made for payment as shown below, with attached Continuation Sheet.

1. Original Contract Amount	$187,920.00
2. Net of Change Orders	$10,707.00
3. Net Amount of Contract	$198,627.00
4. Total completed & stored to date	$198,627.00
5. Retainage Summary	
a. 0% of Completed Work	$0.00
b. % of Stored Materials	$
Total retainage	$0.00
6. Total Completed Less Retainage	$198,627.00
7. Less Previous Applications	$178,764.30
8. Current Payment Due This Application	$19,862.70
9. Contract Balance (Including Retainage)	$0.00

Change order summary	
Total previously approved:	$0.00
Total approved this month:	$10,707.00
Sub Totals:	$10,707.00
NET of Change Orders:	$10,707.00

Contractor's Certification

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 show herein is now due.

(Authorizing Signature)

Date 9-19-25

State Authorized: Illinois

County of Adams

Subscribed and sworn to before me this 19th day of September 2025

Notary Public: Colleen K. Grant

My Commission expires: 5/7/28

OFFICIAL SEAL
COLLEEN K GRANT
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 05-07-2028
ID # 990380

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: .... $ 19,862.70

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

ARCHITECT:

By: ________________________ Date: ________

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

APPLICATION FOR PAYMENT

Application #: 5
Application Date: 09/18/2025
Period to: 09/18/2025

A	B	C	D	E	F	G	G.1	H	I
Item # and Desc	Description of work	Scheduled value	Work Completed		Materials presently stored	Total completed and stored (D+E+F)	% (G/C)	Balance to finish (C-G)	Retainage
			From previous application (D+E)	This period					
01	Exhaust fans	5,000.00	5,000.00	0.00	0.00	5,000.00	100%	0.00	500.00
01	Exhaust fans	0.00		0.00	0.00	0.00	0%	0.00	0.00
02	Fire dampers/air devices	4,500.00	4,500.00	0.00	0.00	4,500.00	100%	0.00	450.00
02	Fire dampers/air devices	0.00		0.00	0.00	0.00	0%	0.00	0.00
03	Ducts	17,880.00	17,880.00	0.00	0.00	17,880.00	100%	0.00	1,788.00
03	Ducts	0.00		0.00	0.00	0.00	0%	0.00	0.00
04	Refrigeration piping	2,500.00	2,500.00	0.00	0.00	2,500.00	100%	0.00	250.00
04	Refrigeration piping	0.00		0.00	0.00	0.00	0%	0.00	0.00
05	Miscellaneous	4,500.00	4,500.00	0.00	0.00	4,500.00	100%	0.00	450.00
05	Miscellaneous	0.00		0.00	0.00	0.00	0%	0.00	0.00
06	Mobilization	2,500.00	2,500.00	0.00	0.00	2,500.00	100%	0.00	250.00
06	Mobilization	0.00		0.00	0.00	0.00	0%	0.00	0.00
07	Labor	62,437.00	62,437.00	0.00	0.00	62,437.00	100%	0.00	6,243.70
07	Labor	0.00		0.00	0.00	0.00	0%	0.00	0.00
08	Test and balance	12,830.00	12,830.00	0.00	0.00	12,830.00	100%	0.00	1,283.00
08	Test and balance	0.00		0.00	0.00	0.00	0%	0.00	0.00
09	Hoisting	2,200.00	2,200.00	0.00	0.00	2,200.00	100%	0.00	220.00
09	Hoisting	0.00		0.00	0.00	0.00	0%	0.00	0.00
10	Concrete cutting	2,778.00	2,778.00	0.00	0.00	2,778.00	100%	0.00	277.80
10	Concrete cutting	0.00		0.00	0.00	0.00	0%	0.00	0.00
11	Insulation	16,405.00	16,405.00	0.00	0.00	16,405.00	100%	0.00	1,640.50
11	Insulation	0.00		0.00	0.00	0.00	0%	0.00	0.00
12	Controls	54,390.00	54,390.00	0.00	0.00	54,390.00	100%	0.00	5,439.00
12	Controls	0.00		0.00	0.00	0.00	0%	0.00	0.00
13	Co1: Furnish Titus VAV's	5,625.00	5,625.00	0.00	0.00	5,625.00	100%	0.00	562.50
13	Co1: Furnish Titus VAV's	0.00		0.00	0.00	0.00	0%	0.00	0.00
14	Co2: Reroute duct on 2nd floor/add'l hoisting	5,082.00	5,082.00	0.00	0.00	5,082.00	100%	0.00	508.20
14	Co2: Reroute duct on 2nd floor/add'l hoisting	0.00		0.00	0.00	0.00	0%	0.00	0.00

APPLICATION FOR PAYMENT

Application #: 5
Application Date: 09/18/2025
Period to: 09/18/2025

A	B	C	D	E	F	G	G.1	H	I
Item # and Desc	Description of work	Scheduled value	Work Completed		Materials presently stored	Total completed and stored (D+E+F)	% (G/C)	Balance to finish (C-G)	Retainage
			From previous application (D+E)	This period					
Total		198,627.00	5,082.00	0.00	0.00	198,627.00		0.00	19,862.70

APPLICATION AND CERTIFICATION FOR PAYMENT

To Contractor: Leopardo Construction, 5200 Prairie Stone Parkway, Hoffman Estates, Illinois 60192

PROJECT: Quincy Medical Birthing Center

APPLICATION NO: 5

PERIOD TO: 9/30/25

FROM SUBCONTRACTOR: Power Factor Electrical Solutions, 715 South Front Street, Quincy, Illinois 62301

VIA ARCHITECT:

Electrical

PROJECT #: 25-3468 0

CONTRACT #: 25-3468001

CONTRACT DATE: 04/04/25 PAY APPLICATION DATE: 9/5/25

Distribution to:

- [ ] OWNER
- [ ] ARCHITECT
- [x] GENERAL CONTRACTOR
- [ ] SUBCONTRACTOR

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		$ 172,750.00
2. Net change by Change Orders		$ 3,169.00
3. CONTRACT SUM TO DATE (Line 1 ± 2)		$ 175,919.00
4. TOTAL COMPLETED & STORED TO DATE (Column G)		$ 175,919.00
5. RETAINAGE:		
a. 0% of Completed Work (Column D + E)	$ 0.00	
b. ____ % of Stored Material (Column F)	$	
Total Retainage (Lines 5a + 5b or Total in Column I)		$ 0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)		$ 175,919.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$ 158,327.10
8. CURRENT PAYMENT DUE		$ 17,591.90
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less 6)		$ 0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Contractor	$3,169.00	
Total approved this Month	$0.00	$0.00
TOTALS	$3,169.00	$0.00
NET CHANGES by Change Order	$3,169.00	

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 Park Lane Construction, LLC., and that current payment shown herein is now due.

Signature: ______ Date: 10/24/25

State of: Illinois County of:

Subscribed and sworn to before me this 24th day of October

Notary Public: Bryce Richard Beaston

My Commission expires: March 29, 2029

Notary Public, State of Illinois
Official Seal
Bryce Richard Beaston
Commission # 853165
My Commission Expires 3/29/2029

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site 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 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 . . . . $ ________

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

PROJECT:

CONTINUATION SHEET

AIA Type Document

AIA Document G702, APPLICATION AND CERTIFICATION 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.

Power Factor Electrical Solutions

APPLICATION NO: 5 FINAL
APPLICATION DATE: 9/30/2025
PERIOD TO: 9/30/2025
ARCHITECT'S PROJECT NO: 25-3468

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G ÷ C)	BALANCE TO FINISH (C - G)	RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
10	Labor	$91,100.00	$91,100.00	$0.00	$0.00	$91,100.00	100.00%	$0.00	$0.00
20	Electrical panels/Parts	$10,200.00	$10,200.00	$0.00	$0.00	$10,200.00	100.00%	$0.00	$0.00
30	Material	$35,250.00	$35,250.00	$0.00	$0.00	$35,250.00	100.00%	$0.00	$0.00
40	Lighting Package	$36,200.00	$36,200.00	$0.00	$0.00	$36,200.00	100.00%	$0.00	$0.00
50						$0.00			
60	Change Order 001	$3,169.00	$3,169.00	$0.00		$3,169.00	100.00%	$0.00	$0.00
70	Cost increases due to tariffs								
80									
150									
160									
170									
180									
190									
200									
	GRAND TOTALS	$175,919.00	$175,919.00	$0.00	$0.00	$175,919.00	100.00%	$0.00	$0.00

APPLICATION AND CERTIFICATE FOR PAYMENT

TO:
Leopardo Construction, Inc.
5200 Prairie Stone Parkway
Hoffman Estates, IL 60192

PROJECT:
Quincy Medical - Birthing Center

VIA ARCHITECT:

APPLICATION #: 2
PERIOD TO: 09/30/25
PROJECT NOS: 25-3468
CONTRACT DATE: 4/07/25

Distribution to:
- [ ] Owner
- [ ] Const. Mgr
- [ ] Architect
- [ ] Contractor
- [ ]

DeVine Technologies, Inc
P.O. Box 1224
Quincy, IL 62306

CONTRACT FOR: Communications

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	$	34,788.00
2. Net change by Change Orders	$	
3. CONTRACT SUM TO DATE (Line 1 +/- 2)	$	34,788.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on Continuation Sheet)	$	34,788.00

5. RETAINAGE:

a. ______ of Completed Work (Columns D+E on Continuation Sheet) $ ______

b. 10.0% of Stored Material (Column F on Continuation Sheet) $ ______

Total Retainage (Line 5a + 5b or Total in Column 1 of Continuation Sheet $ ______

6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$	34,788.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$	31,309.20
8. CURRENT PAYMENT DUE	$	3,478.80
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	$	

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

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 therein is now due.

CONTRACTOR: DeVine Technologies, Inc

By: Mike DeVine Date: 9/24/25

State of: Illinois
County of: Adams
Subscribed and sworn to before me this 24th September 2025

OFFICIAL SEAL
HAYLEY ALTGILBERS
NOTARY PUBLIC STATE OF ILLINO
My Commission Expires 07-25-20
ID # 975542

Notary Public: Hayley Altgilbers
My Commission expires: 07-25-2027

CERTIFICATE FOR PAYMENT

In accordance with Contract Documents, based on on-site observations and the data comprising 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 $ ______

(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:

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 of Contractor under this Contract.

CONTINUATION SHEET

ATTACHMENT TO PAY APPLICATION
PROJECT:
Quincy Medical - Birthing Center

DeVine Technologies, Inc

APPLICATION NUMBER: 2
APPLICATION DATE: 09/25/25
PERIOD TO: 30-Sep-25
ARCHITECT'S PROJECT NO: 25-3468

A	B	C	D	E	F	G		H	I
Item No.	Description of Work	Scheduled Value	Work Completed: From Previous Application (D + E)	Work Completed: This Period	Materials Presently Stored (Not In D or E)	Total Completed And Stored To Date (D + E + F)	% (G/C)	Balance To Finish (C - G)	Retainage
1	Communications								
2	Labor	17,651.00	17,651.00			17,651.00	100%		
3	Material	17,137.00	17,137.00			17,137.00	100%		
4									
5									
6									
7									
8									
9									
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11									
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21									
22									
23									
24									
25									
26									
27									
28									
	SUBTOTALS PAGE 2	34,788.00	34,788.00			34,788.00	100%		