(c) EXCEPTIONS

EMPLOYEE NAME	CLASSIFICATION/OCCUPATION	EXPLANATION

(d) BENEFIT PROGRAM INFORMATION in **DOLLARS CONTRIBUTED PER HOUR** (Must be completed if 4(a) is

checked.)			· · · · · · · · · · · · · · · · · · ·		ſ
PROGRAM TITLE, CLASSIFICATION	HEALTH / WELFARE	VACATION / HOLIDAY	LABORER LOCALIZE TUCE LOCAL 49	PENSION	OTHER GROUP LIFE
TITLE, OR INDIVIDUAL EMPLOYEES	<u> </u>	\$	e e	\$	\$ 0,034
Solie, Joshua	\$ 1.770	D .	Ψ	Ψ 	0,039
200	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

(e) BENEFIT PROGRAM INFORMATION (Must be completed if 4(a) is checked.)

NAME AND ADDRESS OF FRINGE BENEFIT FUND, PLAN, OR PROGRAM ADMINISTRATOR	BENEFIT ACCOUNT NUMBER	THIRD PARTY TRUSTEE AND/OR CONTACT PERSON	TELEPHONE NUMBER
Blue Cross of California	C20879	Carla Mills	415-777-4996
333 Market Street, Suite 3120			
San Francisco, California 94105			
Highway Technologies, Inc.	N/A	Terry Termini	630-368-0920
915 Harger Road, Suite 230	14/2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ext 113
Oakbrook, IL 60523			

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under federal and/or state law. See Minnesota Statute 16B, 161.315, Subdivision 2, 177.43, Subdivision 5, 177.44, Subdivision 6, 609.63; or United States Code 18 U.S.C. 1001, 31 U.S.C. 231, CFR 5.12.

NAME AND TITLE OF CONTRACTOR'S REPRESENTATIVE Shawn Dunn, Payroll Administrator	SIGNATURE CLUM		
As a representative of the contractor submitting the payroll identified above, I hereby certify that the payroll is true and correct to the best of my knowledge.			

NAME AND TITLE OF PRIME CONTRACTOR'S REPRESENTATIVE	SIGNATURE	
As a representative of the prime contractor, I hereby certify that the payroll identified above have been received and are available for review.		

NOTE: For information regarding this form, submission of payroll records, or copies of the laws stated above, contact the Minnesota Department of Transportation, Labor Compliance Unit, Mail Stop 650, 395 John Ireland Boulevard, St. Paul, Minnesota 55155-1899, or call (651) 297-5716 or (651) 296-6353.