

**Torres Rojas, Genara**

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**From:** jbianco@masontenders.org  
**Sent:** Wednesday, December 03, 2014 4:03 PM  
**To:** Duffy, Daniel  
**Cc:** Torres Rojas, Genara; Van Duyne, Sheree  
**Subject:** Freedom of Information Online Request Form

Information:

First Name: Joseph  
Last Name: Bianco  
Company: Mason Tenders District Council of Greater New York  
Mailing Address 1: 520 Eighth Ave.  
Mailing Address 2: suite 650  
City: new york  
State: NY  
Zip Code: 10018  
Email Address: [jbianco@masontenders.org](mailto:jbianco@masontenders.org)  
Phone: 212-452-9408  
Required copies of the records: Yes

List of specific record(s):

I am requesting copies of all Certified payroll reports that have been submitted by a subcontractor called Emlo corp who is performing asbestos removal at LaGuardia Airport during the period April 1, 2014 - present. Emlo is a subcontractor of Nasdi LLC who in turn is a subcontractor of Tully.

**THE PORT AUTHORITY OF NY & NJ**

FOI Administrator

December 31, 2014

Mr. Joseph Bianco  
Mason Tenders District Council of Greater New York  
520 Eighth Avenue, Suite 650  
New York, NY 10018

Re: Freedom of Information Reference No. 15534

Dear Mr. Bianco:

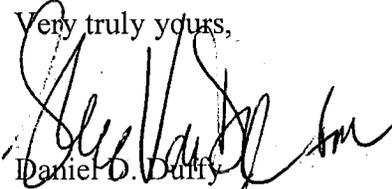
This is in response to your December 3, 2014 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code", copy enclosed) for "copies of all Certified payroll reports that have been submitted by a subcontractor called Emlo corp who is performing asbestos removal at LaGuardia Airport during the period April 1, 2014 - present. Emlo is a subcontractor of Nasdi LLC who in turn is a subcontractor of Tully."

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/15534-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

Enclosure

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

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

LGA 124.208  
July app # 4  
file # 18

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 12 For Week Ending 7/12/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 With-holding Tax	16 Other	17 Total Deductions	18 Net	
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)	Total Paid								
				RT	OT	ST	GT	RT	OT	ST														GT
Angelkov, Trajce	J Asbestos A _____ Class 1, 2 or 3			8	6	8	8	8	2		40	36	2088	15.1	U E X O	875.8	2963.8	2088						
Angelkov, Ljupco	J Asbestos A _____ Class 1, 2 or 3			8	6	8	8	8	2		40	36	2088	15.1	U E X O	875.8	2963.8	2088						
Hector, Betancourth	J Asbestos A _____ Class 1, 2 or 3			8							8	36	396	15.1	U E X O	166.1	562.1	396						
Jordanov, Kiril	J Asbestos A _____ Class 1, 2 or 3			8	6	8	8	8			38	36	1692	15.1	U E X O	709.7	2401.7	1692						
Laskov, Kijre	J Asbestos A _____ Class 1, 2 or 3			8	6	8	8	8	2		40	36	2088	15.1	U E X O	875.8	2963.8	2088						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapovic certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapovic \_\_\_\_\_  
Print Name Officer/Designer Signature

Sworn to before me, this day  
30<sup>th</sup> of July, 2014

**KIMBERLY D. KATZ**  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 4/27/2016

730 \_\_\_\_\_  
Date Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 12 For Week Ending 7/12/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5 Day and Date							6	7	8	10 Supplemental Benefits			12	13	14	15	16	17	18
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay							
Mitreski, Emil	J_Asbestos		RT	8	8	8	8	8			40	36	2358	15.1	U E X O	989.05	3347.05	2358					
	A						2	2	8	17	54	22.65											
	Class 1, 2 or 3																						
Nikolov, Zhivko	J_Asbestos		RT	8	6	8	8	8	2		40	36	2088	15.1	U E X O	875.8	2963.8	2088					
	A					2	2	6	12	54	22.65												
	Class 1, 2 or 3																						
Daniel Lauyen	J_Asbestos		RT	8	6	8					22	36	900	15.1	U E X O	377.5	1277.5	900					
	A								2	54	22.65												
	Class 1, 2 or 3																						
Lobos, Carlos	J_Asbestos		RT	8	6	8	8	8	2		40	36	2088	15.1	U E X O	875.8	2963.8	2088					
	A					2	2	6	12	54	22.65												
	Class 1, 2 or 3																						
Manastriski Anatas	J_Asbestos		RT	8	6	8	8	8	2		40	36	2088	15.1	U E X O	875.8	2963.8	2088					
	A					2	2	6	12	54	22.65												
	Class 1, 2 or 3																						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapinov  
 Print Name Officer/Designer

[Signature]  
 Signature

7/30  
 Date

[Signature]  
 Signature of Notary Public

Sworn to before me, this day  
30<sup>th</sup> of July, 2014

**KIMBERLY D. KATZ**  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 12 For Week Ending 7/12/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWICID # If issued	4 T I M E	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net	
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)								Total Paid
				7	8	9	10	11	12	13													
Emil Kasapinov	J Firewatch A _____ Class 1, 2 or 3		R	8	8					16	36	5004	15.1	7	2098.9	7102.9	5004						
			O	6	6	14	14	14	14	14	82	54	22.65	8									
			S																			9	
			T																			10	
Panco Kasapinov	J Firewatch A _____ Class 1, 2 or 3		R	8	8	8	8	8		40	36	3060	15.1		1283.5	4343.5	3060						
			O	2	2	2	2	2	10	10	30	54	22.65	11									
			S																			12	
			T																			13	
	J _____ A _____ Class 1, 2 or 3		R											U									
			O																			E	
			S																				O
			T																				
	J _____ A _____ Class 1, 2 or 3		R											U									
			O																			E	
			S																				O
			T																				

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapinov  
Print Name Officer/Designee

[Signature]  
Signature

7-30  
Date

[Signature]  
Signature of Notary Public

Sworn to before me, this day  
30<sup>th</sup> of July, 2014

**KIMBERLY D. KATZ**  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 4/27/2016

Statement of Compliance

I do hereby state:

1. That I, Femi Kgsadincv (Name of Signatory), U.P. (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO corporation (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EMLO CORP (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

<u>EXCEPTION (CRAFT)</u>	<u>EXPLANATION</u>



Statement of Compliance

I do hereby state:

1. That I, Emil Kasapovic (Name of Signatory), UP (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EUTO Corp (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EUTO Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

LGA 124.208

PAU AP # 5

File # 18

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #  
 Payroll No. 17 For Week Ending 8/29/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Hourly Rate	10 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net		
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Paid to (Local # If Union is circled)	Total Paid									
				25-Aug	26-Aug	27-Aug	28-Aug	29-Aug																	
Trajce Angelkov	J__Asbestos A_____		R	8	8						16	36	576	15.1	U E X O	241.6	817.6	576							
			O																						
			S																						
			T																						
			G																						
Zhivko Nikolov	J__Asbestos A_____		R	8	8						16	36	576	15.1	U E X O	241.6	817.6	576							
			O																						
			S																						
			T																						
			G																						
Perica Trickovic	J__Asbestos A_____		R	8	8						16	36	576	15.1	U E X O	241.6	817.6	576							
			O																						
			S																						
			T																						
			G																						
	J__Asbestos A_____		R												U E X O	0	0	0							
			O																						
			S																						
			T																						
			G																						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marijan Kasapovic certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Marijan Kasapovic Print Name Officer/Designee  
[Signature] Signature  
9/23/14 Date  
Jelena Rose Ristic Signature of Notary Public

Sworn to before me, this day  
23 of 9, 20 14  
**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #  
 Payroll No. 16 For Week Ending 8/22/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net	
			5 T I M E										11 Hourly Rate	10 Paid to (Local # if Union is circled)								11 Total Paid
			Mon 18-Aug	Tue 19-Aug	Wed 20-Aug	Thu 21-Aug	Fri 22-Aug	Sat	Sun													
Emil Kasapinov,	J__Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8	40	51.75	2070	0	U E X O	0	2070	2070						
			OT																			
			ST																			
			GT																			
			CT																			
Marjan Kasapinov	J__Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8	40	51.75	2070	0	U E X O	0	2070	2070						
			OT																			
			ST																			
			GT																			
			CT																			
Pancho Kasapinov,	J__Asbestos A _____ Class 1, 2 or 3		RT	8	0	8	8	8	32	36	1152	15.1	U E X O	483.2	1635.2	1152						
			OT																			
			ST																			
			GT																			
			CT																			
Stefani Manchev,	J__Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8	40	36	1440	15.1	U E X O	604	2044	1440						
			OT																			
			ST																			
			GT																			
			CT																			
Emil Miterski,	J__Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8	40	36	1440	15.1	U E X O	604	2044	1440						
			OT																			
			ST																			
			GT																			
			CT																			

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

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I Marjan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Marjan Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

9/23/14  
 Date

[Signature]  
 Signature of Notary Public

Sworn to before me, this day  
23 of 9, 2014

**Jelena Ross Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN #

Payroll No. 15 For Week Ending **8/15/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net	
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # if Union is circled)								Total Paid
				11-Aug	12-Aug	13-Aug	14-Aug	15-Aug															
Emil Kasapinov	J_Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8			40	51.75	2070	0	U E X O	0	2070	2070					
			O																				
			S																				
			T																				
Marjan Kasapinov	J_Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8			40	51.75	2070	0	U E X O	0	2070	2070					
			O																				
			S																				
			T																				
Pancho Kasapinov	J_Asbestos A _____ Class 1, 2 or 3		R	8	8	0	8	5			29	36	1044	15.1	U E X O	437.9	1481.9	1044					
			O											22.65									
			S																				
			T																				
Stefani Manchev	J_Asbestos A _____ Class 1, 2 or 3		R		8	8	8	5			29	36	1044	15.1	U E X O	437.9	1481.9	1044					
			O											22.65									
			S																				
			T																				
Emil Miterski	J_Asbestos A _____ Class 1, 2 or 3		R					5			5	36	180	15.1	U E X O	75.5	255.5	180					
			O											22.65									
			S																				
			T																				

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

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**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marjan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Marjan Kasapinov  
Print Name Officer/Designee

[Signature]  
Signature

9/23/14  
Date

Jeana Rosa Ristic  
Notary Public, New Jersey  
My Commission Expires 12-09-14  
[Signature]  
Signature of Notary Public

Sworn to before me, this day  
23 of 9, 2014

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_  
 Payroll No. 14 For Week Ending **8/8/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net	
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)								Total Paid
				4-Aug	5-Aug	6-Aug	7-Aug	8-Aug															
Emil Kasapinov,	J__Asbestos A_____ Class 1, 2 or 3		R		8	8	8				24	51.75	1242	0	U E X O	0	1242	1242					
			O																				
			S																				
			T																				
Marjan Kasapinov	J__Asbestos A_____ Class 1, 2 or 3		R		8	8	8				24	51.75	1242	0	U E X O	0	1242	1242					
			O																				
			S																				
			T																				
Panco Kasapinov,	J__Asbestos A_____ Class 1, 2 or 3		R		8	8	8				24	36	864	-15.1	U E X O	362.4	1226.4	864					
			O											22.65									
			S																				
			T																				
	J__Asbestos A_____ Class 1, 2 or 3		R												U E X O								
			O																				
			S																				
			T																				
	J__Asbestos A_____ Class 1, 2 or 3		R												U E X O	0	0	0					
			O																				
			S																				
			T																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

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I Marjan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Marjan Kasapinov  
Print Name Officer/Designee

[Signature]  
Signature

9/23/14  
Date

Sworn to before me, this day 29 of 9, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires **12-08-16**

Jelena Rose Ristic  
Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN #

Payroll No. 17 For Week Ending **8/29/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9	10		12	13	14	15	16	17	18								
				Day and Date											Supplemental Benefits																
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Total Hrs	Base Hourly Rate of Pay								Total Base Pay	Hourly Rate	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	With-holding Tax
Emil Kasapinov	J_Asbestos A			R	8	8	8	8	8			40	51.75	2070	0	U E X O	0	2070	2070												
				T																											
				O																											
				S																											
				T																											
Marjan Kasapinov	J_Asbestos A			R	8	8	8	8	8			40	51.75	2070	0	U E X O	0	2070	2070												
				T																											
				O																											
				S																											
				T																											
Pancho Kasapinov	J_Asbestos A			R	8	8	8	8	4			36	36	1296	15.1	U E X O	543.6	1839.6	1296												
				T																											
				O																											
				S																											
				T																											
Stefani Manchev	J_Asbestos A			R	8	8	8	8				32	36	1152	15.1	U E X O	483.2	1635.2	1152												
				T																											
				O																											
				S																											
				T																											
Emil Miterski	J_Asbestos A			R	8		8	8				24	36	864	15.1	U E X O	362.4	1226.4	864												
				T																											
				O																											
				S																											
				T																											

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marjan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Marjan Kasapinov Print Name Officer/Designee  
[Signature] Signature  
9/23/14 Date  
Jelena Rose Ristic Signature of Notary Public

Sworn to before me, this day  
23 of 9, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Statement of Compliance

I do hereby state:

1. That I, Marjow Kasapiou (Name of Signatory), President (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO Corp (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EMLO Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

<u>EXCEPTION (CRAFT)</u>	<u>EXPLANATION</u>

**THE PORT AUTHORITY OF NY & NJ CIP Payroll & Work-Hour Monthly Report**



<b>Payroll Month/Year:</b>	Aug-14	<b>Prepared By:</b>	Emil Kasapinov	If this is the first or final report for a contract please indicate so with an "X" under "Report Status"
<b>Company Name:</b>	EMLO CORP	<b>Date Prepared:</b>	9/29/14	

Contract #	State (1)	Contracting For	WC Class Code	Man Hours	Gross Payroll (2)	Limited Payroll (NY Only) (3)	Report Status	
							First	Final
LGA 124.208	NY	Tully Construction	5473	627.0	\$31,408.80	\$31,408.80		
<b>Totals:</b>				<b>627.0</b>	<b>\$31,408.80</b>	<b>\$31,408.80</b>		

**Notes/Special Instructions (if any):**

- (1) For payroll on **New Jersey** projects, your company is required to provide Gross Payroll for each WC class code  
For payroll on **New York** projects, your company is required to provide Gross Payroll and Limited Payroll for each WC class code
- (2) "Gross Payroll" is gross wages or other compensation, before withholding taxes or other deductions
- (3) "Limited Payroll" is gross payroll subject to New York state construction limitations, reference the website below  
[http://ww3.nysif.com/Workers\\_Compensation/Policyholders/About\\_Auditing/Payroll\\_Limitation.aspx](http://ww3.nysif.com/Workers_Compensation/Policyholders/About_Auditing/Payroll_Limitation.aspx)
- (4) Retain this form to present proof of CIP enrollment to your insurance carrier in the event of an audit

**A form should be submitted to the MRM CIP Administrator no later than the 10th of each month for the previous calendar month's work. Submit one form for all contract(s) on-site. Delay in providing this report may result in payments being withheld.**

**MONTHLY EMPLOYMENT UTILIZATION REPORT**

PA 3647 / 08-10

**USER INSTRUCTIONS:**

1. Please read reverse side of this form for detailed instructions
2. Complete all applicable information, leave shaded boxes blank.
3. If more than 1 page is used, complete all information for "TOTAL THIS MONTH" and "GRAND TOTAL TO DATE" on last page only.
4. ALL PRIMES NOTE: This form should reflect an aggregate of your work force and all subcontractors.

This form submitted w/ payment application # <u>1</u>	LIST SUBCONTRACTORS INCLUDED IN THIS REPORT (IF ANY)	FOR R.E. OFFICE USE ONLY REVIEWED BY: _____ DATE RECEIVED: <u>  </u> / <u>  </u> / <u>  </u>	PAGE 1 of 1	
	1 EMLO Corp	Reporting Period From: <u>6/30</u> To: <u>7/31</u> % of Completion <u>50</u>	Contract Goals MINORITY Skilled 30 % Laborer 40 % FEMALE Skilled/Labor 6.9 %	
	2			Actual Start Date 4/22
	3	Projected Completion Date 9/30		
	4			
	5			
	6			
7				

Project Title: Abatement & Demolition of Hangars 2 & 4  
 Contract # or TAA #: LGA-124.208  
 Location: LaGuardia Airport

Prime Contractor's Name: EMLO Corporation  
 Address: 50 Barnes St  
 Paterson Nj 07501  
 Phone: 973 523 6651  
 Prepared By: Emil Kasapinov Date 7/30/14

**WORK HOURS OF EMPLOYEES**

#1 Construction Trade	#2 Classification	#3 Total All Employee Hours		#4 Sum of All Employee Hours (Add 3M + 3F)	#5 Black		#6 Hispanic		#7 Asian		#8 Native American		#9 Total Minority Hours (Add 5 thru 8)	#10 % Minority Hours (#9 DIV #4)	#11 % Female Hours (#3F DIV #4)	#12 Total Number of Employees		#13 Total Number of Minority Employees	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Asbestos	JOURNEY WORKER	1165		1165			658										26		18
	APPRENTICE																		
	SUBTOTAL	1165		1165			658							56	0				
Firewatch	JOURNEY WORKER						0												
	APPRENTICE																		
	SUBTOTAL													0					
TOTAL THIS MONTH	TOTAL JOURNEY WORKER	1564		1564			658						658				26		18
	TOTAL APPRENTICE																		
	TOTAL SKILLED TRADES	1564		1564			658						658	42					
	LABORERS																		
GRAND TOTAL FROM LAST MONTH	SKILLED TRADES	8789		8789			4068						4068	46					
	LABORERS																		
GRAND TOTAL TO DATE	SKILLED TRADES	10,353		10,353			4726						4726	46	0				
	LABORERS																		

For R.E. Office Use Only  
 Reviewed By: \_\_\_\_\_  
 Date: 7/30/14  
 Are Goals Being Met? Circle One  
 Minority  Yes  No  
 Female  Yes  No

COMPANY OFFICIAL'S SIGNATURE AND TITLE: Emil Kasapinov  
 \*Superintendents' hours should not be included in this form.

DATE SIGNED: 7/30

NOTE: The MEUR must be submitted within 5 business days of month end.

KIMBERLY D. KATZ  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016

**MONTHLY EMPLOYMENT UTILIZATION REPORT**

PA-36-77-08-10

**USER INSTRUCTIONS:**

1. Please read reverse side of this form for detailed instructions
2. Complete all applicable information, leave shaded boxes blank.
3. If more than 1 page is used, complete all information for "TOTAL THIS MONTH" and "GRAND TOTAL TO DATE" on last page only.
4. ALL PRIMES NOTE: This form should reflect an aggregate of your work force and all subcontractors.

This form submitted w/ payment application # <u>1</u>	LIST SUBCONTRACTORS INCLUDED IN THIS REPORT (IF ANY)	FOR R.E. OFFICE USE ONLY REVIEWED BY: _____ DATE RECEIVED: / /	PAGE 1 of 1	
	1 EMLO Corp	Reporting Period From: 7/28 To: 8/29 % of Completion 70	Contract Goals MINORITY Skilled 30 % Laborer 40 % FEMALE Skilled/Labor 6.9 %	
	2			Actual Start Date 4/22
	3	Projected Completion Date 12/30		
	4			
	5			
	6			
7				

Project Title: Abatement & Demolition of Hangars 2 & 4  
Contract # or TAA #: LGA-124.208  
Location: LaGuardia Airport

Prime Contractor's Name: EMLO Corporation  
Address: 50 Barnes St  
Paterson Nj 07501  
Phone: 973.523.6651  
Prepared By: Emil Kasapinov Date 9/5/14

**WORK HOURS OF EMPLOYEES**

#1 Construction Trade	#2 Classification	#3 Total All Employee Hours		#4 Sum of All Employee Hours		#5 Black		#6 Hispanic		#7 Asian		#8 Native American		#9 Total Minority Hours (Add 5 thru 8)	#10 % Minority Hours (#9 DIV #4)	#11 % Female Hours (#3F DIV #4)	#12 Total Number of Employees		#13 Total Number of Minority Employees		
		M	F	(Add 3M + 3F)		M	F	M	F	M	F	M	F				M	F	M	F	
Asbestos abatement	JOURNEY WORKER	627		627				0										8		0	
	APPRENTICE																				
	SUBTOTAL	627		627				0						56	0						
	JOURNEY WORKER																				
	APPRENTICE																				
	SUBTOTAL																				
	JOURNEY WORKER							0													
	APPRENTICE																				
	SUBTOTAL													0							
TOTAL THIS MONTH	TOTAL JOURNEY WORKER	627		627				0						0				26		18	
	TOTAL APPRENTICE																				
	TOTAL SKILLED TRADES	627		627				0						0							
	LABORERS																				
GRAND TOTAL FROM LAST-MONTH	SKILLED TRADES	10353		10353				4726						4726	43			For R.E. Office Use Only Reviewed By: _____ Date: _____			
	LABORERS																				
GRAND TOTAL TO DATE	SKILLED TRADES	10980	0	10980				4726						4726	43	0		Are Goals Being Met? Circle One Minority Female Yes No Yes No			
	LABORERS																				

COMPANY OFFICIAL'S SIGNATURE AND TITLE: \_\_\_\_\_  
\*Superintendents' hours should not be included in this form.

*Emil Kasapinov* PM  
KASAPINOV EMIL

DATE SIGNED: 9/24/14

NOTE: The MEUR must be submitted within 5 business days of month end.

*Rodrigo Murillo*  
RODRIGO MURILLO  
NOTARY PUBLIC STATE OF NEW YORK  
no. 01MU6177780  
QUALIFIED IN QUEENS COUNTY  
COMMISSION EXPIRES 2015

Sworn to before me this 24 day of 09 2014.

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor <input type="checkbox"/> or Subcontractor <input checked="" type="checkbox"/>		EMLO Corporation						Address 50 Barnes Street Paterson, NJ 07501				EIN #											
Payroll No. 18		For Week Ending 9/5/14			Project & Location: Abatement & Demolition of Hangars 2 & 4						PA Contract Number: LGA-124.208												
1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)	Total Paid							
				25-Aug	26-Aug	27-Aug	28-Aug	29-Aug															
Emil Kasapinov,	J_Asbestos A_____		R T	8	8	8	8	8			40	51.75	2070	0	U E X O	0	2070	2070					
Marjan Kasapinov	J_Asbestos A_____		R T	8	8	8	8	8			40	51.75	2070	0	U E X O	0	2070	2070					
Pancho Kasapinov,	J_Asbestos A_____		R T		8	8	8	8			32	36	1206	15.1	U E X O								
Stefani Manchev,	J_Asbestos A_____		R T		8	8	8	8			40	36	1494	15.1	U E X O								
Emil Milterski,	J_Asbestos A_____		R T		8	8	8	8			32	36	1206	15.1	U E X O								

Key:

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

187

Sworn to before me, this day  
6 of OCT 2014

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapinov  
Print Name Officer/Designee

Signature

10/16/14  
Date

Stephen R. Eldridge  
Signature of Notary Public

STEPHEN R. ELDRIDGE  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 4/27/2016

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 18 For Week Ending **9/5/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Hourly Rate	10 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Paid to (Local # if Union is circled)	Total Paid							
				25-Aug	26-Aug	27-Aug	28-Aug	29-Aug															
Leov, Trajce	J_Firewatch A _____ Class 1, 2 or 3		RT				8	8	8	16	20	980											
			OT				6	16		6	22	30											
			ST																				
			GT																				
																	0	980	980				
	J_Asbestos A _____ Class 1, 2 or 3		RT																				
			OT																				
			ST																				
			GT																				
	J_Asbestos A _____ Class 1, 2 or 3		RT																				
			OT																				
			ST																				
			GT																				
	J_Asbestos A _____ Class 1, 2 or 3		RT																				
			OT																				
			ST																				
			GT																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Print Name Officer/Designee: Emil Kasapinov Signature: [Signature] Date: 10/6/14 Signature of Notary Public: Stephen R Eldridge

Sworn to before me, this day 6 of OCT, 2014

**STEPHEN R. ELDRIDGE**  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 19 For Week Ending 9/12/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 T I M E	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 With-holding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)	Total Paid							
				25-Aug	26-Aug	27-Aug	28-Aug	29-Aug															
Emil Kasapinov	J _ Asbestos A _____ Class 1, 2 or 3		R		8	8	8	8	8		40	51.75	2070	0	U E E X O	0	2070	2070					
			O																				
			S																				
			T																				
Marjan Kasapinov	J _ Asbestos A _____ Class 1, 2 or 3		R		8	8	8	8	8		40	51.75	2070	0	U E E X O	0	2070	2070					
			O																				
			S																				
			T																				
Pancho Kasapinov	J _ Asbestos A _____ Class 1, 2 or 3		R		8	4	8	8	8		36	36	1296	15.1	U E E X O	543.6	1839.6	1296					
			O								0	54	22.65										
			S																				
			T																				
Stefani Manchev	J _ Asbestos A _____ Class 1, 2 or 3		R		8	4	8	8	8		36	36	1296	15.1	U E E X O	543.6	1839.6	1296					
			O								0	54	22.65										
			S																				
			T																				
Emil Miterski	J _ Asbestos A _____ Class 1, 2 or 3		R		8	4	8	8	8		36	36	1296	15.1	U E E X O	543.6	1839.6	1296					
			O								0	54	22.65										
			S																				
			T																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

188

Sworn to before me, this day  
 6 of OCT 20 14

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

STEPHEN R. ELDRIDGE  
 NOTARY PUBLIC OF NEW JERSEY  
 My Comm. Expires 4/27/2016

Emil Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

10/10/14  
 Date

[Signature]  
 Signature of Notary Public

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.



# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 20 For Week Ending 9/19/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWICID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9-11 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)	Total Paid							
				25-Aug	26-Aug	27-Aug	28-Aug	29-Aug															
Alfaro-Lobo, Miguel	J__Asbestos A_____		R	8	5	8	8	8			37	51.7	2068	U E X O	0	2068	2068						
			O				2			2	77.55												
			S																				
			T																				
Zhivko Nikolov,	J__Asbestos A_____		R	8	5	8	8	8			37	51.7	2068	U E X O	0	2068	2068						
			O				2			2	77.55												
			S																				
			T																				
Velapucha, Jaime,	J__Asbestos A_____		R	8	5	8	8	8			37	51.7	2068	U E X O	0	2068	2068						
			O				2			2	77.55												
			S																				
			T																				
Valdez- Espinal, Walter,	J__Asbestos A_____		R	8	5	8	8	8			37	51.7	2068	U E X O	0	2068	2068						
			O				2			2	77.55												
			S																				
			T																				
Gegov, Atanas,	J__Asbestos A_____		R	8	1						9	51.7	465.3	U E X O	0	465.3	465.3						
			O								77.55												
			S																				
			T																				

Key:

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

165

Sworn to before me, this day  
6 of OCT, 2014

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapinov  
Print Name Officer/Designee

[Signature]  
Signature

10/14/14  
Date

[Signature]  
Signature of Notary Public

STEPHEN R. ELDRIDGE  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 4/27/2016

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 20 For Week Ending 9/19/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 With-holding Tax	16 Other	17 Total Deductions	18 Net		
			T M e s d a y										9 Hourly Rate	10 Paid to (Local # if Union is circled)	11 Total Paid									
			Mon 25-Aug	Tue 26-Aug	Wed 27-Aug	Thu 28-Aug	Fri 29-Aug	Sat	Sun															
Emil Kasapinov	J Asbestos A Class 1, 2 or 3		R	8	8	8	8	8		40	51.7	2068	0	U E X O	0	2068	2068							
			O																					
			S																					
			T																					
Marjan Kasapinov	J Asbestos A Class 1, 2 or 3		R	8	8	8	8	8		40	51.7	2068	0	U E X O	0	2068	2068							
			O																					
			S																					
			T																					
Pancho Kasapinov	J Asbestos A Class 1, 2 or 3		R	8	5					13	51.7	672.1	15.1	U E X O	196.3	868.4	672.1							
			O							0	77.55	22.65												
			S																					
			T																					
Stefani Manchev	J Asbestos A Class 1, 2 or 3		R	8	5	8	8	8		37	51.7	2068	15.1	U E X O	604	2672	2068							
			O				2			2	77.55	22.65												
			S																					
			T																					
Emil Milterski	J Asbestos A Class 1, 2 or 3		R	8	5	8	8	8		37	51.7	2068	15.1	U E X O	604	2672	2068							
			O				2			2	77.55	22.65												
			S																					
			T																					

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

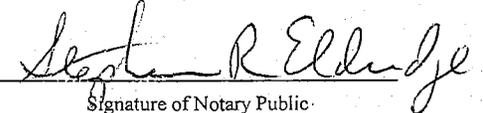
171

Sworn to before me, this day  
16 of Oct, 2014

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

**STEPHEN R. ELDRIDGE**  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

Emil Kasapinov  10/16/14   
 Print Name Officer/Designee Signature Date Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 20 For Week Ending 9/19/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWICID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9-11 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)	Total Paid							
				25-Aug	26-Aug	27-Aug	28-Aug	29-Aug															
Leov, Trajce,	J_Firewatch A_____		R						8		8												
			O																				
			S							16		6											
			T																				
			G													0	640	640					
	J_Asbestos A_____		R																				
	J_Asbestos A_____		O																				
	J_Asbestos A_____		S																				
	J_Asbestos A_____		T																				
	J_Asbestos A_____		G																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

24  
 I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapinov  
 Print Name Officer/Designee  
[Signature]  
 Signature  
 10/6/14  
 Date

Sworn to before me, this day  
6 of OCT, 2014  
**STEPHEN R. ELDRIDGE**  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016  
[Signature]  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 21 For Week Ending 9/26/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWICID # If Issued	4 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
			Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # if Union is circled)	Total Paid							
			25-Aug	26-Aug	27-Aug	28-Aug	29-Aug															
Emil Kasapinov	J Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8		40	51.7	2068	0	U E X O								
			O																			
			S																			
			T																			
Marjan Kasapinov	J Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8		40	51.7	2068	0	U E X O								
			O																			
			S																			
			T																			
Pancho Kasapinov	J Asbestos A _____ Class 1, 2 or 3		R	8	8					16	51.7	827.2	0	U E X O								
			O																			
			S																			
			T																			
Stefani Manchev	J Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8		40	51.7	2068	0	U E X O								
			O																			
			S																			
			T																			
Emil Milterski	J Asbestos A _____ Class 1, 2 or 3		R	8	8	8		8		32	51.7	1654.4	0	U E O								
			O																			
			S																			
			T																			

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Sworn to before me, this day  
6 of Oct, 20 14

**STEPHEN R. ELDRIDGE**  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

Emil Kasapinov 10/6/14 Emil Kasapinov 10/6/14  
 Print Name Officer/Designee Signature Date

Stephen R. Eldridge  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 21 For Week Ending 9/26/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWICID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # if Union is circled)	Total Paid							
				25-Aug	26-Aug	27-Aug	28-Aug	29-Aug															
Alfaro-Lobo, Miguel	J_Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8			40	51.7	2068	U E X O	0	2068	2068						
			O									77.55											
			S																				
			G																				
Zhivko Nikolov,	J_Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8			40	51.7	2068	U E X O	0	2068	2068						
			O									77.55											
			S																				
			G																				
Lavayen, Daniel,	J_Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8			40	51.7	2068	U E X O	0	2068	2068						
			O									77.55											
			S																				
			G																				
Valdez- Espinal, Walter,	J_Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8			40	51.7	2068	U E X O	0	2068	2068						
			O									77.55											
			S																				
			G																				
	J_Asbestos A _____ Class 1, 2 or 3		R											U E X O	0	0	0				0		
			O																				
			S																				
			G																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

160

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Sworn to before me, this day  
6 of Oct, 2014

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

Emil Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

10/6/14  
 Date

**STEPHEN R. ELDRIDGE**  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires 4/27/2016

[Signature]  
 Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, Emil Kasapitov (Name of Signatory), P.M. (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO CORP (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EMLO CORP (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

**THE PORT AUTHORITY OF NY & NJ CIP Payroll & Work-Hour Monthly Report**



Payroll Month/Year: <b>Sept - 2014</b>	Prepared By: <b>Emil Kasapinov</b>	If this is the <b>first</b> or <b>final</b> report for a contract please indicate so with an "X" under "Report Status"
Company Name: <b>EMLO CORP</b>	Date Prepared: <b>10/6/14</b>	

Contract #	State (1)	Contracting For	WC Class Code	Man Hours	Gross Payroll (2)	Limited Payroll (NY Only) (3)	Report Status	
							First	Final
LGA124.208	NJ	Tully Construction	5473	1246.0	\$42,716.81	\$42,716.81		
<b>Totals:</b>				<b>1246.0</b>	<b>\$42,716.81</b>	<b>\$42,716.81</b>		

**Notes/Special Instructions (if any):**

- (1) For payroll on **New Jersey** projects, your company is required to provide Gross Payroll for each WC class code  
For payroll on **New York** projects, your company is required to provide Gross Payroll and Limited Payroll for each WC class code
- (2) "Gross Payroll" is gross wages or other compensation, before withholding taxes or other deductions
- (3) "Limited Payroll" is gross payroll subject to New York state construction limitations, reference the website below  
[http://ww3.nysif.com/Workers\\_Compensation/Policyholders/About\\_Auditing/Payroll\\_Limitation.aspx](http://ww3.nysif.com/Workers_Compensation/Policyholders/About_Auditing/Payroll_Limitation.aspx)
- (4) Retain this form to present proof of CIP enrollment to your insurance carrier in the event of an audit

**A form should be submitted to the MRM CIP Administrator no later than the 10th of each month for the previous calendar month's work. Submit one form for all contract(s) on-site. Delay in providing this report may result in payments being withheld.**

**MONTHLY EMPLOYMENT UTILIZATION REPORT**

**USER INSTRUCTIONS:**

1. Please read reverse side of this form for detailed instructions
2. Complete all applicable information, leave shaded boxes blank.
3. If more than 1 page is used, complete all information for "TOTAL THIS MONTH" and "GRAND TOTAL TO DATE" on last page only.
4. ALL PRIMES NOTE: This form should reflect an aggregate of your work force and all subcontractors.

This form submitted w/ payment application #	LIST SUBCONTRACTORS INCLUDED IN THIS REPORT (IF ANY)	FOR R.E. OFFICE USE ONLY REVIEWED BY: _____ DATE RECEIVED: / /	PAGE 1 of 1
	1 EMLO Corp	Reporting Period From: 9/2/14 To: 9/27/14 % of Completion 77	Contract Goals MINORITY Skilled 30 % Laborer 40 % FEMALE Skilled/Laborer 6.9 %
	2		
	3		
	4		
	5		
	6		
7			

Project Title: Abatement & Demolition of Hangars 2 & 4	Prime Contractor's Name: EMLO Corporation
Contract # or TAA #: LGA-124.208	Address: 50 Barnes St Paterson Nj 07501
Location: LaGuardia Airport	Phone: 973 523 6651
	Prepared By: Emil Kasapinov Date 10/6/14

**WORK HOURS OF EMPLOYEES**

#1 Construction Trade	#2 Classification	#3 Total All Employee Hours		#4 Sum of All Employee Hours (Add 3M + 3F)	#5 Black		#6 Hispanic		#7 Asian		#8 Native American		#9 Total Minority Hours (Add 5 thru 8)	#10 % Minority Hours (#9 DIV #4)	#11 % Female Hours (#3F DIV #4)	#12 Total Number of Employees		#13 Total Number of Minority Employees		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Asbestos	JOURNEY WORKER	1104		1104			237										11		4	
	APPRENTICE																			
	SUBTOTAL	1104		1104			237							21	0					
Firewatch	JOURNEY WORKER	142		142													1		0	
	APPRENTICE																			
	SUBTOTAL	142		142										0	0					
	JOURNEY WORKER						0													
	APPRENTICE																			
	SUBTOTAL																			
TOTAL THIS MONTH	TOTAL JOURNEY WORKER	1341		1341			0						0				11		4	
	TOTAL APPRENTICE																			
	TOTAL SKILLED TRADES						0						0	0						
	LABORERS																			
GRAND TOTAL FROM LAST MONTH	SKILLED TRADES						4726						4726	43						
	LABORERS																			
GRAND TOTAL TO DATE	SKILLED TRADES						4963						4963	40	0					
	LABORERS																			

For R.E. Office Use Only  
Reviewed By: \_\_\_\_\_  
Date: \_\_\_\_\_

Are Goals Being Met? Circle One  
Minority Female  
Yes No Yes No

COMPANY OFFICIAL'S SIGNATURE AND TITLE: *Emil Kasapinov*

DATE SIGNED: 10/6/14

\*Superintendents' hours should not be included in this form.

NOTE: The MEUR must be submitted within 5 business days of month end.

*Stephen R. Eldridge*  
10/06/2014

**STEPHEN R. ELDRIDGE**  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 4/27/2016

**MONTHLY EMPLOYMENT UTILIZATION REPORT**

USER INSTRUCTIONS:

1. Please read reverse side of this form for detailed instructions
2. Complete all applicable information, leave shaded boxes blank.
3. If more than 1 page is used, complete all information for "TOTAL THIS MONTH" and "GRAND TOTAL TO DATE" on last page only.
4. ALL PRIMES NOTE: This form should reflect an aggregate of your work force and all subcontractors.

This form submitted w/ payment application #	LIST SUBCONTRACTORS INCLUDED IN THIS REPORT (IF ANY)	FOR R.E. OFFICE USE ONLY REVIEWED BY _____ DATE RECEIVED: / /	PAGE 1 of 1	
	1 EMLO Corp	Reporting Period From: 4/22 To: 5/2	Contract Goals MINORITY Skilled 30 % Laborer 40 % FEMALE Skilled/Labor 6.9 %	
	2			Actual Start Date 4/22
	3	% of Completion 5	Projected Completion Date 9/30/14	
	4			
	5			
	6			
7				

Project Title: Abatement & Demolition of Hangars 2 & 4  
Contract # or TAA #: LGA-124.208  
Location: LaGuardia Airport

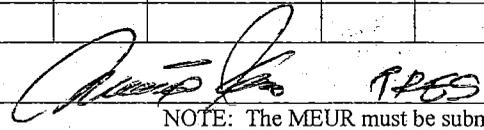
SUB: Contractor's Name: EMLO Corp  
Address: 50 Barves St Paterson NJ 07501  
Phone: 973 523 6051  
Prepared By: Emil Kaspiakov Date 7/14/14

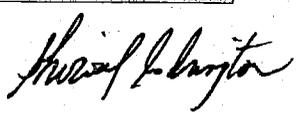
**WORK HOURS OF EMPLOYEES**

#1 Construction Trade	#2 Classification	#3 Total All Employee Hours		#4 Sum of All Employee Hours		#5 Black		#6 Hispanic		#7 Asian		#8 Native American		#9 Total Minority Hours	#10 % Minority Hours	#11 % Female Hours	#12 Total Number of Employees		#13 Total Number of Minority Employees		
		M	F	(Add 3M + 3F)	M	F	M	F	M	F	M	F	(Add 5 thru 8)	(#9 DIV #4)	(#3F DIV #4)	M	F	M	F		
Asbestos	JOURNEY WORKER			1060				818						818				15		11	
	APPRENTICE																				
	SUBTOTAL			1060				818						818	77	0					
Fire watch	JOURNEY WORKER			159																	
	APPRENTICE																				
	SUBTOTAL													0	0	0					
TOTAL THIS MONTH	TOTAL JOURNEY WORKER			1219				818						818				14		11	
	TOTAL APPRENTICE																				
	TOTAL SKILLED TRADES																				
	LABORERS																				
GRAND TOTAL FROM LAST MONTH	SKILLED TRADES			0																	
	LABORERS																				

GRAND TOTAL TO DATE	SKILLED TRADES	1219		1219				818						818	67	0					
	LABORERS																				

For R.E. Office Use Only  
Reviewed By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Are Goals Being Met? Circle One  
Minority Female  
Yes No Yes No

COMPANY OFFICIAL'S SIGNATURE AND TITLE:  **SPES** DATE SIGNED: 07/14/14  
\*Superintendents' hours should not be included in this form. NOTE: The MEUR must be submitted within 5 business days of month end.

SHIROOL CODRINGTON  
Notary Public, State of New York  
No. 01CO6239121  
Qualified in Queens County  
Commission Expires April 18, 2015  


## FILING MONTHLY EMPLOYMENT UTILIZATION REPORT

### INSTRUCTIONS

The **Monthly Employment Utilization Report (MEUR)** is completed by each subject contractor and **signed by an Official of the company**. The report is to be submitted by the **5<sup>th</sup> day** of each month during the term of the contract, and it shall include the total work hours for each employee classification in each trade for the monthly reporting period. The prime contractor is responsible for submitting a MEUR, which aggregates its own workforce and its subcontractor's workforce. A MEUR is required each month until the contract is complete.

### DEFINITIONS: Minority

**BLACK** persons having origins in any of the Black-African racial groups not of Hispanic origin;

**HISPANIC** persons of Puerto Rican, Mexican, Dominican, Cuban, Central, or South American culture or origin, regardless of race; (Please note: Hispanic does not include Portuguese, a person of Portuguese, Brazilian or other Portuguese culture or origin.

**ASIAN and PACIFIC** islander persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands; and

**AMERICAN INDIAN or ALASKAN** native persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification.

### Reporting Period

From the First to the End of each Month. Example: 1/1/1994 until 1/31/1994

### Percentage of Job Completed

Percent of project work completed by the contractor or subcontractors as of the end of the reporting period.

### Work Hours of Employment

The number of hours worked by employees in the designated classification for each construction trade; the totals for the current month; and the totals to date.

### COLUMN ENTRIES:

1. Construction Trade List only those construction crafts utilized for this contract.
2. Classification The status of the worker in the trade (Journey Worker, Apprentice, Laborer.) Please note: Only working foreman's hours should be included. Superintendents' hours should not be included.
3. Total All Employees The total number of male hours and the total number of female hours worked by employees in each classification.
4. Sum Hours Add columns #3 Male hours and #3 Female hours
- 5.- 8. Specified Minority The total number of male hours and the total number of female hours worked by each specified group of minority employees (Black, Hispanic, Asian, Native American) in each classification.
9. Total Minority Hours The total number of male hours and the total number of female hours worked by minority employees in each classification (add columns #5 thru #8).
10. % Minority Hours The percentage of total minority work-hours of all work-hours in each classification (column #9 divided by column #4).
11. % Female Hours The percentage of female work-hours of all work hour-hours in each classification (column #3 Female divided by column #4)
12. Total # Employees Total number of male and female employees on the payroll working in each classification during the reporting period.
13. Total # Minorities Total number of male and female minority employees on the payroll working in each classification during the reporting period.

**MONTHLY EMPLOYMENT UTILIZATION REPORT**

PA 3647 / 08-10

**USER INSTRUCTIONS:**

1. Please read reverse side of this form for detailed instructions
2. Complete all applicable information, leave shaded boxes blank.
3. If more than 1 page is used, complete all information for "TOTAL THIS MONTH" and "GRAND TOTAL TO DATE" on last page only.
4. ALL PRIMES NOTE: This form should reflect an aggregate of your work force and all subcontractors.

This form submitted w/ payment application #	LIST SUBCONTRACTORS INCLUDED IN THIS REPORT (IF ANY)	FOR R.E. OFFICE USE ONLY REVIEWED BY: DATE RECEIVED: / /	PAGE 1 of 1	
	1 EMLO Corp	Reporting Period From: 5/5 To: 5/31 % of Completion 30	Contract Goals MINORITY Skilled 30 % Laborer 40 % FEMALE Skilled/Labor 6.9 %	
	2			Actual Start Date 4/22/14
	3	Projected Completion Date 9/30/14		
	4			
	5			
	6			
7				

Project Title: Abatement & Demolition of Hangars 2 & 4  
 Contract # or TAA #: LGA-124.208  
 Location: LaGuardia Airport

SUB Contractor's Name: **EMLO CORP**  
 Address: **50 Barnes St. Paterson NJ 07650**  
 Phone: **973 523 6651**  
 Prepared By: **Emil Kasapinou** Date **7/14/14**

**WORK HOURS OF EMPLOYEES**

#1 Construction Trade	#2 Classification	#3 Total All Employee Hours		#4 Sum of All Employee Hours		#5 Black		#6 Hispanic		#7 Asian		#8 Native American		#9 Total Minority Hours	#10 % Minority Hours	#11 % Female Hours	#12 Total Number of Employees		#13 Total Number of Minority Employees	
		M	F	(Add 3M + 3F)		M	F	M	F	M	F	M	F	(Add 5 thru 8)	(#9 DIV #4)	(#3F DIV #4)	M	F	M	F
<b>Asbestos</b>	JOURNEY WORKER	3159		3159				1818						1818			25		13	
	APPRENTICE																			
	SUBTOTAL	3159		3159				1818						1818	57	0				
	JOURNEY WORKER																			
	APPRENTICE																			
	SUBTOTAL														0					
<b>Firewatch</b>	JOURNEY WORKER	530		530										0						
	APPRENTICE																			
	SUBTOTAL	530		530										0	0		2			
<b>TOTAL THIS MONTH</b>	TOTAL JOURNEY WORKER	3159		3159				1818						1818			25		13	
	TOTAL APPRENTICE																			
	TOTAL SKILLED TRADES	3159		3159				1818						1818	57					
	LABORERS																25		13	
<b>GRAND TOTAL FROM LAST MONTH</b>	SKILLED TRADES	1219		1219				586						586	48					
	LABORERS																			
<b>GRAND TOTAL TO DATE</b>	SKILLED TRADES	4378		4378				2404						2404	55	0				
	LABORERS																			

COMPANY OFFICIAL'S SIGNATURE AND TITLE: \_\_\_\_\_  
 \*Superintendents' hours should not be included in this form.

*[Signature]* PPE

DATE SIGNED: **07/14/14**

NOTE: The MEUR must be submitted within 5 business days of month end.

SHIROOL CODRINGTON  
 Notary Public, State of New York  
 No. 01006239121  
 Qualified in Queens County  
 Commission Expires April 18, 2015  
*[Signature]*

## FILING MONTHLY EMPLOYMENT UTILIZATION REPORT

### INSTRUCTIONS

The **Monthly Employment Utilization Report (MEUR)** is completed by each subject contractor and **signed by an Official of the company**. The report is to be submitted by the **5<sup>th</sup> day** of each month during the term of the contract, and it shall include the total work hours for each employee classification in each trade for the monthly reporting period. The prime contractor is responsible for submitting a MEUR, which aggregates its own workforce and its subcontractor's workforce. A MEUR is required each month until the contract is complete.

### DEFINITIONS: Minority

**BLACK** persons having origins in any of the Black African racial groups not of Hispanic origin;

**HISPANIC** persons of Puerto Rican, Mexican, Dominican, Cuban, Central, or South American culture or origin, regardless of race; (Please note: Hispanic does not include Portuguese, a person of Portuguese, Brazilian or other Portuguese culture or origin.

**ASIAN and PACIFIC** islander persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands; and

**AMERICAN INDIAN or ALASKAN** native persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification.

### Reporting Period

From the First to the End of each Month. Example: 1/1/1994 until 1/31/1994

### Percentage of Job Completed

Percent of project work completed by the contractor or subcontractors as of the end of the reporting period.

### Work Hours of Employment

The number of hours worked by employees in the designated classification for each construction trade; the totals for the current month; and the totals to date.

### COLUMN ENTRIES:

1. Construction Trade List only those construction crafts utilized for this contract.
2. Classification The status of the worker in the trade (Journey Worker, Apprentice, Laborer,) Please note: Only working foreman's hours should be included. Superintendents' hours should not be included.
3. Total All Employees The total number of male hours and the total number of female hours worked by employees in each classification.
4. Sum Hours Add columns #3 Male hours and #3 Female hours
- 5.- 8. Specified Minority The total number of male hours and the total number of female hours worked by each specified group of minority employees (Black, Hispanic, Asian, Native American) in each classification.
9. Total Minority Hours The total number of male hours and the total number of female hours worked by minority employees in each classification (add columns #5 thru #8).
10. % Minority Hours The percentage of total minority work-hours of all work-hours in each classification (column #9 divided by column #4).
11. % Female Hours The percentage of female work-hours of all work hour-hours in each classification (column #3 Female divided by column #4)
12. Total # Employees Total number of male and female employees on the payroll working in each classification during the reporting period.
13. Total # Minorities Total number of male and female minority employees on the payroll working in each classification during the reporting period.

**MONTHLY EMPLOYMENT UTILIZATION REPORT**

PA 3647 / 08-10

**USER INSTRUCTIONS:**

1. Please read reverse side of this form for detailed instructions
2. Complete all applicable information, leave shaded boxes blank.
3. If more than 1 page is used, complete all information for "TOTAL THIS MONTH" and "GRAND TOTAL TO DATE" on last page only.
4. ALL PRIMES NOTE: This form should reflect an aggregate of your work force and all subcontractors.

This form submitted w/ payment application #	LIST SUBCONTRACTORS INCLUDED IN THIS REPORT (IF ANY)	FOR R.E. OFFICE USE ONLY REVIEWED BY: _____ DATE RECEIVED: / /	PAGE 1 of 1
	1 EMLO Corp	Reporting Period From: 6/1 To: 6/30 % of Completion 47	Contract Goals MINORITY Skilled 30 % Laborer 40 % FEMALE Skilled/Labor 6.9 %
	2		
	3		
	4		
	5		
	6		
7			

Project Title: Abatement & Demolition of Hangars 2 & 4  
Contract # or TAA #: LGA-124.208  
Location: LaGuardia Airport

SUB Contractor's Name: **EMLO CORP**  
Address: **50 Barnes St. Paterson NJ 07651**  
Phone: **973 533 0651**  
Prepared By: **Emil Kasapinov** Date **7/14/14**

**WORK HOURS OF EMPLOYEES**

#1 Construction Trade	#2 Classification	#3 Total All Employee Hours		#4 Sum of All Employee Hours		#5 Black		#6 Hispanic		#7 Asian		#8 Native American		#9 Total Minority Hours	#10 % Minority Hours	#11 % Female Hours	#12 Total Number of Employees		#13 Total Number of Minority Employees		
		M	F	(Add 3M + 3F)		M	F	M	F	M	F	M	F	(Add 5 thru 8)	(#9 DIV #4)	(#3F DIV #4)	M	F	M	F	
Asbestos	JOURNEY WORKER	3907		3907				1664										25		18	
	APPRENTICE																				
	SUBTOTAL	3907		3907				1664						42	0						
Firewatch	JOURNEY WORKER							0										3			
	APPRENTICE																				
	SUBTOTAL													0							
TOTAL THIS MONTH	TOTAL JOURNEY WORKER	4411		4411				1664						1664				25		18	
	TOTAL APPRENTICE																				
	TOTAL SKILLED TRADES	4411		4411				1664						1664	38						
	LABORERS																				
GRAND TOTAL FROM LAST MONTH	SKILLED TRADES	4378		4378				2404						2404	72						
	LABORERS																				
GRAND TOTAL TO DATE	SKILLED TRADES	8789		8789				4068						4068	46						
	LABORERS																				

For R.E. Office Use Only  
Reviewed By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Are Goals Being Met? Circle One  
Minority Female  
Yes No Yes No

COMPANY OFFICIAL'S SIGNATURE AND TITLE: *[Signature]* PRES. DATE SIGNED: 07/14/14  
\*Superintendents' hours should not be included in this form. NOTE: The MEUR must be submitted within 5 business days of month end.

SHIROOL CODRINGTON  
Notary Public, State of New York  
No. 01C06239121  
Qualified in Queens County  
Commission Expires April 18, 2015 *[Signature]*

## FILING MONTHLY EMPLOYMENT UTILIZATION REPORT

### INSTRUCTIONS

The **Monthly Employment Utilization Report (MEUR)** is completed by each subject contractor and **signed by an Official of the company**. The report is to be submitted by the **5<sup>th</sup> day** of each month during the term of the contract, and it shall include the total work hours for each employee classification in each trade for the monthly reporting period. The prime contractor is responsible for submitting a MEUR, which aggregates its own workforce and its subcontractor's workforce. A MEUR is required each month until the contract is complete.

### DEFINITIONS: Minority

**BLACK** persons having origins in any of the Black African racial groups not of Hispanic origin;

**HISPANIC** persons of Puerto Rican, Mexican, Dominican, Cuban, Central, or South American culture or origin, regardless of race; (Please note: Hispanic does not include Portuguese, a person of Portuguese, Brazilian or other Portuguese culture or origin.

**ASIAN and PACIFIC** islander persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands; and

**AMERICAN INDIAN or ALASKAN** native persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification.

### Reporting Period

From the First to the End of each Month. Example: 1/1/1994 until 1/31/1994

### Percentage of Job Completed

Percent of project work completed by the contractor or subcontractors as of the end of the reporting period.

### Work Hours of Employment

The number of hours worked by employees in the designated classification for each construction trade; the totals for the current month; and the totals to date.

### COLUMN ENTRIES:

1. Construction Trade List only those construction crafts utilized for this contract.
2. Classification The status of the worker in the trade (Journey Worker, Apprentice, Laborer,) Please note: Only working foreman's hours should be included. Superintendents' hours should not be included.
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11. % Female Hours The percentage of female work-hours of all work hour-hours in each classification (column #3 Female divided by column #4)
12. Total # Employees Total number of male and female employees on the payroll working in each classification during the reporting period.
13. Total # Minorities Total number of male and female minority employees on the payroll working in each classification during the reporting period.

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 7 For Week Ending **6/7/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9	10		11	12	13	14	15	16	17	18
				Day and Date											Supplemental Benefits									
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Total Hrs	Base Hourly Rate of Pay								
Alfaro-Lobo,	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT	8	8		8	8		32	36	1908	15.1	7 8 E O	800.3	2708.3	1908						
				OT	2	2		2	2	6	14	54	22.65											
				ST																				
				GT																				
				UT																				
Bacca, Franz,	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT	8	8			8	6	30	36	1404	15.1	7 8 E O	588.9	1992.9	1404						
				OT	2	2			2		6	54	22.65											
				ST																				
				GT																				
				UT																				
Carrera, Pedro,	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT		8	8	8	8		32	36	1908	15.1	7 8 E O	800.3	2708.3	1908						
				OT		2	2	2	2	6	14	54	22.65											
				ST																				
				GT																				
				UT																				
Gogsadze, Mikheil,	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT	8	8			8	8	32	36	1476	15.1	7 8 E O	619.1	2095.1	1476						
				OT	2	2			2		6	54	22.65											
				ST																				
				GT																				
				UT																				
Jarczynski, Jan, 6990	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT		8	8	8	8	8	40	36	2412	15.1	U E O	1011.7	3423.7	2412						
				OT	10	2	2	2	2		18	54	22.65											
				ST																				
				GT																				
				UT																				

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marijan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Marijan Kasapinov  
Print Name Officer/Designee

[Signature]  
Signature

07/14/14  
Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

Jelena Rose Ristic  
Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. **007** For Week Ending **6/7/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Lara, Marvin,	J_Asbestos A Class 1, 2 or 3		RT OT ST GT		8	8	8	8	6	38	36	1800	15.1	78		755	2555	1800						
Martinez, Gary,	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	1980	15.1	78		830.5	2810.5	1980						
Pachay, Elvis	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8	6	40	36	2304	15.1	78		966.4	3270.4	2304						
Ruiz, Celso,	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8	6	40	36	2304	15.1	78		966.4	3270.4	2304						
Savchenko, Sergii,	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	1440	15.1	78		604	2044	1440						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Mariya Kasapova certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapova  
Print Name Officer/Designee

[Signature]  
Signature

07/14/14  
Date

Sworn to before me, this day  
14th of July, 2014

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

Jelena Rose Ristic  
Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 7 For Week Ending **6/7/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5 Day and Date							6	7	8	9	10 Supplemental Benefits		12	13	14	15	16	17	18	
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Total Paid	Total Paid								Gross Amt Earned
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	Time	RT	8	8	8	8	8		40	36	1872	15.1	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net	
				OT	2	2	2		2		8	54	22.65											
				ST																				
				GT																				
Jordanov, Kiril,	J__Asbestos A_____														785.2	2657.2	1872							
Kasapinov, Pancho,	J__Asbestos A_____			RT	8	8	8	8	8		40	35	2607.5	15.1	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net	
				OT	7	4	4	4	4		23	52.5	22.65											
				ST																				
				GT																				
															1124.95	3732.45	2607.5							
Laskov, Kire,	J__Asbestos A_____			RT	8	8	8	8	8		40	36	2304	15.1	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net	
				OT	2	2	2		2	8	16	54	22.65											
				ST																				
				GT																				
															966.4	3270.4	2304							
Nikolov, Zhivko,	J__Asbestos A_____			RT	8	8	8	8	8		40	36	2304	15.1	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net	
				OT	2	2	2		2	8	16	54	22.65											
				ST																				
				GT																				
															966.4	3270.4	2304							
Kasapinov, Pancho,	J__Asbestos A_____			RT	8	8	8	8	8		40	36	2304	15.1	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net	
				OT	2	2	2		2	8	16	54	22.65											
				ST																				
				GT																				
															966.4	3270.4	2304							

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Maryou Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

6/11/14  
 Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

[Signature]  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 007 For Week Ending 6/7/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 T I M E	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net		
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union Is circled)	Total Paid									
Kasapinov, Dragan	J__Asbestos A_____		RT	8	8	8	8	8		40	36	2304	15.1	U E X O	966.4	3270.4	2304								
			OT	2	2	2		2	8	16	54	22.65													
			ST																						
			GT																						
Blank	J__Asbestos A_____																								
Blank	J__Asbestos A_____																								
Blank	J__Asbestos A_____																								
Blank	J__Asbestos A_____																								
Blank	J__Asbestos A_____																								

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marjan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov Print Name Officer/Designee  
[Signature] Signature  
07/14/14 Date  
Solomon Perle Restic Signature of Notary Public

Sworn to before me, this day  
14th of July, 2014

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 7 For Week Ending 6/7/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18								
				Day and Date										Supplemental Benefits																		
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay										Total Base Pay	Hourly Rate	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	With-holding Tax
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	T I M E	2	3	4	5	6	7	8	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	With-holding Tax	Other	Total Deductions	Net									
				8			8																	16	36	2088	15.1	78	875.8	2963.8	2088	
					4		4	12		8														28	54		22.65					E
											G																					
Emil Kasapinov	J Firewatch A _____ Class 1, 2 or 3																															
Dragan, Kasapinov	J Firewatch A _____ Class 1, 2 or 3		R T O T S T G T	8			8					16	36	3168	15.1	U	1328.8	4496.8	3168	E	O	G										
					4		4		12	16		12	48	54									22.65									
	J _____ A _____ Class 1, 2 or 3																															
	J _____ A _____ Class 1, 2 or 3																															
	J _____ A _____ Class 1, 2 or 3																															

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marjan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Marjan Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

6/14/14  
 Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, M. K. KESTER/NOV (Name of Signatory), President (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EMLO Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor <input type="checkbox"/> or Subcontractor <input checked="" type="checkbox"/> EMLO Corporation				Address 50 Barnes Street Paterson, NJ 07501				EIN #			
Payroll No. 8		For Week Ending 6/14/14		Project & Location: Abatement & Demolition of Hangars 2 & 4				PA Contract Number: LGA-124.208			

1	2	3	4	5							6	7	8	9			10	11	12	13	14	15	16	17	18	
				Day and Date										Supplemental Benefits												
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay										Hourly Rate
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	Time	RT		8	8	8	8			32	36	1584	15.1	78	664.4	2248.4	1584							
				OT		2	2	2	2		8	54	22.65	E												
				ST											O											
				GT																				U		
																									E	
										O																
Alfaro-Lobo	J_Asbestos A _____ Class 1, 2 or 3																									
Bacca, Franz,	J_Asbestos A _____ Class 1, 2 or 3		Time	RT	8	8	8	8	8				40	36	1980	15.1	78	830.5	2810.5	1980						
				OT	2	2	2	2	2			10	54	22.65	E											
				ST												O										
				GT										U												
																								E		
										O																
Carrera, Pedro,	J_Asbestos A _____ Class 1, 2 or 3																									
Gogsadze, Mikheil	J_Asbestos A _____ Class 1, 2 or 3		Time	RT	8	8	8	8	8				40		36	1980	15.1	78	830.5	2810.5	1980					
				OT	2	2	2	2	2			10	54	22.65	E											
				ST												O										
				GT										U												
																	E									
										O																
Jarczynski, Jan,	J_Asbestos A _____ Class 1, 2 or 3																									

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marijan Kasapovic certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Print Name Officer/Designee

Signature

Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 008 For Week Ending 6/14/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Lara, Marvin,	J__Asbestos A _____ Class 1, 2 or 3		RT OT ST GT			8	8	8			24	36	1188	15.1			498.3	1686.3	1188					
Martinez, Gary,	J__Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	1980	15.1			830.5	2810.5	1980						
Pachay, Elvis	J__Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	1980	15.1			830.5	2810.5	1980						
Fadil, Ramadan,	J__Asbestos A _____ Class 1, 2 or 3		RT OT ST GT		8	8	8	8		32	36	1476	15.1			619.1	2095.1	1476						
Ruiz, Celso	J__Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	1980	15.1			830.5	2810.5	1980						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

**NOTE:**

1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Mujaw Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov  
Print Name Officer/Designee

[Signature]  
Signature

07/14/14  
Date

Sworn to before me, this day 14th of July, 2014

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

Jelena Rose Ristic  
Signature of Notary Public



# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 008 For Week Ending 6/14/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net	
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)								Total Paid
				RT	OT	ST	GT	RT	OT	ST				GT	U								E
Kasapinov, Dragan	J_Asbestos			8	8	8	8	8		40	36	2304	15.1	U	E	X	O						
	A			2	2	2		2	8	16	54		22.65										
	Class 1, 2 or 3														966.4	3270.4	2304						
Kasapinov, Pancho	J_Asbestos			8	8	8	8	8		40	36	2304	15.1	U	E	X	O						
	A			2	2	2		2	8	16	54		22.65										
	Class 1, 2 or 3														966.4	3270.4	2304						
Mitreski, Emil	J_Asbestos				8	8	8	8		32	36	1476	15.1	U	E	X	O						
	A				2	2		2		6	54		22.65										
	Class 1, 2 or 3														619.1	2095.1	1476						
Blank	J_Asbestos																						
	A																						
	Class 1, 2 or 3																						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marijan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public



Statement of Compliance

I do hereby state:

1. That I, P. KANTHAW (Name of Signatory), President (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EMLO CORP (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLCO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 9 For Week Ending 6/21/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWICID # If Issued	4 T I M E	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Hourly Rate	10 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Paid to (Local # If Union is circled)	Total Paid							
				RT	OT	ST	GT																
Angelkov, Trajce	J__Asbestos A_____				8	8	8	8	32	36	1908	15.1											
	Class 1, 2 or 3				2	2	2		8	14	54	22.65			800.3	2708.3	1908						
Angelkov, Ljupco	J__Asbestos A_____				8	8	8	8	32	36	1908	15.1											
	Class 1, 2 or 3				2	2	2		8	14	54	22.65			800.3	2708.3	1908						
Chiriboga, Jose	J__Asbestos A_____						8	8	16	36	684	15.1											
	Class 1, 2 or 3						2		2	54	22.65				286.9	970.9	684						
Jordanov, Kiril	J__Asbestos A_____				8	8	8	8	40	36	1872	15.1											
	Class 1, 2 or 3				2	2	2	2	8	54	22.65				785.2	2657.2	1872						
Jara, Freddy	J__Asbestos A_____						8	8	16	36	684	15.1											
	Class 1, 2 or 3						2		2	54	22.65				286.9	970.9	684						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Mariya Kasapivov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapivov  
Print Name Officer/Designee

[Signature]  
Signature

6/19/14  
Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rosé Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

Jelena Rosé Ristic  
Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** E I N # \_\_\_\_\_

Payroll No. 009 For Week Ending **6/21/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18										
				Day and Date										Supplemental Benefits																				
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay										Total Base Pay	Hourly Rate	Paid to (Local # if Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	With-holding Tax	Other	Total Deductions
Kasapinov, Panco	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT	8	8	8	8	8		40	35	2607.5	15.1	7 B E E O	1124.95	3732.45	2607.5																
				OT	7	4	4	4	4		23	52.5	22.65																					
				ST																														
				GT																														
Laskov, Kijre	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT	8	8	8	8	8		40	36	2844	15.1	7 B E E O	1192.9	4036.9	2844																
				OT	2	2	2	2	2	8	8	26	54	22.65																				
				ST																														
				GT																														
Manastirski, Atanas	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT	8	8	8	8	8		40	36	2412	15.1	7 B E E O	1011.7	3423.7	2412																
				OT	2	2	2	2	2	8		18	54	22.65																				
				ST																														
				GT																														
Fadi, Ramadan,	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT	8	8					16	36	792	15.1	7 B E E O	332.2	1124.2	792																
				OT	2	2						4	54	22.65																				
				ST																														
				GT																														
Naumovski, Mile	J_Asbestos A _____ Class 1, 2 or 3		T I M E	RT				8	8	8	24	36	1080	15.1	7 B E E O	453	1533	1080																
				OT				2	2			4	54	22.65																				
				ST																														
				GT								0	36	0										15.1										

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Mile Naumovski certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov Print Name Officer/Designee  
[Signature] Signature  
07/14/14 Date

Sworn to before me, this day 14th of July, 20 14

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 9 For Week Ending 6/21/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits								
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Hourly Rate							
Perez, Jhonaton	J__Asbestos		RT				7	8	8	23	36	936	15.1	U E X O	392.6	1328.6	936					
	A_____		OT				2			2	54		22.65									
			ST																			
			GT																			
Trickovic, Perica	J__Asbestos		RT		8	8	8	8	32	36	1476	15.1	U E X O	619.1	2095.1	1476						
	A_____		OT		2	2	2		6	54		22.65										
			ST																			
			GT																			
Velaphucha, Jaime	J__Asbestos		RT					8	8	16	35	665	15.1	U E X O	286.9	951.9	665					
	A_____		OT				2		2	52.5		22.65										
			ST																			
			GT																			
Nikolov, Zhivko	J__Asbestos		RT	8	8	8	8	8	40	36	2412	15.1	U E X O	1011.7	3423.7	2412						
	A_____		OT	2	2	2	2	2	8	18	54	22.65										
			ST																			
			GT																			
Mitserski, Emil	J__Asbestos		RT	8		8	8	8	40	36	1872	15.1	U E X O	785.2	2657.2	1872						
	A_____		OT	2		2	2	2	8	8	54	22.65										
			ST																			
			GT																			

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marjan Kasapicov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Marjan Kasapicov  
 Print Name Officer/Designee

[Signature]  
 Signature

07/19/14  
 Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

Jelena Rose Ristic  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 9 For Week Ending 6/21/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Perez, Jhonaton	J__Asbestos A _____ Class 1, 2 or 3		RT				7	8	8	23	36	936	15.1	U										
			OT						2	2	54		22.65	E										
			ST											O										
			GT													392.6	1328.6	936						
Trickovic, Perica	J__Asbestos A _____ Class 1, 2 or 3		RT		8	8	8	8	32	36	1476	15.1	U											
			OT		2	2	2		6	54		22.65	E			619.1	2095.1	1476						
			ST											O										
			GT																					
Velaphucha, Jaime	J__Asbestos A _____ Class 1, 2 or 3		RT					8	8	16	35	665	15.1	U										
			OT						2	2	52.5		22.65	E										
			ST											O										
			GT													286.9	951.9	665						
Nikolov, Zhivko	J__Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8	40	36	2844	15.1	U											
			OT	2	2	2	2	2	8	8	26	54	22.65	E										
			ST											O										
			GT													1192.9	4036.9	2844						
Miterski, Emil	J__Asbestos A _____ Class 1, 2 or 3		RT	8		8	8	8	40	36	2304	15.1	U											
			OT	2		2	2	2	8	16	54	22.65	E											
			ST											O										
			GT													966.4	3270.4	2304						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Mariya Kasapina certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Mariya Kasapina  
Print Name Officer/Designee

[Signature]  
Signature

07/14/14  
Date

Sworn to before me, this day  
14<sup>th</sup> of July, 20 14

Jelena Rose Ristic  
Notary Public, New Jersey  
My Commission Expires 12-08-14

Jelena Rose Ristic  
Signature of Notary Public



# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 9 For Week Ending 6/21/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWICID # If Issued	T I M E	16	17	18	19	20	21	22														
Emil Kasapinov	J Firewatch A _____ Class 1, 2 or 3		R T O T S T G T		16	6					22	36	5436	15.1										
Dragan, Kasapinov	J Firewatch A _____ Class 1, 2 or 3		R T O T S T G T	8							8	36	504	15.1										
	J _____ A _____ Class 1, 2 or 3		R T O T S T G T																					
	J _____ A _____ Class 1, 2 or 3		R T O T S T G T																					
	J _____ A _____ Class 1, 2 or 3		R T O T S T G T																					

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

I Margan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

M. Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Jelena Rose Ristic  
 Signature of Notary Public

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

Statement of Compliance

I do hereby state:

1. That I, WASIT ABU (Name of Signatory), President (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMKO CORP (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EMKO CORP (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N # \_\_\_\_\_

Payroll No. 0010 For Week Ending 6/28/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9			10	11	12	13	14	15	16	17	18		
				Day and Date										Supplemental Benefits													
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay										Hourly Rate	Paid to (Local # If Union is circled)
Kasapinov, Panco	J_Asbestos A _____ Class 1, 2 or 3		T R T S T G T	8		8	8	4			28	35	1610	15.1	U E X O												
				4		4	4					12	52.5		22.65												
Jordanov, Kiril	J_Asbestos A _____ Class 1, 2 or 3		R T O T S T G T		8	8	8				24	36	1188	15.1	U E X O												
					2	2	2					6	54		22.65												
Jara, Freddy	J_Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8				32	36	1476	15.1	U E X O												
				2		2	2					6	54		22.65												
Laskov, Kjire	J_Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8	8			40	36	2412	15.1	U E X O												
				2	2	2	2	2	8			18	54		22.65												
Lauayen, Daniel	J_Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8	8			40	36	2304	15.1	U E X O												
				2		2	2	2	8			16	54		22.65												
																0	15.1										

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Mario Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov Print Name Officer/Designee  
[Signature] Signature  
07/14/14 Date

Sworn to before me, this day  
14th of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 10 For Week Ending **6/27/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9			10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits											
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay									
Lobos, Carols	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	36	2412	15.1	U E X O				1011.7	3423.7	2412					
Manastirski, Atanas	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	36	2412	15.1	U E X O				1011.7	3423.7	2412					
Martinez, Esteban	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	36	2304	15.1	U E X O				966.4	3270.4	2304					
Nikolov, Zhivko	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	36	2412	15.1	U E X O				1011.7	3423.7	2412					
Miterski, Emil	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	36	2412	15.1	U E X O				1011.7	3423.7	2412					

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marjan Kasapovic certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Marjan Kasapovic  
 Print Name Officer/Designee

[Signature]  
 Signature

07/19/14  
 Date

Sworn to before me, this day  
14<sup>th</sup> of July, 20 14

**Notary Public, New Jersey**  
 My Commission Expires 12-08-14  
Jelena Rose Ristic

Jelena Rose Ristic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 10 For Week Ending 6/27/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9			12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits									
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay							
Martinez, Miguel	J__Asbestos A_____	Class 1, 2 or 3	RT OT ST GT						8	8	36	288	15.1	U E X O		120.8	408.8	288					
Naumovski, Mile	J__Asbestos A_____	Class 1, 2 or 3	RT OT ST GT	8	8	8	8	8		40	36	2412	15.1	U E X O		1011.7	3423.7	2412					
Obando, Elbeth,	J__Asbestos A_____	Class 1, 2 or 3	RT OT ST GT				8	8	8	24	36	1080	15.1	U E X O		453	1533	1080					
Perez, Jhonathon	J__Asbestos A_____	Class 1, 2 or 3	RT OT ST GT	8	8	8	8	8		40	36	2412	15.1	U E X O		1011.7	3423.7	2412					
Romero, Julio	J__Asbestos A_____	Class 1, 2 or 3	RT OT ST GT	8						8	36	396	15.1	U E X O		166.1	562.1	396					

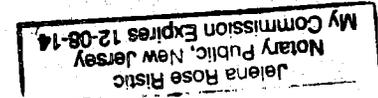
Key:  
RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Mary Rose Ristic certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

MARY ROSE RISTIC Print Name Officer/Designee  
[Signature] Signature  
07/14/14 Date

Sworn to before me, this day 14<sup>th</sup> of July, 2014



MARY ROSE RISTIC Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 10 For Week Ending 6/27/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Salazar, Abel	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	2412	15.1	U E X O			1011.7	3423.7	2412					
Salazar, Teofilo	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	8						8	36	396	15.1	U E X O			166.1	562.1	396					
Soto, Alvin	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	2412	15.1	U E X O			1011.7	3423.7	2412					
Trickovic, Perica	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	1980	15.1	U E X O			830.5	2810.5	1980					
Velepucha, Jaime	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	2412	15.1	U E X O			1011.7	3423.7	2412					

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marija Kasapovic certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Print Name Officer/Designee

Signature

Date

Sworn to before me, this day 14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 11 For Week Ending 6/28/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9			10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits											
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay									
Kasapinov, Pancho	J__Asbestos		RT	8	8	8	8	8		40	36	2412	15.1	U E X O											
	A_____	OT	2	2	2	2	2	8	18	54		22.65													
	Class 1, 2 or 3	ST																							
		GT																							
Pablo Criollo	J__Asbestos		RT					8		8	36	288	15.1	U E X O											
	A_____	OT							0	54		22.65													
	Class 1, 2 or 3	ST																							
		GT																							
Marin, Luis	J__Asbestos		RT					8		8	36	288	15.1	U E X O											
	A_____	OT							0	54		22.65													
	Class 1, 2 or 3	ST																							
		GT																							
Betencourth, Hector	J__Asbestos		RT					8		8	36	288	15.1	U E X O											
	A_____	OT							0	54		22.65													
	Class 1, 2 or 3	ST																							
		GT																							
Torres, Ublando	J__Asbestos		RT					5		5	36	180	15.1	U E X O											
	A_____	OT							0	54		22.65													
	Class 1, 2 or 3	ST																							
		GT																							

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Miguel Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Miguel Kasapinov Print Name Officer/Designee  
[Signature] Signature  
07/14/14 Date

Sworn to before me, this day  
14 of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public



Statement of Compliance

I do hereby state:

1. That I, [Signature] (Name of Signatory), President (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EMLO Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 11 For Week Ending 7/5/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWICID # (if issued)	T I M e																					
Angelkov, Trajce	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	8	8		2		8	26	36	1260	15.1	U E X O		528.5	1788.5	1260						
Angelkov, Ljupco	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	8	8		2		8	34	36	1548	15.1	U E X O		649.3	2197.3	1548						
Hector, Betancourth	J_Asbestos A Class 1, 2 or 3		RT OT ST GT						8	8	36	288	15.1	U E X O		120.8	408.8	288						
Chiriboga, Jose	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	8	8		2		8	26	36	1260	15.1	U E X O		528.5	1788.5	1260						
Fraser, Rubin	J_Asbestos A Class 1, 2 or 3		RT OT ST GT	5						5	36	180	15.1	U E X O		75.5	255.5	180						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

I, Margaret Kasapin certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Sworn to before me, this day  
11th of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

M. Kasapin Print Name Officer/Designee  
[Signature] Signature  
07/14/14 Date  
Jelena Rose Ristic Signature of Notary Public





# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 11 For Week Ending 7/5/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5 Day and Date							6	7	8	9 Supplemental Benefits			12	13	14	15	16	17	18
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay							
Perez, Jhonothan	J__Asbestos A_____		T I M E	RT	8	8		2		8	8	34	36	1548	15.1	U E X O	649.3	2197.3	1548				
				OT	2	2				2		6	54	22.65									
				ST																			
				GT																			
Ramirez, Osiris	J__Asbestos A_____		T I M E	RT	8	8		2		8	8	34	36	1548	15.1	U E X O	649.3	2197.3	1548				
				OT	2	2				2		6	54	22.65									
				ST																			
				GT																			
Soto, Alvin	J__Asbestos A_____		T I M E	RT	8							8	36	396	15.1	U E X O	166.1	562.1	396				
				OT	2							2	54	22.65									
				ST																			
				GT																			
Ublando, Torres	J__Asbestos A_____		T I M E	RT	8	8		2		8	8	34	36	1548	15.1	U E X O	649.3	2197.3	1548				
				OT	2	2				2		6	54	22.65									
				ST																			
				GT																			
Trickovic, Perica	J__Asbestos A_____		T I M E	RT	8		8	2		8		26	36	1260	15.1	U E X O	528.5	1788.5	1260				
				OT	2		2			2		6	54	22.65									
				ST																			
				GT																			

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Miguel Kucerdinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Miguel Kucerdinov  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public



# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. **11** For Week Ending **7/5/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWICID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Hourly Rate	10 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Paid to (Local # If Union is circled)	Total Paid							
				30	1	2	3	4	5	6													
Emil Kasapinov,	J Firewatch A _____ Class 1, 2 or 3		RT		8	8	8					24	36	2484	15.1								
			OT		4	6	6	14					30	54		22.65							
			ST																				
			GT															1041.9	3525.9	2484			
Ilija Kasapinov	J Firewatch A _____ Class 1, 2 or 3		RT								0	36	1944	15.1									
			OT					12	12	12		36	54		22.65								
			ST																				
			GT									12	72	864	30.2			1177.8	3121.8	1944			
Panco Kasapinov,	J _____ A _____ Class 1, 2 or 3		RT																				
			OT						8	8	8	36	1368	15.1									
			ST					12	4	4	20	54		22.65									
			GT														573.8	1941.8	1368				
	J _____ A _____ Class 1, 2 or 3		RT																				
	J _____ A _____ Class 1, 2 or 3		OT																				
	J _____ A _____ Class 1, 2 or 3		ST																				
	J _____ A _____ Class 1, 2 or 3		GT																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Margu Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

Date

Sworn to before me, this day  
14 of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That A. Kasabian (Name of Signatory), PTC (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by True Co (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EMCO C (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 001 For Week Ending 4/25/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18	
				Day and Date										Supplemental Benefits											
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay										Total Base Pay
Jarczynski, Jan	J_ Asbestos A _____ Class 1, 2 or 3		RT		8	8	8	8			32	35.1	1123.2	35.1			483.2	1606.4	1123.2						
Lara, Marvin	J_ Asbestos A _____ Class 1, 2 or 3		RT		8	8	8	8			32	35.1	1123.2	35.1			483.2	1606.4	1123.2						
Martinez, Gary	J_ Asbestos A _____ Class 1, 2 or 3		RT			8	8	8			24	35.1	842.4	35.1					362.4	1204.8	842.4				
Pachay, Nixon	J_ Asbestos A _____ Class 1, 2 or 3		RT		8	8		8			24	35.1	842.4	35.1					362.4	1204.8	842.4				
Pachay, Elvis	J_ Asbestos A _____ Class 1, 2 or 3		RT		8	8	8	8			32	35.1	1123.2	35.1			483.2	1606.4	1123.2						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marijan Kasapinovic certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinovic  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Sworn to before me, this day  
14th of July, 2014

**Jelena Ross Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Ross Ristic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 001 For Week Ending **4/25/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)	Total Paid							
				21-Apr	22-Apr	23-Apr	24-Apr	25-Apr															
Ruiz, Celso	J_ Asbestos A _____ Class 1, 2 or 3		RT		8	8	8	8			32	35.1	1123.2	35.1		483.2	1606.4	1123.2					
Salvatierra, Walter	J_ Asbestos A _____ Class 1, 2 or 3		RT		8	8	8	8			32	35.1	1123.2	35.1		483.2	1606.4	1123.2					
Valle, Holman	J_ Asbestos A _____ Class 1, 2 or 3		RT		8	8					16	35.1	561.6	35.1		241.6	803.2	561.6					
Valezquez, Fredis	J_ Asbestos A _____ Class 1, 2 or 3		RT		8	8		8			24	35.1	842.4	35.1		362.4	1204.8	842.4					
Kasapinov, Dragan	J_ Asbestos A _____ Class 1, 2 or 3		RT		8	8	8	8			32	35.1	1123.2	35.1	U E X O	483.2	1606.4	1123.2					

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Dragan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

DRAGAN KASAPINOV  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN #

Payroll No. 001 For Week Ending 4/25 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net	
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # if Union is circled)								Total Paid
				RT	OT	ST	GT	RT	OT	ST				GT	U								E
Kasapinov, Panco,	J_Asbestos A _____ Class 1, 2 or 3				8	8	8	8		32	35.1	1123.2	15.1	U E X O	483.2	1606.4	1123.2						
	J _____ A _____ Class 1, 2 or 3													U E O									
	J _____ A _____ Class 1, 2 or 3													U E O									
	J _____ A _____ Class 1, 2 or 3													U E O									
	J _____ A _____ Class 1, 2 or 3													U E O									

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marjan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Marjan Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Jelena Rose Ristic  
 Signature of Notary Public

Statement of Compliance

I do hereby state:

I. That I, M. KRAPIDOU (Name of Signatory), APES (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by PRO-LEMO (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of BRUNO C. (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 002 For Week Ending 5/2/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits								
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay							
Jarczynski, Jan	J_ Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	35.1	1930.5	15.1		830.5	2761	1930.5					
Lara, Marvin	J_ Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	35.1	1930.5	15.1		830.5	2761	1930.5					
Martinez, Gary	J_ Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	35.1	1509.3	15.1	2	649.3	2158.6	1509.3					
Pachay, Nixon	J_ Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	35.1	1509.3	15.1	2	649.3	2158.6	1509.3					
Pachay, Elvis	J_ Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	35.1	1509.3	15.1	2	649.3	2158.6	1509.3					

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Maryn Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

MAR. KASAPINOV Print-Name Officer/Designee  
[Signature] Signature  
05/14/14 Date  
Jelena Rose Ristic Signature of Notary Public

Sworn to before me, this day  
14th of July, 20 14

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 002 For Week Ending 5/2/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Ruiz, Celso	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	35.1	1509.3	15.1	78		649.3	2158.6	1509.3						
Salvatierra, Walter	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	35.1	1930.5	15.1	78		709.7	2640.2	1930.5						
Valezquez, Fredis	J_ Asbestos A _____ Class 1, 2 or 3		RT		8	8	8			24	35.1	947.7	15.1	78		407.7	1355.4	947.7						
Kasapinov, Panko	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	35.1	1930.5	15.1	UEXO		709.7	2640.2	1930.5						
Kasapinov, Dragan	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	35.1	1930.5	15.1	UEXO		830.5	2761	1930.5						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Maryn Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Maryn Kasapinov  
Print Name Officer/Designee

[Signature]  
Signature

07/14/14  
Date

Jelena Rosolistic  
Signature of Notary Public

Sworn to before me, this day  
14th of July, 2014

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 2 For Week Ending 5/4/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Emil Kasapinov	J Firewatch A _____ Class 1, 2 or 3		RT OT ST GT	28	29	30	1	2	3	4	17	36	4824	15.1	78	2023.4	6847.4	4824						
Dragan, Kasapinov	Firewatch A _____ Class 1, 2 or 3		RT OT ST GT		14	2	14	10	14		10	36	3276	15.1	54	1374.1	4650.1	3276						
	J _____ A _____ Class 1, 2 or 3		RT OT ST GT																					
	J _____ A _____ Class 1, 2 or 3		RT OT ST GT																					
	J _____ A _____ Class 1, 2 or 3		RT OT ST GT																					

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marijan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov Signature 07/14/14 Date

Sworn to before me, this day 14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, M. HASANIDOU (Name of Signatory), President (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO Corp (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EMLO Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but-not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 003 For Week Ending 5/9/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Alfaro-Lobo,	J__Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	4	8	6		34	35.1	1193.4	15.1	7 8 E O		513.4	1706.8	1193.4						
Alvez, Netsor,	J__Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8			32	35.1	1123.2	15.1	7 8 E O		483.2	1696.4	1123.2						
Benavides, Erick,	J__Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8			32	35.1	1123.2	15.1	7 8 E O		483.2	1696.4	1123.2						
Bacca, Franz,	J__Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	6		38	35.1	1333.8	15.1	7 8 E O		573.8	1907.6	1333.8						
Bogoniecki, Wojciech,	J__ A _____ Class 1, 2 or 3		RT OT ST GT	8	8					16	35.1	561.6	15.1	7 8 E O		241.6	803.2	561.6						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I MARVIN KASAPINSKI certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinski  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

[Signature]  
 Signature of Notary Public

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jeanelle A. Bistic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 003 For Week Ending 5/9/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9	10		12	13	14	15	16	17	18
				Day and Date											Supplemental Benefits								
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # if Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	With-holding Tax	Other	Total Deductions	Net
				Carrera, Pedro,	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	6			38	35.1	1333.8	15.1		573.8	1907.6	1333.8	
Chica, Elvin,	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8				32	35.1	1123.2	15.1		483.2	1506.4	1123.2					
Gallardo, Elvis,	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8				32	35.1	1123.2	15.1		483.2	1606.4	1123.2					
Gogsadze, Mikeil,	J_ Asbestos A _____ Class 1, 2 or 3		RT	8			8	6	8			35.1	1053	15.1		453	1506	1509.3					
Iriate, Ivan,	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8				32	35.1	1123.2	15.1		483.2	1606.4	1123.2					

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Maryam Kasapina certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. KASAPINA  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Sworn to before me, this day  
11<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. **003** For Week Ending **5/9/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Jarczynski, Jan	J_ Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	6	2	40	35.1	1719.9	15.1			739.9	2459.8	1719.9						
Lara, Marvin	J_ Asbestos A _____ Class 1, 2 or 3		RT OT ST GT		8		8	6		22	35.1	772	15.1			332.2	1104.2	772						
Frank, Macay	J_ Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8		8			24	35.1	842.4	15.1			362.4	1204.4	842.4						
Martinez, Gary	J_ Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	6		38	35.1	1333.8	15.1			573.8	1907.6	1333.8						
Pachay, Nixon	J_ Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8					16	35.1	561.6	15.1			241.6	803.2	561.6						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

Morgan Kaspirov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kaspirov  
Print Name Officer/Designee

[Signature]  
Signature

07/14/14  
Date

Sworn to before me, this day  
14th of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires **12-08-14**

Jelena Rose Ristic  
Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 003 For Week Ending **5/9/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Hourly Rate	10 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					PAID to (Local # If Union Is circled)	Total Paid							
				RT	OT	ST	GT	U	E	O													
Pachay, Elvis	J_ Asbestos A _____ Class 1, 2 or 3			8	8	8	8	6		38	35.1	1333.8	15.1		573.8	1907.6	1333.8						
Ruiz, Celso	J_ Asbestos A _____ Class 1, 2 or 3			8	8	8	8	6		38	35.1	1333.8	15.1		709.7	2043.5	1333.8						
Rojas, Mario	J_ Asbestos A _____ Class 1, 2 or 3			8	8	8	4			28	35.1	982	15.1		422.8	1404.8	983						
Salatierra, Walter	J_ Asbestos A _____ Class 1, 2 or 3				8	8	8	6		30	35.1	1053	15.1		453	1506	1053						
Savchenko, Sergii	J_ Asbestos A _____ Class 1, 2 or 3			8	8	8	8	8		40	35.1	1404	15.1		604	2008	1404						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Mariya Kasapina certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. KASAPINA  
 Print Name Officer/Designee

[Signature]  
 Signature

05/14/14  
 Date

[Signature]  
 Signature of Notary Public

Sworn to before me, this day  
14th of July, 2014.

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN #

Payroll No. 003 For Week Ending **5/9/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9	10		12	13	14	15	16	17	18
				Day and Date											Supplemental Benefits								
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Total Hrs	Base Hourly Rate of Pay							
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	Time	5-Jan	6-Jan	7-Jan	8-Jan	9-Jan															
Skuba, Yuriy,	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8		8			40	35.1	1404	15.1		604	2008	1404				
Sulyma, Serhiy,	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8		8			40	35.1	1404	15.1		604	2008	1404				
Velasquez, Fredis,	J_ Asbestos A _____ Class 1, 2 or 3		RT			8	8					16	35.1	561	15.1		241.6	561.6	803.2				
Kasapinov, Drago,	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8						24	36	3024	15.1		1268.4	4292.4	3024				
Kasapniy, Pancho,	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	6					30	36	2592	15.1		1087.2	3679.2	2592				

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Mariya Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov  
Print Name Officer/Designee

[Signature]  
Signature

07/14/14  
Date

Jelena Rose Ristic  
Signature of Notary Public

Sworn to before me, this day  
14th of July, 2014

**Jelena Rose Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14



Statement of Compliance

I do hereby state:

1. That I, R. KASTYNO (Name of Signatory), President (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO Corp (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EMLO Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 004 For Week Ending 5/17/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Alfaro-Lobo,	J__Asbestos A_____	Class 1, 2 or 3	T I M E	RT	8	8	8	8	8		40	36	2142	15.1	7 8 E O	898.45	3040.45	2142						
				OT	3	2	2	4	2		13	52.65		22.65										
				ST																				
				GF																				
				U																				
Bacca, Franz,	J__Asbestos A_____	Class 1, 2 or 3	T I M E	RT	8	8	8	8	8		40	36	2142	15.1	7 8 E O	898.45	3040.45	2142						
				OT	3	2	2	4	2		13	52.65		22.65										
				ST																				
				GF																				
				U																				
Carrera, Pedro	J__Asbestos A_____	Class 1, 2 or 3	T I M E	RT	8	8	8	8	8		40	36	2142	15.1	7 8 E O	898.45	3040.45	2142						
				OT	3	2	2	4	2		13	52.65		22.65										
				ST																				
				GF																				
				U																				
Gogsadze, Mikheil	J__Asbestos A_____	Class 1, 2 or 3	T I M E	RT	8	8	8	8	8		40	36	2412	15.1	7 8 E O	1011.77	3423.77	2412						
				OT		2	2	4	2	8	18	52.65		22.65										
				ST																				
				GF																				
				U																				
Jarczynski, Jan,	J__ A_____	Class 1, 2 or 3	T I M E	RT	8	8	8	8	8		40	36	2574	15.1	U E O	1079.65	3653.65	2574						
				OT	3	2	2	4	2	8	21	52.65		22.65										
				ST																				
				GF																				
				U																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GF - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I, Marian Kasapov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

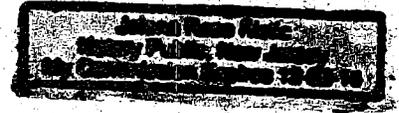
M. Kasapov  
 Print Name: Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Jolana Ruzic  
 Signature of Notary Public

Sworn to before me, this day  
14th of July, 2014



# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 004 For Week Ending 5/17/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Hourly Rate	10 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net	
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Paid to (Local # If Union is circled)	Total Paid								
				RT	OT	ST	GT																	
Lara, Marvin,	J_Asbestos A _____ Class 1, 2 or 3			8	8	8	8	8		40	36	2142	15.1			898.45	3040.45	2142						
Martinez, Gary,	J_Asbestos A _____ Class 1, 2 or 3			8	8	8	8	8		40	36	2142	15.1			898.45	3040.45	2142						
Pachay, Elvis	J_Asbestos A _____ Class 1, 2 or 3			8	8	8	8	5		37	36	1926	15.1			807.85	2679.85	1872						
Ruiz, Celso,	J_Asbestos A _____ Class 1, 2 or 3			8	8	8	8	8		40	36	2142	15.1			898.45	2040.45	2142						
Salvatierra, Walter,	J _____ A _____ Class 1, 2 or 3			8	8					16	36	846	15.1			317.1	1073.1	756						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
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  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Margan Kasadinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasadinov  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

[Signature]  
 Signature of Notary Public

Sworn to before me, this day  
14<sup>th</sup> of July, 20 14



# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor <input type="checkbox"/> or Subcontractor <input checked="" type="checkbox"/>		EMLO Corporation	Address	50 Barnes Street Paterson, NJ 07501	EIN #
Payroll No. 004	For Week Ending	5/17/14	Project & Location: Abatement & Demolition of Hangars 2 & 4		PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay									
Savchenko, Sergii	J_Asbestos		RT	8	8	8	8	8		40	36	2142	15.1	78EO	898.45	3040.45	2142							
	A		OT	3	2	2	4	2		13	54		22.65											
	Class 1, 2 or 3		ST																					
			GT																					
Skuba, Yuriy	J_Asbestos		RT	8	8	8	8	8		40	36	2142	15.1	78EO	898.45	3040.45	2142							
	A		OT	3	2	2	4	2		13	54		22.65											
	Class 1, 2 or 3		ST																					
			GT																					
Sulyma, Serhiy	J_Asbestos		RT	8	8	8	8	8		40	36	2142	15.1	78EO	898.45	3040.45	2142							
	A		OT	3	2	2	4	2		13	54		22.65											
	Class 1, 2 or 3		ST																					
			GT																					
Kasapinov, Pancho	J_Asbestos		RT	8	8	8	8	8		40	36	2574	15.1	78EO	1079.65	3653.65	2574							
	A		OT	3	2	2	4	2	8		21	54											22.65	
	Class 1, 2 or 3		ST																					
			GT																					
Kasapinov Dragan	J_Asbestos		RT	8	8	8	8	8		40	36	2574	15.1	78EO	1079.65	3653.65	2574							
	A		OT	3	2	2	4	2	8		21	54											22.65	
	Class 1, 2 or 3		ST																					
			GT																					

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Mariya Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 4 For Week Ending 5/17/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification [Journeyman or Apprentice / Class 1,2,3]	3 SWAC or TWIC ID # If issued	4 T I M E	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 With-holding Tax	16 Other	17 Total Deductions	18 Net	
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)								Total Paid
				12	13	14	15	16	17	18													
Emil Kasapinov,	J Firewatch A _____ Class 1, 2 or 3		RT		8		8		8		24	36	2376	15.1	7 8 E O	996.6	3372.6	2376					
			OT		4		4		2	12	6	28	54	22.65									
			ST																				
			GT																				
Dragan, Kasapinov	J Firewatch A _____ Class 1, 2 or 3		RT		8		8			16	36	3384	15.1	U E O	1419.4	4803.4	3384						
			OT		4		4		14	12	18	52	54							22.65			
			ST																				
			GT																				
J _____ A _____ Class 1, 2 or 3			RT											U E O									
			OT																				
			ST																				
			GT																				
J _____ A _____ Class 1, 2 or 3			RT											U E O									
			OT																				
			ST																				
			GT																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Marijan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Sworn to before me, this day  
14th of July, 2014

**Jelena Ross Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Ross Ristic  
 Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, M. KASPERNE (Name of Signatory), [Signature] (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO CORP (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EMLO CORP (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN #

Payroll No. 005 For Week Ending **5/24/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9			10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits											
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay									
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	T I M E	RT	8	8	8	8	8		40	36	1872	15.1	E X O	785.2	2657.2	1872	FICA	Withholding Tax	Other	Total Deductions	Net		
				OT	2	2	2		2		8	54	22.65												
				ST																					
				GT																					
Jordanov, Kiril	J__Asbestos A_____																								
Kasapionv, Panco	J__Firewatch A_____	Class 1, 2 or 3	T I M E	RT	8	8	8	8	8		40	35	2642	15.1	E X O	1124.95	3766.95	2642	FICA	Withholding Tax	Other	Total Deductions	Net		
				OT	7	4	4	4	4		23	54	22.65												
				ST																					
				GT																					
Nikolov, Zhivko	J__Asbestos A_____							8	8		16	36	684	15.1	E X O	286.9	970.9	684	FICA	Withholding Tax	Other	Total Deductions	Net		
OT						2	2	54	22.65																
ST																									
GT																									
Simic, Milos	J__Asbestos A_____										32	36	1476	15.1	E X O	619.1	2095.1	1476	FICA	Withholding Tax	Other	Total Deductions	Net		
OT	2	2	2				6	54	22.65																
ST																									
GT																									
Kasapinov, Pancho	J__Asbestos A_____										40	36	2304	15.1	U E X O	966.4	3270.4	2304	FICA	Withholding Tax	Other	Total Deductions	Net		
OT	2	2	2		2	8	16	54	22.65																
ST																									
GT																									

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Milica Kasapionv certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapionv  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Sworn to before me, this day  
14th of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 005 For Week Ending 5/24/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWICID # If Issued	T I M E	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # if Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net	
Kasapinov, Dragar	J_Asbestos		R		8	8	8	8	8		40	36	2304	15.1	U E X O	966.4	3270.4	2304						
	A		O		2	2	2		2	8	16	54	22.65											
			S																					
	Class 1, 2 or 3		G																					
Azocue, Luis,	J_Asbestos		R					8			8	36	396	15.1	E O	166.1	562.1	396						
	A		O					2			2	54	22.65											
			S																					
	Class 1, 2 or 3		G																					
Blank	J_Asbestos		R												U E O									
	A		O																					
			S																					
	Class 1, 2 or 3		G																					
Blank	J_Asbestos		R												U E O									
	A		O																					
			S																					
	Class 1, 2 or 3		G																					
Blank	J_Asbestos		R												U E O									
	A		O																					
			S																					
	Class 1, 2 or 3		G																					

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Mariya Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Sworn to before me, this day  
14th of July, 20 14

M. Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

**Jelena Rose Fistic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Fistic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 5 For Week Ending 5/24/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18																
				Day and Date										Supplemental Benefits																										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay										Total Base Pay	Hourly Rate	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net					
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	T R I M E	19	20	21	22	23	24	25	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net																	
				8			8																	16	36	2304	15.1													
					4		4	14	10															32	54		22.65													
				Emil Kasapinov	J Firewatch A _____ Class 1, 2 or 3																										966.4	3270.4	2304							
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	R T O T S T G T		8	8					Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net																	
						4	4		10	14														24	56	54	22.65													
																								24	24	72	1728	30.2		2234.8	5834.8	3600								
				Dragan, Kasapinov	J Firewatch A _____ Class 1, 2 or 3																																			
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	R T O T S T G T								Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net																	
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	R T O T S T G T								Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net																	
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	R T O T S T G T								Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net																	

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I, Marijan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov Print Name Officer/Designee  
[Signature] Signature  
07/19/14 Date

Sworn to before me, this day  
14th of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, A. KAY PINOU (Name of Signatory), President (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EMLO Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #

Payroll No. 006 For Week Ending 5/31/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9			12	13	14	15	16	17	18	
				Day and Date										Supplemental Benefits										
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay								Hourly Rate
Alfaro-Lobo,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT		8	8	8				24	36	1728	15.1		724.8	2452.8							
Bacca, Franz,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT		8	8	8	8			32	36	1584	15.1		664.4	2248.4							
Carrera, Pedro,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT		8	8	8	8	8		40	36	1872	15.1		785.2	2657.2							
Gogsadze, Mikheil,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT		8	8	8	8	8		40	36	2358	15.1		989.05	3347.05							
Jarczynski, Jan,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT		8	8	8	8	8		40	36	2412	15.1		1011.7	3423.7							

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Morgan Kasapianov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Print Name Officer/Designee

Signature

Date

Sworn to before me, this day  
14th of July, 2014

**Jelena Ross Ristic**  
Notary Public, New Jersey  
My Commission Expires 12-08-14

Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN #

Payroll No. 006 For Week Ending **5/24/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9	10		11	12	13	14	15	16	17	18									
				Day and Date											Supplemental Benefits																		
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Total Hrs	Base Hourly Rate of Pay									Total Base Pay	Hourly Rate	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	With-holding Tax	Other
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	T I M E	RT		8	8	8	8	8	8	40	36	2412	15.1	7 B E E O O	1011.7	3423.7	2412														
				OT	10	2	2	2	2		18	54	22.65																				
				ST																													
				GT																													
Lara, Marvin	J_Asbestos																																
A																																	
	Class 1, 2 or 3																																
Martinez, Gary,	J_Asbestos			0	8	8	8	8	8	8	40	36	1872	15.1																			
A					2	2	2	2	2		8	54	22.65																				
	Class 1, 2 or 3															785.2	2657.2	1872															
Pachay, Elvis	J_Asbestos				8	8	8	8	8	8	40	36	1872	15.1																			
A					2	2	2	2	2		8	54	22.65																				
	Class 1, 2 or 3															785.2	2657.2	1872															
Ruiz, Celso	J_Asbestos				8	8	8	8	8	8	40	36	2412	15.1																			
A					10	2	2	2	2		18	54	22.65																				
	Class 1, 2 or 3															1011.7	3423.7	2412															
Savchenko, Sergii,	J_Asbestos				8	8	8	8	8	8	40	36	1872	15.1																			
A					2	2	2	2	2		8	54	22.65																				
	Class 1, 2 or 3															785.2	2657.2	1872															

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I MARIN KASAPINOV certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

07/16/14  
 Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN #

Payroll No. 006 For Week Ending **6/31/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18		
				Day and Date										Supplemental Benefits												
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay										Total Base Pay	Hourly Rate
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	T I M E	RT																						
				OT																						
				ST																						
				GT																						
				U E O																						
Jordanov, Kiril	J_Asbestos A																									
Kasapinov, Panco	J_Asbestos A																									
Laskov, Kire	J_Asbestos A																									
Nikolov, Zhivko	J_Asbestos A																									
Kasapinov, Panco	J_Asbestos A																									

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

M. Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

M. Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

07/16/14  
 Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 006 For Week Ending 5/31/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	T I M E	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net	
				Kasapinov, Dragan	J__Asbestos A _____ Class 1, 2 or 3		RT OT ST GT		8	8	8				24	36	2700	15.1	U E X O		1132.5	3832.5	2700	
Blank	J__Asbestos A _____ Class 1, 2 or 3		RT OT ST GT												U E O									
Blank	J__Asbestos A _____ Class 1, 2 or 3		RT OT ST GT												U E O									
Blank	J__Asbestos A _____ Class 1, 2 or 3		RT OT ST GT												U E O									
Blank	J__Asbestos A _____ Class 1, 2 or 3		RT OT ST GT												U E O									

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Morgan Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Sworn to before me, this day  
11th of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Morgan Kasapinov  
 Print Name Officer/Designee

[Signature]  
 Signature

07/14/14  
 Date

Jelena Rose Ristic  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN #

Payroll No. **6** For Week Ending **5/31/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9	10		12	13	14	15	16	17	18	
				Day and Date											Supplemental Benefits									
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Total Hrs	Base Hourly Rate of Pay								Total Base Pay
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWICID # if issued	Time	26	27	28	29	30	31	1														
				J Firewatch		8		8				16	36	2952	15.1									
				A _____			2		12	16	12	44	54											
				Class 1, 2 or 3													1238.2	4190.2	2952					
Emil Kasapinov,	J Firewatch		Time	8		8		2																
				A _____			2		8	8	12	32	54											
				Class 1, 2 or 3																				
																	996.6	3372.6	2376					
Dragan, Kasapinov	J _____		Time																					
				A _____																				
				Class 1, 2 or 3																				
J _____	A _____		Time																					
				Class 1, 2 or 3																				
J _____	A _____		Time																					
				Class 1, 2 or 3																				

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

EMIL KASAPINOV certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

EMIL KASAPINOV Print Name Officer/Designee  
[Signature] Signature  
05/14/14 Date

Sworn to before me, this day  
14<sup>th</sup> of July, 2014

**Jelena Rose Ristic**  
 Notary Public, New Jersey  
 My Commission Expires 12-08-14

Jelena Rose Ristic  
 Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, M. KAPINOW (Name of Signatory), President (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EMLO Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_  
 Payroll No. 002 For Week Ending **5/2/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	5							6	7	8	9	10		12	13	14	15	16	17	18	
			Day and Date											Supplemental Benefits									
			Mon	Tue	Wed	Thu	Fri	Sat	Sun					Total Hrs	Base Hourly Rate of Pay								Total Base Pay
Alfaro-Lobo,	J_Asbestos A _____ Class 1, 2 or 3	145/4 WIVJCK		8	8	8	8	8		40	35.1	1930.5	15.1			709.7	2640.2	1930.5					
Benavides, Erick,	J_Asbestos A _____ Class 1, 2 or 3			8	8	8	10			34	35.1	1193.4	15.1			513.4	1706.8	1193.4					
Bacca, Franz,	J_Asbestos A _____ Class 1, 2 or 3	16/4 SSDMb		8		8	10	8		34	35.1	1193.4	15.1			513.4	1706.8	1123.2					
Carrera, Pedro,	J_Asbestos A _____ Class 1, 2 or 3	1/1/4 RCASPD		8	8	8	8	8		40	35.1	1509	15.1			649.3	2158.6	1509.3					
Blank	J_ _____ A _____ Class 1, 2 or 3																						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasadinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasadinov  
 Print Name Officer/Designee

[Signature]  
 Signature

5/27/14  
 Date

[Signature]  
 Signature of Notary Public

Sworn to before me, this day  
27 of MAY, 2014

**EDWARD S. BUTTS, JR.**  
 Notary Public State of New York  
 No 024520844  
 Commission Expires 12/11/15  
 State of New York  
 County of QUEENS



# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #  
 Payroll No. 002 For Week Ending 5/2/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18												
				Day and Date										Supplemental Benefits																						
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay										Total Base Pay	Hourly Rate	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages						
Ruiz, Celso	J_ Asbestos A _____ Class 1, 2 or 3	1514 D42 B02	RT	8	8	8	8	8		40	35.1	1509.3	15.1	7 8 E E O O	649.3	2158.6	1509.3																			
			OT				2			2	52.65	22.65																								
			ST																																	
			GT																																	
Salvatierra, Walter	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	35.1	1930.5	15.1	7 8 E E O O	709.7	2640.2	1930.5																			
			OT				2		8	10	52.65	22.65																								
			ST																																	
			GT																																	
Valezquez, Fredis	J_ Asbestos A _____ Class 1, 2 or 3		RT		8	8	10			26	35.1	912.6	15.1	7 8 E E O O	392.6	1305.2	912.6																			
			OT																																	
			ST																																	
			GT																																	
Kasapinov, Panco	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	35.1	1930.5	15.1	U E X O	709.7	2640.2	1930.5																			
			OT				2		8	10	52.65	22.65																								
			ST																																	
			GT																																	
Kasapinov, Dragan	J_ Asbestos A _____ Class 1, 2 or 3	1710 CSBR 07	RT	8	8	8	8	8		40	35.1	1930.5	15.1	U E X O	830.5	2761	1930.5																			
			OT				2		8	10	52.65	22.65																								
			ST																																	
			GT																																	

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapinov  
Print Name Officer/Designee

[Signature]  
Signature

5/27/14  
Date

Edward S. Butts, Jr.  
Signature of Notary Public

Sworn to before me, this day  
27 of MAY 20 14

**EDWARD S. BUTTS, JR.**  
 Notary Public State of New York  
 No. 034432084  
 Commission Expires \_\_\_\_\_  
 State of New York  
 County of \_\_\_\_\_

Statement of Compliance

I do hereby state:

1. That I, Emil Kasprison (Name of Signatory), U.P. (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMO CORPORATION (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EMO CORPORATION (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor <input type="checkbox"/> or Subcontractor <input checked="" type="checkbox"/>		EMLO Corporation					Address 50 Barnes Street Paterson, NJ 07501					EIN #												
Payroll No. 003		For Week Ending 5/9/14			Project & Location: Abatement & Demolition of Hangars 2 & 4								PA Contract Number: LGA-124.208											
1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	T I M E	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net	
Alfaro-Lobo,	J_Asbestos A	1614 WJWJCT	RT	8	8	4	8	6			34	35.1	1193.4	15.1										
	Class 1, 2 or 3		OT													513.4	1706.8	1193.4						
Alvez, Netsor,	J_Asbestos A		RT	8	8	8	8				32	35.1	1123.2	15.1										
	Class 1, 2 or 3		OT													483.2	1696.4	1123.2						
Benavides, Erick,	J_Asbestos A		RT	8	8	8	8				32	35.1	1123.2	15.1										
	Class 1, 2 or 3		OT													483.2	1696.4	1123.2						
Bacca, Franz,	J_Asbestos A	1614 BSUDMB	RT	8	8	8	8	6			38	35.1	1333.8	15.1										
	Class 1, 2 or 3		OT																					
Bogonlecki, Wojciech,	J_ A		RT	8	8						16	35.1	561.6	15.1										
	Class 1, 2 or 3		OT													241.6	803.2	561.6						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kosciniow, UP certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kosciniow, UP  
Print Name Officer/Designee

[Signature]  
Signature

5/27/14  
Date

Edo H. Butts, Jr  
Signature of Notary Public

Sworn to before me, this day  
27 of MAY 2014

**EDWARD S. BUTTS, JR**  
Notary Public State of New York  
No. 094520844  
Commission Expires 12/31/15  
State of New York  
County of Passaic

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 003 For Week Ending **5/9/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5 Day and Date							6	7	8	9	10 Supplemental Benefits		12	13	14	15	16	17	18			
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Total Hrs	Base Hourly Rate of Pay								Total Base Pay	Hourly Rate	Paid to (Local # If Union Is circled)
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # If Union Is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net			
				Carrera, Pedro,	J_ Asbestos A	1414 2C+SPD	8	8	8	8	6		38	35.1	1333.8	15.1		573.8	1907.6	1333.8						
				Chica, Elvin,	J_ Asbestos A		8	8	8	8			32	35.1	1123.2	15.1		483.2	1606.4	1123.2						
				Gallardo, Elvis	J_ Asbestos A		8	8	8	8			32	35.1	1123.2	15.1		483.2	1606.4	1123.2						
				Gogsadze, Mikell,	J_ Asbestos A		8			8	6	8		35.1	1053	15.1		453	1506	1509.3						
Iriate, Ivan,	J_ Asbestos A		8	8	8	8				32	35.1	1123.2	15.1		483.2	1606.4	1123.2									

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kosadinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kosadinov  
Print Name Officer/Designee

[Signature]  
Signature

5/27/14  
Date

[Signature]  
Signature of Notary Public

Sworn to before me, this day  
27 of MAY, 20 14

**EDWARD S. BUTTS, JR.**  
Notary Public State of New York  
Qualified in Queens County  
Commission Expires  
State of New York  
County of Queens

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 003 For Week Ending **5/9/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9		10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits										
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	T I M E	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net	
Jarczynski, Jan	J_ Asbestos A _____ Class 1, 2 or 3	1910 B/C/LJV	RT	8	8	8	8	6	2		40	35.1	1719.9	15.1		739.9	2459.8	1719.9						
Lara, Marvin	J_ Asbestos A _____ Class 1, 2 or 3	174 KFC&N	RT		8		8	6			22	35.1	772	15.1		332.2	1104.2	772						
Frank, Macay	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8		8				24	35.1	842.4	15.1		362.4	1204.4	842.4						
Martinez, Gary	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	6			38	35.1	1333.8	15.1		573.8	1907.6	1333.8						
Pachay, Nixon,	J_ Asbestos A _____ Class 1, 2 or 3		RT	8	8						16	35.1	561.6	15.1		241.6	803.2	561.6						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasadinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasadinov Print Name Officer/Designee Emil Kasadinov Signature 5/29/14 Date Edward S. Butts, Jr. Signature of Notary Public

Sworn to before me, this day 27 of MAY, 2014

**EDWARD S. BUTTS, JR.**  
 Notary Public State of New York  
 No. 034520844  
 Qualified in Queens County  
 Commission Expires 12/31/15  
 State of New York  
 County of Queens

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN #

Payroll No. 003 For Week Ending **5/9/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits			12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union Is Circled)	Total Paid							
				RT	OT	ST	GT																
Pachay, Elvis	J_ Asbestos A			8	8	8	8	6		38	35.1	1333.8	15.1		573.8	1907.6	1333.8						
Ruiz, Celso	J_ Asbestos A	514 D428WZ		8	8	8	8	6		38	35.1	1333.8	15.1		709.7	2043.5	1333.8						
Rojas, Mario	J_ Asbestos A			8	8	8	4			28	35.1	982	15.1		422.8	1404.8	983						
Salatierra, Walter	J_ Asbestos A				8	8	8	6		30	35.1	1053	15.1		453	1506	1053						
Savchenko, Sergii	J_ Asbestos A			8	8	8	8	8		40	35.1	1404	15.1		604	2008	1404						

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapianov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapianov  
Print Name Officer/Designee

[Signature]  
Signature

5/27/14  
Date

Edward S. Butts, Jr.  
Signature of Notary Public

Sworn to before me, this day 27 of May, 2014

**EDWARD S. BUTTS, JR.**  
Notary Public State of New York  
 No. 03452084  
 Commission Expires  
 State of New York  
 County of Queens

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_  
 Payroll No. 003 For Week Ending **5/9/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 T M e	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net	
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union is circled)								Total Paid
Skuba, Yuriy	J_ Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8		8		40	35.1	1404	15.1		604	2008	1404					
Sulyma, Serhiy	J_ Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8		8		40	35.1	1404	15.1		604	2008	1404					
Velasquez, Fredis	J_ Asbestos A _____ Class 1, 2 or 3		R T O T S T G T			8	8				16	35.1	561	15.1		241.6	561.6	803.2					
Kasapinov, Pance	J_ Asbestos A _____ Class 1, 2 or 3		R T O T S T G T	8	8	8	8	8		8	40	35.1	1404	15.1		709.7	2640.2	1930.5					
Kasapniou, Dragan	J_ Asbestos A _____ Class 1, 2 or 3	1710 CSBRCC	R T O T S T G T P	8	8	8	8	8		8	40	35.1	1404	15.1		830.5	2761	1930.5					

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.  
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.  
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapniou certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapniou Print Name Officer/Designee  
Emil Kasapniou Signature  
5/27/14 Date  
Edward S. Butts Jr Signature of Notary Public

Sworn to before me, this day  
27 of May, 2014

**EDWARD S. BUTTS JR**  
 Notary Public State of New York  
 No. 034520844  
 Commission Expires \_\_\_\_\_  
 State of New York  
 County of New York

Statement of Compliance

I do hereby state:

1. That I, Emil Kaspirov (Name of Signatory), U.P. (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EKO Corporation (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EKO Corporation (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

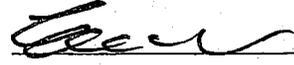
Payroll No. 004 For Week Ending **5/17/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1 Employee Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net
			Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union Is circled)							
Alfaro-Lobo,	J Asbestos A _____ Class 1, 2 or 3	1614 WIVJCL	RT	8	8	8	8	8		40	36	2142	15.1		898.45	3040.45	2142				
			OT	3	2	2	4	2		13	52.65		22.65								
			ST																		
			GT																		
Bacca, Franz,	J Asbestos A _____ Class 1, 2 or 3	1614 SSVDMB	RT	8	8	8	8	8		40	36	2142	15.1		898.45	3040.45	2142				
			OT	3	2	2	4	2		13	52.65		22.65								
			ST																		
			GT																		
Carrera, Pedro,	J Asbestos A _____ Class 1, 2 or 3	1614 R+SPO	RT	8	8	8	8	8		40	36	2142	15.1		898.45	3040.45	2142				
			OT	3	2	2	4	2		13	52.65		22.65								
			ST																		
			GT																		
Gogsadze, Mikheil,	J Asbestos A _____ Class 1, 2 or 3		RT	8	8	8	8	8		40	36	2412	15.1		1011.77	3423.77	2412				
			OT		2	2	4	2	8		18	52.65		22.65							
			ST																		
			GT																		
Jarczynski, Jan,	J _____ A _____ Class 1, 2 or 3	1910 BVGJSV	RT	8	8	8	8	8		40	36	2574	15.1		1079.65	3653.65	2574				
			OT	3	2	2	4	2	8		21	52.65		22.65							
			ST																		
			GT																		

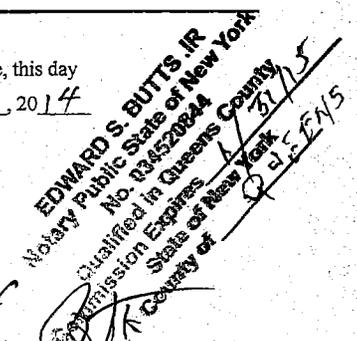
**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**  
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I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapinov, UP  5/27/14  
 Print Name Officer/Designee Signature Date

Sworn to before me, this day  
27 of MAY, 2014

  
Edward S. Butts, Jr.  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_  
 Payroll No. 004 For Week Ending **5/17/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1 Employees Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 T, I, M, e	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net	
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union Is Circled)								Total Paid
Lara, Marvin	J Asbestos	1714	R																				
	A	VLFCAW	T	8	8	8	8	8		40	36	2142	15.1										
			O																				
			S	3	2	2	4	2		13	52.65		22.65										
	Class 1, 2 or 3		G												898.45	3040.45		2142					
Martinez, Gary	J Asbestos	1814	R																				
	A	6PW4H	T	8	8	8	8	8		40	36	2142	15.1										
			O																				
			S	3	2	2	4	2		13	52.65		22.65										
	Class 1, 2 or 3		G												898.45	3040.45		2142					
Pachay, Elvis	J Asbestos		R																				
	A		T	8	8	8	10	5		40	36	1872	15.1										
			O																				
			S	3	2	2	2			8	52.65		22.65										
	Class 1, 2 or 3		G												807.85	2679.85		1872					
Ruiz, Celso	J Asbestos	1514	R																				
	A	0A2B02	T	8	8	8	8	8		40	36	2142	15.1										
			O																				
			S	3	2	2	4	2		13	52.65		22.65										
	Class 1, 2 or 3		G												898.45	2040.45		2142					
Salvatierra, Walter	J		R																				
	A		T	11	10					21	36	756	15.1										
			O																				
			S																				
	Class 1, 2 or 3		G												317.1	1073.1		756					

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 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

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Emil Kasapiric Print Name Officer/Designee [Signature] Signature

Sworn to before me, this day 27 of MAY, 2014

5/27/14 Date [Signature] Signature of Notary Public

**EDWARD S. BUTTS JR.**  
 Notary Public State of New York  
 No. 0345208-44  
 Commission Expires \_\_\_\_\_  
 State of New York  
 County of \_\_\_\_\_

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  **EMLO Corporation** Address **50 Barnes Street Paterson, NJ 07501** EIN # \_\_\_\_\_

Payroll No. 004 For Week Ending **5/17/14** Project & Location: **Abatement & Demolition of Hangars 2 & 4** PA Contract Number: **LGA-124.208**

1	2	3	4	5							6	7	8	9			10	11	12	13	14	15	16	17	18			
				Day and Date										Supplemental Benefits														
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay										Hourly Rate	Paid to (Local # If Union is circled)	Total Paid
Savchenko, Sergii	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	2142	15.1	7														
				3	2	2	4	2		13	52.65		22.65															
Skuba, Yuriy	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	2142	15.1	7														
				3	2	2	4	2		13	52.65		22.65															
Sulyma, Serhiy	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	2142	15.1	7														
				3	2	2	4	2		13	52.65		22.65															
Kasapinov, Drago	J_Asbestos A _____ Class 1, 2 or 3	1710 050265	RT OT ST GT	8	8	8	8	8		40	35.1	1404	15.1	7														
				3	2	2	4	2	8	21	52.65		22.65															
Kasapinov, Panco	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	35.1	1404	15.1	7														
				3	2	2	4	2	8	21	52.65		22.65															

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
U - Union E - Employee O - Other  
J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Eni Kasapinov, VP certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Eni Kasapinov, VP  
Print Name Officer/Designee

[Signature]  
Signature

5/27/14  
Date

[Signature]  
Signature of Notary Public

Sworn to before me, this day  
27 of MAY, 2014

**EDWARD S. BUTTS, JR.**  
Notary Public State of New York  
No. 034520844  
Commission Expires 5/31/15  
State of New York  
County of NEW YORK

Statement of Compliance

I do hereby state:

1. That I, Emil Kasapian (Name of Signatory), U.P. (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMO CORPORATION (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EMO CORPORATION (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

<u>EXCEPTION (CRAFT)</u>	<u>EXPLANATION</u>

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor <input type="checkbox"/> or Subcontractor <input checked="" type="checkbox"/>	EMLO Corporation	Address 50 Barnes Street Paterson, NJ 07501	EIN #
Payroll No. 005	For Week Ending 5/24/14	Project & Location: Abatement & Demolition of Hangars 2 & 4	PA Contract Number: LGA-124.208

1	2	3	5							6	7	8	9			12	13	14	15	16	17	18	
			Day and Date										Supplemental Benefits										
			Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay								Hourly Rate
Alfaro-Lobo,	J_Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8		40	36	2304	15.1	7									
			T												8								
			O	2	2	2		2	8	16	54		22.65		E								
			S												O								
			T															966.4	3270.4	2304			
Bacca, Franz,	J_Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8		40	36	1872	15.1	7									
			T												8								
			O	2	2	2		2		8	54		22.65		E								
			S												O								
			T															785.2	2657.2	1872			
Carrera, Pedro	J_Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8		40	36	2304	15.1	7									
			T												8								
			O	2	2	2		2	8	16	54		22.65		E								
			S												O								
			T															966.4	3270.4	2304			
Gogsadze, Mikheil,	J_Asbestos A _____ Class 1, 2 or 3		R	8	5	8	8	8	3	40	36	2034	15.1	7									
			T												8								
			O	2		2		2	5	11	54		22.65		E								
			S												O								
			T															853.15	2887.15	2034			
Jarczynski, Jan,	J_Asbestos A _____ Class 1, 2 or 3		R	8	8	8	8	8		40	36	2304	15.1	7									
			T												8								
			O	2	2	2		2	8	16	54		22.65		E								
			S												O								
			T															966.4	3270.4	2304			

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
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I Emil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapinov, OP

Print Name Officer/Designee

Signature

06-20-14

Date

Sworn to before me, this day  
13 of 06, 2014

**RODRIGO MURILLO**  
NOTARY PUBLIC STATE OF NEW YORK  
no. 01MUG177780  
QUALIFIED IN QUEENS COUNTY  
COMMISSION EXPIRES 2015

[Signature]

Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLCO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #  
 Payroll No. 005 For Week Ending 5/24/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9	10		12	13	14	15	16	17	18
				Day and Date											Supplemental Benefits								
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					Total Hrs	Base Hourly Rate of Pay							
Lara, Marvin,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	2304	15.1			966.4	3270.4	2304					
Martinez, Gary,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	0	8	8	8	8	8	40	36	1872	15.1			739.9	2611.9	1872					
Pachay, Elvis,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	0	0	0	0	0	0	0	36		15.1			0	0	0					
Ruiz, Celso,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	1872	15.1			785.2	2657.2	1872					
Savchenko, Sergii,	J_Asbestos A _____ Class 1, 2 or 3		RT OT ST GT	8	8	8	8	8		40	36	2304	15.1			966.4	3270.4	2304					

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

**NOTE:**

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- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapikov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapikov [Signature] 06-13-14  
 Print Name Officer/Designee Signature Date

Sworn to before me, this day  
17 of 06, 2014

**RODRIGO MURILLO**  
 NOTARY PUBLIC STATE OF NEW YORK  
 no. 01MU6177780  
 QUALIFIED IN QUEENS COUNTY  
 COMMISSION EXPIRES 2015

[Signature]  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 EIN #  
 Payroll No. 005 For Week Ending 5/24/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1 Employee Name, Address, and SS. No. (last 4 digits)	2 List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	3 SWAC or TWIC ID # If Issued	4 Time	5 Day and Date							6 Total Hrs	7 Base Hourly Rate of Pay	8 Total Base Pay	9 Supplemental Benefits		12 Gross Amt Earned	13 Taxable Gross Wages	14 FICA	15 Withholding Tax	16 Other	17 Total Deductions	18 Net			
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Hourly Rate	Paid to (Local # If Union Is Circled)								Total Paid		
Jordanov, Kiril,	J Asbestos A	Class 1, 2 or 3	RT	8	8	8	8	8		40	36	1872	15.1	E X O	785.2	2657.2	1872								
			OT	2	2	2		2		8	54	22.65													
			ST																						
			GT																						
Kasapionv, Panco,	J Asbestos A	Class 1, 2 or 3	RT	15	12	12	12	12		63	36	2205	15.1	E X O	951.3	3156.3	2205								
			OT							0		22.65													
			ST																						
			GT																						
Nikolov, Zhivko,	J Asbestos A	Class 1, 2 or 3	RT					10	8	18	36	648	15.1	E X O	271.8	919.8	648								
			OT							0	54	22.65													
			ST																						
			GT																						
Simic, Milos	J Asbestos A	Class 1, 2 or 3	RT	8	8	8	8			32	36	1476	15.1	E X O	619.1	2095.1	1476								
			OT	2	2	2				6	54	22.65													
			ST																						
			GT																						
Kasapionv, Pancho,	J Asbestos A	Class 1, 2 or 3	RT	8	8	8	8	8		40	36	2304	15.1	U E X O	966.4	3270.4	2304								
			OT	2	2	2		2	8	16	54	22.65													
			ST																						
			GT																						

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Enil Kasapionv certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Enil Kasapionv  
 Print Name Officer/Designee  
 Signature  
 Date 06-13-14

Sworn to before me, this day  
13 of 06, 2014

**RODRIGO MURILLO**  
 NOTARY PUBLIC STATE OF NEW YORK  
 no. 01MU6177780  
 QUALIFIED IN QUEENS COUNTY  
 COMMISSION EXPIRES 2015  
 Signature of Notary Public

# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor <input type="checkbox"/> or Subcontractor <input checked="" type="checkbox"/>		EMLO Corporation				Address 50 Barnes Street Paterson, NJ 07501				EIN #														
Payroll No. 005		For Week Ending 5/24/14				Project & Location: Abatement & Demolition of Hangars 2 & 4				PA Contract Number: LGA-124.208														
1	2	3	4	5							6	7	8	9	10		12	13	14	15	16	17	18	
				Day and Date											Supplemental Benefits									
Employees Name, Address, and SS. No. (last 4 digits)	List Trade & Circle Work Classification (Journeyman or Apprentice / Class 1,2,3)	SWAC or TWIC ID # If Issued	T M e	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Paid to (Local # If Union is circled)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	With-holding Tax	Other	Total Deductions	Net	
Kasapinov, Dragan	J_Asbestos A _____ Class 1, 2 or 3		R T	8	8	8	8	8			40	36	2304	15.1	U									
			O T	2	2	2		2	8		16	54		22.65	E									
			S T												O									
			G T													966.4	3270.4	2304						
Blank	J_Asbestos A _____ Class 1, 2 or 3		R T												U									
			O T												E									
			S T												O									
			G T																					
Blank	J_Asbestos A _____ Class 1, 2 or 3		R T												U									
			O T												E									
			S T												O									
			G T																					
Blank	J_Asbestos A _____ Class 1, 2 or 3		R T												U									
			O T												E									
			S T												O									
			G T																					

**Key:**

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time

U - Union E - Employee O - Other

J - Journeyman A - Apprentice H - Helper

**NOTE:**

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Enil Kasapinov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Enil Kasapinov  
Print Name Officer/Designee

[Signature]  
Signature

06-13-14  
Date

Sworn to before me, this day  
13 of 06, 2014

**RODRIGO MURILLO**  
NOTARY PUBLIC STATE OF NEW YORK  
no. 01MU6177780  
QUALIFIED IN QUEENS COUNTY  
COMMISSION EXPIRES 2015

[Signature]  
Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, Emil Kasapilov (Name of Signatory), VP (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO Corp (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EMLO Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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# THE PORT AUTHORITY OF NY & NJ

## Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

Name of Contractor  or Subcontractor  EMLO Corporation Address 50 Barnes Street Paterson, NJ 07501 E I N #

Payroll No. 006 For Week Ending 5/31/14 Project & Location: Abatement & Demolition of Hangars 2 & 4 PA Contract Number: LGA-124.208

1	2	3	4	5							6	7	8	9			10	11	12	13	14	15	16	17	18
				Day and Date										Supplemental Benefits											
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				Total Hrs	Base Hourly Rate of Pay	Total Base Pay									
Alfaro-Lobo,	J__Asbestos A _____ Class 1, 2 or 3		T I M E	RT		8	8	8				24	36	1728	15.1	7 8 E O	724.8	2452.8	1728						
				OT	10	2	2	2			16	54		22.65											
				ST																					
				GT																					
Bacca, Franz,	J__Asbestos A _____ Class 1, 2 or 3		T I M E	RT		8	8	8	8			32	36	1584	15.1	7 8 E O	664.4	2248.4	1584						
				OT		2	2	2	2			8	54		22.65										
				ST																					
				GT																					
Carrera, Pedro	J__Asbestos A _____ Class 1, 2 or 3		T I M E	RT		8	8	8	8	8		40	36	1872	15.1	7 8 E O	785.2	2657.2	1872						
				OT		2	2	2	2			8	54		22.65										
				ST																					
				GT																					
Gogsadze, Mikhail,	J__Asbestos A _____ Class 1, 2 or 3		T I M E	RT		8	8	8	8	8		40	36	2358	15.1	7 8 E O	989.05	3347.05	2358						
				OT	9	2	2	2	2			17	54		22.65										
				ST																					
				GT																					
Jarczynski, Jan,	J__Asbestos A _____ Class 1, 2 or 3		T I M E	RT		8	8	8	8	8		40	36	2412	15.1	U E O	1011.7	3423.7	2412						
				OT	10	2	2	2	2			18	54		22.65										
				ST																					
				GT																					

**Key:**  
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time  
 U - Union E - Employee O - Other  
 J - Journeyman A - Apprentice H - Helper

- NOTE:**
- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
  - Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
  - Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I Emil Kasapianov certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Emil Kasapianov, VP  06-12-14  
 Print Name Officer/Designee Signature Date

Sworn to before me, this day  
13 of 06, 2014  
**RODRIGO MURILLO**  
 NOTARY PUBLIC STATE OF NEW YORK  
 no. 01MU6177780  
 QUALIFIED IN QUEENS COUNTY  
 COMMISSION EXPIRES 2015  
  
 Signature of Notary Public

Statement of Compliance

I do hereby state:

1. That I, Enil Kasidivov (Name of Signatory), UP (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by EMLO Corp (Name of Contractor), and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of EMLO Corp (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That:

a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such in the contract, of such employees, except as noted in Section 4(c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

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