Torres Rojas, Genara

From: jsg@cohmlaw.com
Sent: Monday, October 27, 2014 12:01 PM
To: Duffy, Daniel; American, Heavyn-Leigh
Cc: Torres Rojas, Genara; Van Duyne, Sheree
Subject: Freedom of Information Online Request Form

Information:

First Name: John
Last Name: Groarke
Company: Colleran OHara Mills
Mailing Address 1: 100 Crossways Park Drive West
Mailing Address 2: Suite 200
City: Woodbury
State: NY
Zip Code: 11797
Email Address: jsg@cohmlaw.com
Phone: 5162485757
Required copies of the records: Yes

List of specific record(s):
I would like copies of the certified payroll reports filed by sign installation contractor SIGNS DECAL CORP. for work performed on One World Trade Center for period April 1, 2014 through September 30, 2014.

THE PORT AUTHORITY OF NY & NJ

FOI Administrator

November 12, 2014

Mr. John Groarke
Colleran Ohara Mills
100 Crossways Park Drive West, Suite 200
Woodbury, NY 11797

Re: Freedom of Information Reference No. 15430

Dear Mr. Groarke:

This is in response to your October 27, 2014 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code"), for copies of "the certified payroll reports filed by sign installation contractor SIGNS DECAL CORP. for work performed on One World Trade Center for period April 1, 2014 through September 30, 2014."

Material responsive to your request and available under the Code can be found on the Port Authority's website at http://www.panynj.gov/corporate-information/foi/15430-C.pdf. Paper copies of the available records are available upon request.

Certain portions of the material responsive to your request are exempt from disclosure pursuant to exemption (1) of the Code.

Please refer to the above FOI reference number in any future correspondence relating to your request.

Very truly yours,

Daniel D. Duffy
FOI Administrator

225 Park Avenue South, 17th FL
New York, NY 10003
T: 212 435 3642 F: 212 435 7555

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 299	For Week Ending: 9/30/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 29 Mon	30 Tue	24 Wed	25 Thu	26 Fri	27 Sat	28 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Supplemental Benefits: Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jaime E. Castillo			9552	RT	8	6	2.5	8	8			32.5	43.28		U E O					Ex. 1	
Ex. 1	02a	M	Journey Person	OT															1406.60		
				ST																	
Leslie L. Paul			9552	RT	8	8		8	8			32	43.28		U E O						
Ex. 1	01	M	Journey Person	OT															1384.96		
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ____Abbas Khalfan_____, am an officer of ____Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___5_____ pages (with this sheet being page 5), for the period ending _____9/30/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __5th___

day of ___October_____, 20_14____

(Name of Notary Public)

STAMP

TAZZIM KHALFAN
NOTARY PUBLIC, STATE OF NEW JERSEY
I.D. No. 2211590
My Commission Expires March 31, 2018

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 295	For Week Ending: 9/23/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1	Legend		2	3	4							5	6	7	8	9	10	11	12	13	14
					Days and Dates									Supplemental Benefits							
Employees Name, Address, and SS. No.	1A	1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	22 Mon	23 Tue	17 Wed	18 Thu	19 Fri	20 Sat	21 Sun	Total Hours	Rate of Pay per Hour	Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jaime E. Castillo			9552	RT	8		8	8	4			28	43.28		U						
Ex. 1	02a	M	Journey Person	OT											E					Ex. 1	
				ST											O				1211.84		
Leslie L. Paul			9552	RT	8		8	8	4			28	43.28		U						
Ex. 1	01	M	Journey Person	OT											E						
				ST											O				1211.84		
				RT											U						
				OT											E						
				ST											O						
				RT											U						
				OT											E						
				ST											O						
				RT											U						
				OT											E						
				ST											O						
				RT											U						
				OT											E						
				ST											O						
				RT											U						
				OT											E						
				ST											O						
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ____Abbas Khalfan_____, am an officer of ____Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___5_____ pages (with this sheet being page 4), for the period ending _____9/23/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __5th___

day of __October_____, 20_14___

(Name of Notary Public)

STAMP

TAZZIM KHALFAN
NOTARY PUBLIC, STATE OF NEW JERSEY
I.D. No. 2211590
My Commission Expires March 31, 2018

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 294	For Week Ending: 9/16/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 15 Mon	16 Tue	10 Wed	11 Thu	12 Fri	13 Sat	14 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Supplemental Benefits: Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jacek Z. Czernik Ex. 1	05	M	9552 Journey Person	RT			7					7	68.35		U E O				478.45	Ex. 1	
				OT																	
				ST																	
Jaime E. Castillo Ex. 1	02a	M	9552 Journey Person	RT	8	8	8	8	8			40	43.28		U E O				1861.04		
				OT			1	1				2	64.92								
				ST																	
Jorge Alvarez Ex. 1	02a	M	9552 Journey Person	RT	8							8	43.28		U E O				346.24		
				OT																	
				ST																	
Leslie L. Paul Ex. 1	01	M	9552 Journey Person	RT			7					7	68.35		U E O				478.45		
				OT																	
				ST																	
Leslie L. Paul Ex. 1	01	M	9552 Journey Person	RT	8	8	8	8	8			40	43.28		U E O				1861.04		
				OT			1	1				2	64.92								
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan___, am an officer of ___Signs and Decal___ ___Corporation___ and hereby certify that the information provided on the attached payroll form consisting of ___5___ pages (with this sheet being page 3), for the period ending ___9/16/2014___ represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations
(Name of person printed), (Title)

Sworn to before me this ___5th___

day of ___October___, 20_14___

(Name of Notary Public)

STAMP

TAZZIM KHALFAN
NOTARY PUBLIC, STATE OF NEW JERSEY
I.D. No. 2211590
My Commission Expires March 31, 2018

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 293	For Week Ending: 9/9/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1	Legend		2	3	4							5	6	7	8	9	10	11	12	13	14
					Days and Dates									Supplemental Benefits							
Employees Name, Address, and SS. No.	1A	1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	8 Mon	9 Tue	3 Wed	4 Thu	5 Fri	6 Sat	7 Sun	Total Hours	Rate of Pay per Hour	Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jacek Z. Czernik			9552	RT		6.5						6.5	68.35		U E O					Ex. 1	
Ex. 1	05	M	Journey Person	OT															444.28		
				ST																	
Jaime E. Castillo			9552	RT	8	8	8	8	8			40	43.28		U E O						
Ex. 1	02a	M	Journey Person	OT	1	1	1	1	1			5	64.92						2055.80		
				ST																	
Jorge Alvarez			9552	RT	7.5	7	7		7.5			29	43.28		U E O						
Ex. 1	02a	M	Journey Person	OT															1255.12		
				ST																	
Leslie L. Paul			9552	RT	8	8	8	8	8			40	43.28		U E O						
Ex. 1	01	M	Journey Person	OT			2					2	64.92						1861.04		
				ST																	
Leslie L. Paul			9552	RT		6.5						6.5	68.35		U E O						
Ex. 1	01	M	Journey Person	OT															444.28		
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ____Abbas Khalfan_____, am an officer of ____Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___5_____ pages (with this sheet being page 2), for the period ending _____9/9/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __5th___

day of ___October_____, 20_14____

(Name of Notary Public)

STAMP

TAZZIM KHALFAN
NOTARY PUBLIC, STATE OF NEW JERSEY
I.D. No. 2211590
My Commission Expires March 31, 2018

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 292	For Week Ending: 9/2/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1	Legend 1A	Legend 1B	2	3	4 Days and Dates 1 Mon	2 Tue	27 Wed	28 Thu	29 Fri	30 Sat	31 Sun	5 Total Hours	6 Rate of Pay per Hour	7 Supplemental Benefits: Rate per Hour	8 Paid to (Circle)	9 Total Paid	10 Total Base Wages Less Premium Portion	11 Premium Portion of O.T. and S.T.	12 Gross Pay	13 Total Taxes and Other Deductions	14 Net
Employees Name, Address, and SS. No.			List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time																	
Jacek Z. Czernik			9552	RT			6.5		3			9.5	43.28		U E O						
Ex. 1	05	M	Journey Person	OT															411.16		
				ST																	
Jacek Z. Czernik			9552	RT				9.5				9.5	68.35		U E O						
Ex. 1	05	M	Journey Person	OT															649.33		
				ST																	
Jaime E. Castillo			9552	RT	8	8	8	8	8			40	43.98		U E O						
Ex. 1	02a	M	Journey Person	OT	1		1	1	1			4	64.92						2018.88	Ex. 1	
				ST																	
Jorge Alvarez			9552	RT		7	10	7.5	8.5			33	43.28		U E O						
Ex. 1	02a	M	Journey Person	OT															1428.24		
				ST																	
Leslie L. Paul			9552	RT			12.5	8.5				21	43.28		U E O						
Ex. 1	01	M	Journey Person	OT															908.88		
				ST																	
Leslie L. Paul			9552	RT		8						8	43.28		U E O						
Ex. 1	01	M	Journey Person	OT															346.24		
				ST																	
Ruben Sostre			9552	RT			6.5	6.5				13	43.28		U E O						
Ex. 1	02a	M	Journey Person	OT															562.64		
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - Indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ____Abbas Khalfan_____, am an officer of ____Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___5_____ pages (with this sheet being page 1), for the period ending _____9/2/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __5th___

day of ___October_____, 20_14____

(Name of Notary Public)

STAMP

TAZZIM KHALFAN
NOTARY PUBLIC, STATE OF NEW JERSEY
I.D. No. 2211590
My Commission Expires March 31, 2018

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 288	For Week Ending: 8/5/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1	Legend		2	3	4							5	6	7	8	9	10	11	12	13	14
					Days and Dates									Supplemental Benefits							
Employees Name, Address, and SS. No.	1A	1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	4 Mon	5 Tue	30 Wed	31 Thu	1 Fri	2 Sat	3 Sun	Total Hours	Rate of Pay per Hour	Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Gurbachan S. Landay			9552	RT		7						7	43.28		U E O						
Ex. 1	03b	M	Journey Person	OT															302.96	Ex. 1	
				ST																	
Jaime E. Castillo			9552	RT		7	8	8	8			31	43.28		U E O						
Ex. 1	02a	M	Journey Person	OT															1341.68		
				ST																	
Leslie L. Paul			9552	RT		7			6			13	43.28		U E O						
Ex. 1	01	M	Journey Person	OT															562.64		
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan_____, am an officer of ___Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___4_____ pages (with this sheet being page 1), for the period ending _____8/5/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __5th___

day of ___September_____, 20_14___

(Name of Notary Public)

STAMP

NOTARY PUBLIC STATE OF NEW YORK

My Commission Expires March 31, 2015

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 287	For Week Ending: 7/29/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1	Legend		2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	1A	1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 28 Mon	29 Tue	23 Wed	24 Thu	25 Fri	26 Sat	27 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jacek Z. Czernik Ex. 1	05	M	9552 Journey Person	RT	6							6	43.28		U E O				259.68	Ex. 1	
				OT																	
				ST																	
Jaime E. Castillo Ex. 1	02a	M	9552 Journey Person	RT	7.5	9		7	7.5			31	43.28		U E O				1341.68		
				OT																	
				ST																	
Jaime E. Castillo Ex. 1	02a	M	9552 Journey Person	RT		3						3	68.35		U E O				205.05		
				OT																	
				ST																	
Leslie L. Paul Ex. 1	01	M	9552 Journey Person	RT	6							6	43.28		U E O				259.68		
				OT																	
				ST																	
Leslie L. Paul Exs. 1	01	M	9552 Journey Person	RT		3						3	68.35		U E O				205.05		
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan_____, am an officer of ____Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___5_____ pages (with this sheet being page 5), for the period ending _____7/29/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __5th___

day of ___August_____, 20_14____

(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 286	For Week Ending: 7/22/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 21 Mon	22 Tue	16 Wed	17 Thu	18 Fri	19 Sat	20 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jacek Z. Czernik Ex. 1	05	M	9552 Journey Person	RT		3.5						3.5	68.35		U E O				239.23	Ex. 1	
				OT																	
				ST																	
Jaime E. Castillo Ex. 1	02a	M	9552 Journey Person	RT			8					8	43.28		U E O				346.24		
				OT																	
				ST																	
Jaime E. Castillo Ex. 1	02a	M	9552 Journey Person	RT		3.5						3.5	68.35		U E O				239.23		
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan_____, am an officer of ___Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___5_____ pages (with this sheet being page 4), for the period ending _____7/22/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __5th___

day of ___August_____, 20_14___

(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 285	For Week Ending: 7/15/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 14 Mon	15 Tue	9 Wed	10 Thu	11 Fri	12 Sat	13 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Supplemental Benefits: Paid to (Circle)	Supplemental Benefits: Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jaime E. Castillo Ex. 1	02a	M	9552 Journey Person	RT		8	6.5					14.5	43.28		U E O				627.56	Ex. 1	
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan_____, am an officer of ___Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___5_____ pages (with this sheet being page 3), for the period ending _____7/15/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

_____
Signature of Company Official

Abbas Khalfan, Vice President of Operations
(Name of person printed), (Title)

Sworn to before me this __5th___

day of ___August_____, 20_14____

_____
(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 284	For Week Ending: 7/8/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 7 Mon	8 Tue	2 Wed	3 Thu	4 Fri	5 Sat	6 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jacek Z. Czernik Ex. 1	05	M	9552 Journey Person	RT	5.5	5						10.5	43.28		U E O				454.44	Ex. 1	
				OT																	
				ST																	
Jaime E. Castillo Ex. 1	02a	M	9552 Journey Person	RT	5.5	5	8	6.5				25	43.28		U E O				1082.00		
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan_____, am an officer of ____Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___5_____ pages (with this sheet being page 2), for the period ending _____7/8/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __5th___

day of ___August_____, 20_14____

(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 283	For Week Ending: 7/1/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 30 Mon	1 Tue	25 Wed	26 Thu	27 Fri	28 Sat	29 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jacek Z. Czernik Ex. 1	05	M	9552 Journey Person	RT				4.5				4.5	43.28		U E O				194.76	Ex. 1	
				OT																	
				ST																	
Jaime E. Castillo Exs. 1	02a	M	9552 Journey Person	RT	1.5	9	5.5	4	4.5			24.5	43.28		U E O				1060.36		
				OT																	
				ST																	
Leslie L. Paul Ex. 1	01	M	9552 Journey Person	RT			5.5					5.5	43.28		U E O				238.04		
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ____Abbas Khalfan_____, am an officer of ____Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___5_____ pages (with this sheet being page 1), for the period ending _____7/1/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __5th___

day of ___August_____, 20_14____

(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 282	For Week Ending: 6/24/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1	Legend		2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	1A	1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates: 23 Mon	24 Tue	18 Wed	19 Thu	20 Fri	21 Sat	22 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jacek Z. Czernik Ex. 1	05	M	9552 Journey Person	RT			6.5	10.5				17	66.85		U E O				1136.46	Ex. 1	
				OT																	
				ST																	
Jacek Z. Czernik Ex. 1	05	M	9552 Journey Person	RT	5.5							5.5	43.28		U E O				238.04		
				OT																	
				ST																	
Jaime E. Castillo Ex. 1	02a	M	9552 Journey Person	RT			6.5	10.5	8			25	66.85		U E O				1671.26		
				OT																	
				ST																	
Jaime E. Castillo Ex. 1	02a	M	9552 Journey Person	RT	5.5	8						13.5	43.28		U E O				584.28		
				OT																	
				ST																	
Leslie L. Paul Ex. 1	01	M	9552 Journey Person	RT					8			8	66.85		U E O				534.80		
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - Indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - If other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan_____, am an officer of ____Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___4_____ pages (with this sheet being page 4), for the period ending _____6/24/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __2nd___

day of ___July_____, 20_14___

(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 281	For Week Ending: 6/17/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1	Legend		2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	1A	1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 16 Mon	17 Tue	11 Wed	12 Thu	13 Fri	14 Sat	15 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jacek Z. Czernik Ex. 1	05	M	9552 Journey Person	RT		4.5						4.5	43.28		U E O				194.76	Ex. 1	
				OT																	
				ST																	
Jaime E. Castillo Ex. 1	02a	M	9552 Journey Person	RT		4.5						4.5	43.28		U E O				194.76		
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I Abbas Khalfan, am an officer of Signs and Decal Corporation and hereby certify that the information provided on the attached payroll form consisting of 4 pages (with this sheet being page 3), for the period ending 6/17/2014 represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this 2nd

day of July, 20 14

(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 280	For Week Ending: 6/10/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 9 Mon	10 Tue	4 Wed	5 Thu	6 Fri	7 Sat	8 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jaime E. Castillo Ex. 1	02a	M	9552 Journey Person	RT				8	2.5			10.5	43.28		U E O				454.44	Ex. 1	
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan___, am an officer of ___Signs and Decal___ ___Corporation___ and hereby certify that the information provided on the attached payroll form consisting of ___4___ pages (with this sheet being page 2), for the period ending ___6/10/2014___ represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __2nd___

day of ___July___, 20_14___

(Name of Notary Public)

STAMP

NOTARY PUBLIC, STATE OF NEW YORK

My Commission Expires March 01, 2018

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 279	For Week Ending: 6/3/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
	Legend				Days and Dates									Supplemental Benefits							
Employees Name, Address, and SS. No.	1A	1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	2 Mon	3 Tue	28 Wed	29 Thu	30 Fri	31 Sat	1 Sun	Total Hours	Rate of Pay per Hour	Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Gurbachan S. Landay Ex. 1	03b	M	9552 Journey Person	RT				4.5				4.5	66.85		U E O				300.83	Ex. 1	
				OT																	
				ST																	
Jacek Z. Czernik Ex. 1	05	M	9552 Journey Person	RT			1.5					1.5	66.85		U E O				100.28		
				OT																	
				ST																	
Jaime E. Castillo Ex. 1	02a	M	9552 Journey Person	RT			1.5					1.5	66.85		U E O				100.28		
				OT																	
				ST																	
Leslie L. Paul Ex. 1	01	M	9552 Journey Person	RT				4.5				4.5	66.85		U E O				300.83		
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - If other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan_____, am an officer of ___Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___4_____ pages (with this sheet being page 1), for the period ending _____6/3/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations
(Name of person printed), (Title)

Sworn to before me this __2nd___

day of __July_____, 20_14___

(Name of Notary Public)

STAMP

NOTARY PUBLIC STATE OF NEW YORK
My Commission Expires

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 278	For Week Ending: 5/27/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 26 Mon	27 Tue	21 Wed	22 Thu	23 Fri	24 Sat	25 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Supplemental Benefits: Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
No Work Performed				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
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				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan_____, am an officer of ___Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___4_____ pages (with this sheet being page 4), for the period ending _____5/27/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

X _____
Signature of Company Official

Abbas Khalfan, Vice President of Operations
(Name of person printed), (Title)

Sworn to before me this __4th___

day of ___June_____, 20_14___

X _____
(Name of Notary Public)

STAMP

NOTARY PUBLIC

My Commission Expires

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 277	For Week Ending: 5/20/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1	Legend		2	3	4							5	6	7	8	9	10	11	12	13	14
					Days and Dates									Supplemental Benefits							
Employees Name, Address, and SS. No.	1A	1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	19 Mon	20 Tue	14 Wed	15 Thu	16 Fri	17 Sat	18 Sun	Total Hours	Rate of Pay per Hour	Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
No Work Performed				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
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				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan_____, am an officer of ___Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___4_____ pages (with this sheet being page 3), for the period ending _____5/20/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

X _____
Signature of Company Official

Abbas Khalfan, Vice President of Operations
(Name of person printed), (Title)

Sworn to before me this __4th___

day of ___June_____, 20_14___

X _____
(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 276	For Week Ending: 5/13/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 12 Mon	13 Tue	7 Wed	8 Thu	9 Fri	10 Sat	11 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Supplemental Benefits: Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
No Work Performed				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
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				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan_____, am an officer of ___Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___4_____ pages (with this sheet being page 2), for the period ending _____5/13/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

X _____
Signature of Company Official

Abbas Khalfan, Vice President of Operations
(Name of person printed), (Title)

Sworn to before me this __4th__

day of ___June_____, 20_14___

X _____
(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
275	For Week Ending: 5/6/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1	Legend		2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	1A	1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates: 5 Mon	6 Tue	30 Wed	1 Thu	2 Fri	3 Sat	4 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jaime E. Castillo Ex. 1	02a	M	9552 Journey Person	RT			7					7	43.28		U E O				302.96	Ex. 1	
				OT																	
				ST																	
Leslie L. Paul Ex. 1	01	M	9552 Journey Person	RT			7					7	43.28		U E O				302.96		
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan___, am an officer of ___Signs and Decal___ ___Corporation___ and hereby certify that the information provided on the attached payroll form consisting of ___4___ pages (with this sheet being page 1), for the period ending ___5/6/2014___ represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

X _____
Signature of Company Official

Abbas Khalfan, Vice President of Operations
(Name of person printed), (Title)

Sworn to before me this ___4th___

day of ___June___, 20_14___

X _____
(Name of Notary Public)

STAMP

NOTARY PUBLIC, STATE OF NEW YORK
No. 01KH6206174
Qualified in Kings County
My Commission Expires March 17, 2015

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 274	For Week Ending: 4/29/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 28 Mon	29 Tue	23 Wed	24 Thu	25 Fri	26 Sat	27 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Supplemental Benefits: Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of D.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jacek Z. Czernik Ex. 1	05	M	9552 Journey Person	RT		4						4	66.85		U E O				267.40	Ex. 1	
				OT																	
				ST																	
Jaime E. Castillo Ex. 1	02a	M	9552 Journey Person	RT	8	8	8	8	8			40	43.28		U E O				1731.20		
				OT																	
				ST																	
Leslie L. Paul Ex. 1	01	M	9552 Journey Person	RT		4						4	66.85		U E O				267.40		
				OT																	
				ST																	
Leslie L. Paul Ex. 1	01	M	9552 Journey Person	RT	8	3	8	8	8			35	43.28		U E O				1514.80		
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan_____, am an officer of ___Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___5_____ pages (with this sheet being page 5), for the period ending _____4/29/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __5th___

day of ___May_____, 20_14____

(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 273	For Week Ending: 4/22/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 21 Mon	22 Tue	16 Wed	17 Thu	18 Fri	19 Sat	20 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Supplemental Benefits: Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jaime E. Castillo Ex. 1	02a	M	9552 Journey Person	RT	8	8	8	8	8			40	43.28		U E O				1731.20	Ex. 1	
				OT																	
				ST																	
Leslie L. Paul Ex. 1	01	M	9552 Journey Person	RT	8	8	8	8	8			40	43.28		U E O				1731.20		
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - If other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ____Abbas Khalfan_____, am an officer of ____Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___5_____ pages (with this sheet being page 4), for the period ending _____4/22/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __5th___

day of ___May_____, 20_14___

(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 272	For Week Ending: 4/15/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1	Legend		2	3	4							5	6	7	8	9	10	11	12	13	14
					Days and Dates									Supplemental Benefits							
Employees Name, Address, and SS. No.	1A	1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	14 Mon	15 Tue	9 Wed	10 Thu	11 Fri	12 Sat	13 Sun	Total Hours	Rate of Pay per Hour	Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jaime E. Castillo			9552	RT	8	8	8	8	8			40	43.28		U						
Ex. 1				OT											E						
	02a	M	Journey Person	ST											O				1731.20	Ex. 1	
Leslie L. Paul			9552	RT	8	8	8	8	8			40	43.28		U						
Ex. 1				OT											E						
	01	M	Journey Person	ST											O				1731.20		
				RT											U						
				OT											E						
				ST											O						
				RT											U						
				OT											E						
				ST											O						
				RT											U						
				OT											E						
				ST											O						
				RT											U						
				OT											E						
				ST											O						
				RT											U						
				OT											E						
				ST											O						
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ____Abbas Khalfan_____, am an officer of ____Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___5_____ pages (with this sheet being page 3), for the period ending _____4/15/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __5th___

day of ___May_____, 20_14____

(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☑	Address: 410 Morgan Avenue, Brooklyn, NY 11211
Payroll No.: 271	For Week Ending: 4/8/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 7 Mon	8 Tue	2 Wed	3 Thu	4 Fri	5 Sat	6 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Gurbachan S. Landay Ex. 1	03b	M	9552 Journey Person	RT				3.5				3.5	66.85		U E O				233.98	Ex. 1	
				OT																	
				ST																	
Jacek Z. Czernik Ex. 1	05	M	9552 Journey Person	RT				3.5				3.5	66.85		U E O				233.98		
				OT																	
				ST																	
Jaime E. Castillo Ex. 1	02a	M	9552 Journey Person	RT	8	8	8	8	8			40	43.28		U E O				1731.20		
				OT																	
				ST																	
Leslie L. Paul Ex. 1	01	M	9552 Journey Person	RT	8	8	8	8	8			40	43.28		U E O				1731.20		
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan___, am an officer of ___Signs and Decal___ ___Corporation___ and hereby certify that the information provided on the attached payroll form consisting of ___5___ pages (with this sheet being page 2), for the period ending ___4/8/2014___ represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this ___5th___

day of ___May___, 20_14___

(Name of Notary Public)

STAMP

Certification of Payroll

Name: Signs and Decal Corporation	Contractor ☐	Subcontractor ☐	Address: 410 Morgan Avenue, Brooklyn, NY 11211
270	For Week Ending: 4/1/2014	Project and Location: 1 World Trade Center; West & Vesey Street	Project No. / Contract Number: 1001.09-40

1			2	3	4							5	6	7	8	9	10	11	12	13	14
Employees Name, Address, and SS. No.	Legend 1A	Legend 1B	List Trade & Work Classification (Journey person or Apprentice Class 1,2,3)	Time	Days and Dates 31 Mon	1 Tue	26 Wed	27 Thu	28 Fri	29 Sat	30 Sun	Total Hours	Rate of Pay per Hour	Supplemental Benefits: Rate per Hour	Paid to (Circle)	Total Paid	Total Base Wages Less Premium Portion	Premium Portion of O.T. and S.T.	Gross Pay	Total Taxes and Other Deductions	Net
Jaime E. Castillo Ex. 1	02a	M	9552 Journey Person	RT	8	8	8	8	8			40	43.28		U E O				1731.20	Ex. 1	
				OT																	
				ST																	
Leslie L. Paul Ex. 1	01	M	9552 Journey Person	RT	8	8	7	8	8			39	43.28		U E O				1687.92		
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
				RT											U E O						
				OT																	
				ST																	
														Weekly of all Pages							

Legend

1A - Ethnicity	1B - Sex	3 - Time	8 -Supplemental Benefits
01- Black	M - Male	RT - Regular Time	U - indicate union local
02a - Hispanic	F - Female	OT - Overtime	E - if paid to employee
03a - Asian Pacific		ST - Shift Time	O - if other
03b - Asian Indian			
04 - Native American			
05 - Other			

I ___Abbas Khalfan_____, am an officer of ___Signs and Decal_____ __Corporation_____ and hereby certify that the information provided on the attached payroll form consisting of ___5_____ pages (with this sheet being page 1), for the period ending _____4/1/2014_____represents: (a) all hours actually worked by the laborers, workers and mechanics employed on the 1WTC project; (b) that the employees named were paid the wages and supplements recorded on the attached payroll; and (c) that all information shown on the attached payroll records is true, correct and complete

Signature of Company Official

Abbas Khalfan, Vice President of Operations

(Name of person printed), (Title)

Sworn to before me this __5th___

day of ___May_____, 20_14___

(Name of Notary Public)

STAMP