

CHAMPAIGN COUNTY BOARD COMMITTEE AGENDA

COUNTY FACILITIES

Tuesday, February 7, 2006

6:15 p.m. – Tour of new CCNH Facility (Meet in Brookens
Parking lot at 6:00 p.m., a shuttle will take everyone to the building)

7:00 p.m. – Monthly Meeting – new CCNH Facility, Core 2,
in-service classroom (See attached map)

CHAIR: Steve Beckett

MEMBERS: Avery, Cowart, Hogue, James, Jay, Knott, Sapp, Weibel

AGENDA ITEM

Page Number

- I CALL TO ORDER
- II APPROVAL OF AGENDA/ADDENDUM
- III APPROVAL OF MINUTES
- IV PUBLIC PARTICIPATION
- V CHAMPAIGN COUNTY NURSING HOME:

Committee & County Board Action

A. Mold Remediation Settlement Update:

CLOSED SESSION pursuant to 5ILCS 120/2 (c) (11) to consider pending litigation which is probable or imminent against Champaign County.

B. Reuse Study

1. Appointment of County Nursing Home Project Team

a) Beckett (Chair), Wysocki (Ex-officio), Cowart, McGinty,
Sapp, Knott, Inman, Busey, McGrath (Item deferred from January
24th meeting)

2. Isaksen Glerum Wachter Architecture invoice #1 in the

amount of \$4,157.50 for Professional Services rendered
through November 25, 2005, per agreement dated October 2005.

1

3. Isaksen Glerum Wachter Architecture invoice #2 in the

amount of \$5,405.66 for Professional Services rendered through
January 6, 2006, per agreement dated October 2005.

2-6

Nursing Home Cont.

C. Construction Project

1. Farnsworth Group Invoice #88202 in the amount of \$35,002.50 for Architectural Engineering Professional Services/Construction Administration rendered through October 21, 2005, per agreement dated March 2003. 7

2. Farnsworth Group Invoice #88203 in the amount of \$391.69 for Architectural Engineering Professional Services/Reimbursable Expenses rendered through October 21, 2005, per agreement dated March 2003. 8-9

3. Change Order #2 in the amount of \$32,108 to the General Conditions Project Budget to cover Remediation Expenses. 10-13

4. PKD, Incorporated Pay Request #35 in the amount of \$64,097 for Professional Services provided through December 20, 2005 per agreement dated February 2003. Pay Request is itemized as follows: 14-19

\$7,987 - Staff
\$410 - Reimbursable
\$55,700 - General Conditions

5. PKD, Incorporated Pay Request #36 in the amount of \$28,676 for Professional Services provided through January 20, 2006 per agreement dated February 2003. Pay Request is itemized as follows: 20-25

\$6,836 - Staff
\$799 - Reimbursable
\$21,041 - General Conditions

6. Berns, Clancy & Associates Statement #1 in the amount of \$1,488.31 for preparation of Utility Easement Plats. Services provided through November 30, 2005 and are itemized as follows: 26-27

\$1,408 - Fees
\$80.31 - Reimbursable

Nursing Home Cont.

7. **Berns, Clancy & Associates Statement #1** in the amount of \$29,760.20 28-30
for Art Bartell Road and Water Main Extension. Services provided
through November 30, 2005 and are itemized as follows:

\$28,971 - Fees
\$789.20 - Reimbursable

8. **Berns, Clancy & Associates Statement #1** in the amount of \$7,440 31
for interim Stormwater Management Plan Study & Design. Services
provided through November 30, 2005 and are itemized as follows:

\$3,780 - Study
\$3,660 - Design

9. **Berns, Clancy & Associates Statement #1** in the amount of 32-35
\$11,337.96 for Professional Services relating to On-Site Storm Water
& Drainage. Services provided through November 30, 2005 and are
itemized as follows:

\$10,063 - Fees
\$1,275.96 - Reimbursable Expenses.

- D. **Certificate of Need**

1. **Duane Morris Invoice #1140066** in the amount of \$12,750.10 for 36-42
Professional Legal Services relating to Certificate of Need
rendered through November 30, 2005.

- E. **Mold Remediation**

1. **Duane Morris Invoice #1140067** in the amount of \$6,649.00 43-46
for Professional Legal Services relating to Mold Remediation
rendered through November 30, 2005. Invoice is itemized as
follows:

\$6,548 - Fee
\$101 - Reimbursable

Nursing Home Cont.

2. **Duane Morris Invoice #1145927** in the amount of \$1,383.45 47-50
for Professional Legal Services, relating to Mold Remediation, rendered
through December 31, 2005. Invoice is itemized as follows:

\$1,335 - Fee
\$48.45 - Reimbursable

3. **Proposed Industrial Hygiene Professional Services Agreement -** 51-55
The Raterman Group.

F. **Mold Remediation** - Contractor Payments

1. **Contractor Payments in the amount of \$590,215.84 for Mold Remediation**
Project. Payments are itemized as follows:

- a. The Luse Companies - \$338,574.48/Mold Remediation 56-71
- b. Automatic Fire Sprinkler - \$11,073.40/Repair Fire Sprinkler Heads 72-74
- c. Reliable Mechanical - \$27,432.66/Repairs to Duct Work, etc. 75-84
- d. Rankin - \$6,000/Heaters to condition the Environment in Wings 85-87
1,2 and 3.
- e. Area Disposal Service - \$3,000/Dumpsters 88-96
- f. Otto Baum Company, Inc. - \$186,329.62/Tear down-build back of 97-256
wings interior.
- g. Coleman Electrical Service - \$120.68/Electrical Repairs. 257-261
- h. Tile Specialist, Inc - \$17,685.00/Tile replacement & removal of mold 262-270
abatement materials.

- G. **Intergovernmental Agreement between Champaign County Board &** 271-281
Urbana Park District

H. **Information**

- 1. Project update
 - a. Construction update

VI **FLEET MAINTENANCE/HIGHWAY FACILITY:**

- A. **Project Update** - Report on group meeting of January 25th at 1: 30 p.m./Urbana
Public Works.

- B. **County participation in Phase II Intergovernmental Fleet Operations**
Feasibility Study.

Fleet Maintenance Cont.

Committee & County Board Action

- C. BLDD invoice #127122 in the amount of \$20,250.00 for Professional Architectural/Engineering Services provided through December 11, 2005. 282
- D. BLDD invoice #217047 in the amount of \$8,852.58 for Professional Architectural/Engineering Services provided through January 1, 2006. 283-284

VII COURTHOUSE:

Committee Action

- A. Courtroom Numbering System

VIII BROOKENS ADMINISTRATIVE CENTER:

- A. Restroom Improvements

IX PHYSICAL PLANT REPORTS:

- A. Monthly Reports 285-288
- B. Downtown Parking Survey Results (To be distributed)

X CHAIR'S REPORT:

Committee Discussion & Action

- A. Clock & Bell Tower Project - Update
- B. League of Women Voters - Proposal for Upgrading Waiting Room
- C. Museum Update

XI OTHER BUSINESS:

Committee Action

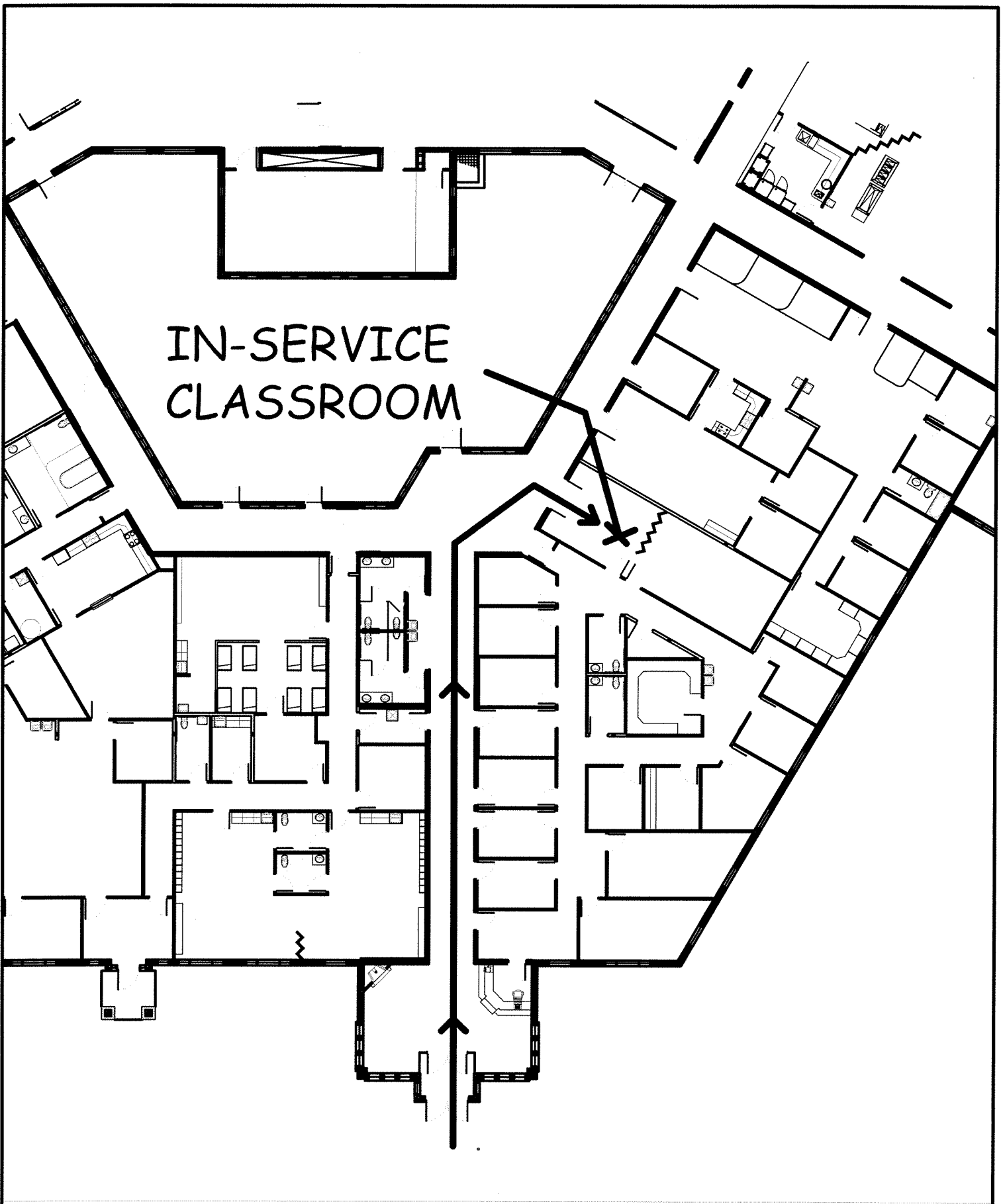
- A. Scottswood Drainage Project
 - 1. Report on public hearing - February 1, 2006
- B. Semi-annual review of closed session minutes 289

XII NEW BUSINESS:

- A. Amended future meeting schedule and locations 290

XIII DETERMINATION OF COMMITTEE ACTIONS TO BE PLACED ON COUNTY BOARD CONSENT AGENDA

XIV ADJOURNMENT



CHAMPAIGN COUNTY NURSING HOME
 500 S. ART BARTELL ROAD

New Nursing Home

Core Area 2

DATE: 2-3-06

A-1



114 WEST MAIN STREET
URBANA, ILLINOIS 61801

T / 217 328 1391
F / 217 328 1401

Champaign County Administrative Services
1776 East Washington Street
Urbana, IL 61802

Invoice No: 1
December 15, 2005
Project No: 0550

Attn: Mr. Denny Inman

Re: Ch. County Nursing Home Conversion Study

For professional services rendered for the period October 29, 2005 thru November 25, 2005

Contract Maximum \$43,250.00

<u>Dept./Staff</u>	<u>Hours</u>	<u>Rate</u>	
Principal	15.00	145.00	\$2,175.00
Arch/Dsgnr 2	30.50	65.00	\$1,982.50

Total Architectural Labor **\$4,157.50**

Total Architectural/Consultant Labor **\$4,157.50**

Contract Balance \$39,092.50

Additional Services

INVOICE TOTAL **\$4,157.50**



4 WEST MAIN STREET
URBANA, ILLINOIS 61801

/ 217 328 1391
/ 217 328 1401

Champaign County Administrative Services
1776 East Washington Street
Urbana, IL 61802

Invoice No: 2
January 16, 2006
Project No: 0550

Attn: Mr. Denny Inman

Re: Ch. County Nursing Home Conversion Study

For professional services rendered for the period November 26, 2005 thru January 6, 2006

Contract Maximum \$43,250.00

<u>Dept./Staff</u>	<u>Hours</u>	<u>Rate</u>	
Principal	19.00	145.00	\$2,755.00
Arch/Dsgnr 2	21.50	65.00	\$1,397.50
Total Architectural Labor			\$4,152.50
<u>Consultant</u>			
JJR			1,215.00
Total Consultant Labor			\$1,215.00
Total Architectural/Consultant Labor			\$5,367.50
			<hr/>
			Previously Billed \$4,157.50
			Contract Balance \$33,725.00
			<hr/>

Additional Services

Invoice No:2
Project No:0550

Reimbursables

Meals - Team Mtgs. 38.16

Total Reimbursables **\$38.16**

INVOICE TOTAL **\$5,405.66**



landscape architecture
 planning
 urban design
 civil engineering
 environmental science

INVOICE

December 20, 2005
 Project No: 24750.000
 Invoice No: 0040928

IGW ARCHITECTURE
 ATTN: RILEY GLERUM
 114 W. MAIN STREET
 URBANA IL 61801

CHAMPAIGN COUNTY NURSING HOME REUSE STUDY
 IGW FILE NO. 0550

Professional services from October 29, 2005 to November 25, 2005

Task: 01 SITE VISITS

Professional Personnel

	Hours	Rate	Amount
PRINCIPAL/LEVEL 2			
WIESE, PAUL J	4.50	145.00	652.50
PROF. STAFF/LEVEL 10			
MACHELSKI, RANDALL A	4.50	125.00	562.50
Totals	9.00		1,215.00
Total Labor			1,215.00

Total this task \$1,215.00

Task: 95 CASH CHARGES

Reimbursable Expenses

MEALS

11/25/05 WIESE, PAUL J	ER49694		38.16
Total Reimbursables		1.0 times	38.16

Total this task \$38.16

Billing Limits	Current	Prior	To-date
Labor	1,215.00	0.00	1,215.00
Limit			10,850.00
Remaining			9,635.00
Expenses	38.16	0.00	38.16
Limit			1,500.00
Remaining			1,461.84

Total this invoice \$1,253.16



landscape architecture
 planning
 urban design
 civil engineering
 environmental science

Expense Report

Champaign County Nursing Home
 Client Name or Description
 Team lunch

Date City State

Date City State

11/16/05
 Period Covered (From To Dates)
Paul J. Wiese
 Employee Name
 24750.000
 Project No.

Paul J. Wiese
 Signature of Employee

Approval of Project or Account Manager

11/25/05
 Expense Report Date
 09565
 Employee Number
 95
 Task

11/25/05
 Date Signed

Date Signed

Dates:	16-Nov							Acct. #	Totals
Breakfast*									
Lunch*	38.16								38.16
Dinner*									
Entertainment*									
Subtotal (M&E)	38.16						511.08		38.16
Room Charge*									
Mileage Reimbursement									
Baggage Charge									
Taxi Fares*									
Parking*									
Telephone-Fax*									
Airline*									
Car Rental*									
Subtotal (H&T)									
Miscellaneous*									

***Receipts Required**
 Note: Include tips where expense incurred.



Total Expense Report **38.16**

Please Check the Appropriate Box Below:

Reimbursable Expense 511.01
 Direct Expense 561.01
 Overhead Expense 692.00

For Accounting Use Only

M&E Reimbursable from Client	Account	511.08
M&E Direct Expense 50% Deductible	Account	561.08
M&E Direct Expense 100% Deductible	Account	561.10
M&E Overhead Expense 50% Deductible	Account	691.00
M&E Overhead Expense 100% Deductible	Account	691.50

(M&E) is Meals and Entertainment (H&T) is Hotel and Travel

Explanation of Expense (Required for Direct and Overhead Expenses):
 team lunch nb

J.P.

49694

HICKORY RIVER
Table

24750.000
NB PJW

Check\Per Tab Server Time Date
89488\1 C&C 46 12:27:01 PM 11/16/
2005

1	SPECIAL	5.55
2	TURKEY DINNER	17.20
3	SODA	4.05
1	SMALL DINNER	7.60
Food Sub-Total		34.40
1	SPECIAL SODA	0.93
Beverage Sub-Total		0.93
SUB TOTAL		35.33
Sales Tax		2.83

TOTAL

38.16

THANK YOU
SPENCER

Wiese
MACHELSKI
Glebin
GLEASON

VISIT OUR WEB SITE
WWW.HICKORYRIVER.COM



Invoice

Denny Inman
CHAMPAIGN COUNTY
BROOKENS ADMINISTRATIVE CENTER
1776 E. WASHINGTON ST.
URBANA, IL 61802

Invoice Number: 88202
Invoice Date: October 31, 2005
Page 1 of 1
INVOICE TOTAL: \$35,002.50

Client ID: Champaign Longterm Care/Skilled Care
Project: 203035 Champaign County
P.O. #:

Professional Services for Period Ending 10/21/2005

001 Longterm Care/Skilled Care Champaign County

Construction Administration including Shop Drawing Review, IDPH coordination of meetings.

<u>Phase</u>	<u>Phase Fee</u>	<u>% Complete</u>	<u>Fee Earned</u>	<u>Prior Billing</u>	<u>Current Fee</u>
Schematic Design	\$215,400.00	100.00%	\$215,400.00	\$215,400.00	\$0.00
Design Development	\$215,400.00	100.00%	\$215,400.00	\$215,400.00	\$0.00
Construction Documents	\$323,100.00	100.00%	\$323,100.00	\$323,100.00	\$0.00
Bidding/Negotiations	\$53,850.00	100.00%	\$53,850.00	\$53,850.00	\$0.00
Construction Administration	\$269,250.00	90.00%	\$242,325.00	\$207,322.50	\$35,002.50
Total	\$1,077,000.00	97.50%	\$1,050,075.00	\$1,015,072.50	\$35,002.50

Total Project Invoice Amount:

\$35,002.50

Please Return Remittance to: Farnsworth Group, Inc.; 2858 Paysphere Circle; Chicago, IL 60674

Please Return One Copy With Your Remittance

1 1/2% Interest Monthly After 30 Days

For Billing Inquiries Please Call: 309-663-8435 or 314-962-7900

ENGINEERS
ARCHITECTS
SURVEYORS
SCIENTISTS



Farnsworth
GROUP

Invoice

Denny Inman
CHAMPAIGN COUNTY
BROOKENS ADMINISTRATIVE CENTER
1776 E. WASHINGTON ST.
URBANA, IL 61802

Invoice Number: 88203
Invoice Date: October 31, 2005
Page 1 of 1

INVOICE TOTAL: \$391.69

Client ID: Champaign REIMBURSABLE EXPENSES
Project: 203035.1 Long-term Care/Skilled Care, Champaign County
P.O. #:

Professional Services for Period Ending 10/21/2005

001 Reimbursable Expenses

Reimbursable Expenses	Charge
Bond (24" x 36" & Larger)	18.00
Bond (< 24"X 36")	2.00
Overnight Delivery/Shipping	29.30
Mileage	342.39
Reimbursable Expenses Totals	\$391.69

Total Project Invoice Amount: \$391.69

Please Return Remittance to: Farnsworth Group, Inc.; 2858 Paysphere Circle; Chicago, IL 60674

Please Return One Copy With Your Remittance

1 1/2% Interest Monthly After 30 Days

For Billing Inquiries Please Call: 309.663.8435 or 314.962.7000

Billing Documentation

Invoice Number: 88203
 Invoice Date: October 31, 2005

To: CHAMPAIGN COUNTY
 BROOKENS ADMINISTRATIVE CENTER
 1776 E. WASHINGTON ST.
 URBANA, IL 61802

Project: 203035.1 REIMBURSABLE EXPENSES
 Long-term Care/Skilled Care, Champaign County

Professional Services for the Period: 9/24/2005 to 10/21/2005

Billing Group: 001 Reimbursable Expenses 88203
 Contract #:

Total Phase

Reimbursable Expenses

Reimbursable Expenses	Date	Units	Unit Cost	Unit Markup	Multiplier	Unit Rate	Charge
Mileage	10/4/2005	232.00	0.49	0.03	1.0000	0.51	\$118.32
							\$118.32
Construction	Date	Units	Unit Cost	Unit Markup	Multiplier	Unit Rate	Charge
Bond (24" x 36" & Larger)	9/9/2005	10.00	0.41	0.79	1.0000	1.20	\$12.00
Bond (24" x 36" & Larger)	9/19/2005	4.00	0.41	0.79	1.0000	1.20	\$4.80
Bond (24" x 36" & Larger)	10/10/2005	1.00	0.41	0.79	1.0000	1.20	\$1.20
Bond (< 24"X 36")	8/12/2005	1.00	0.14	0.26	1.0000	0.40	\$0.40
Bond (< 24"X 36")	8/19/2005	1.00	0.14	0.26	1.0000	0.40	\$0.40
Bond (< 24"X 36")	9/16/2005	3.00	0.14	0.26	1.0000	0.40	\$1.20
Overnight Delivery/Shipping	8/1/2005	1.00	3.71	0.00	1.1000	4.08	\$4.08
Overnight Delivery/Shipping	8/26/2005	1.00	5.09	0.00	1.1000	5.60	\$5.60
Overnight Delivery/Shipping	8/26/2005	1.00	8.95	0.00	1.1000	9.85	\$9.85
Overnight Delivery/Shipping	8/26/2005	1.00	3.72	0.00	1.1000	4.09	\$4.09
Overnight Delivery/Shipping	8/26/2005	1.00	5.16	0.00	1.1000	5.68	\$5.68
Mileage	8/12/2005	102.00	0.40	0.03	1.0000	0.43	\$43.86
Mileage	10/1/2005	236.00	0.49	0.03	1.0000	0.51	\$120.36
Mileage	10/1/2005	-102.00	0.40	0.03	1.0000	0.43	-\$43.35
							\$170.17
Construction Administration	Date	Units	Unit Cost	Unit Markup	Multiplier	Unit Rate	Charge
Mileage	9/1/2005	240.00	0.40	0.03	1.0000	0.43	\$103.20
							\$103.20
Total Reimbursable Expenses							\$391.69
Total Reimbursable Expenses							391.69

CHANGE ORDER

AIA DOCUMENT G701

OWNER
 ARCHITECT
 CONTRACTOR
 FIELD
 OTHER

PROJECT: Champaign County Nursing Home
 (name, address) Construction Management Services

CHANGE ORDER NUMBER: 2
 DATE: December 21, 2005

TO ~~CONTRACTOR~~ Construction Manager
 (name, address) PKD, Inc.
 2110 Clearlake Blvd., Suite 100
 Champaign, Illinois 61826-3698

~~ARCHITECT'S PROJECT~~
 CONTRACT DATE: January 23, 2003
 CONTRACT FOR: Construction Management

The Contract is changed as follows:

At the request of the Owner, direct Brunson Construction, General Conditions Contractor, to provide attic insulation removal for the purpose of remediation in Wings 1 and 3 (Wing 2 removal by Remediation Contractor). Payment to be made from General Conditions Project Budget.

See attached invoices from Brunson Construction date 11/10/05 and 11/21/05.

General Conditions Project Budget to be increased by \$32,108.00.

Not valid until signed by the Owner, Architect and Contractor.

The original (Contract Sum) (Guaranteed Maximum Price) was	\$	690,705.00
Net change by previously authorized Change Orders	\$	693,000.00
The (Contract Sum) (Guaranteed Maximum Price) prior to this Change Order was	\$	1,383,705.00
The (Contract Sum) (Guaranteed Maximum Price) will be (increased) (decreased) (unchanged) by this Change Order in the amount of	\$	32,108.00
The new (Contract Sum) (Guaranteed Maximum Price) including this Change Order will be ..	\$	1,415,813.00

The Contract Time will be (~~increased~~) (~~decreased~~) (unchanged) by () days.
 The date of Substantial Completion as of the date of this Change Order therefore is

NOTE: This summary does not reflect changes in the Contract Sum, Contract Time or Guaranteed Maximum Price which have been authorized by Construction Change Directive.

_____	Construction Manager – PKD, Inc.	_____	Champaign County Board
ARCHITECT	CONTRACTOR	_____	OWNER
Address _____	Address _____	_____	Address _____
BY _____	BY <i>Timothy K. Winger</i>	BY _____	
DATE _____	DATE <i>12-22-05</i>	DATE _____	

CONTRACTORS INVOICE

Brunson Coast
3302 Ridgewood
Champaign, IL.

WORK PERFORMED AT:

Champaign County
Nursing Home
Urbana, IL.

TO:

PKD
Champaign, IL.

DATE

11-10-05

YOUR WORK ORDER NO.

OUR BID NO.

DESCRIPTION OF WORK PERFORMED

Invoice is for building # 1
to remove insulation for attic and dispose of
in trash container

Square footage 13308
price \$1.00 per sq. ft.

Payment \$13308⁰⁰

All material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work, and was completed in a substantial workmanlike manner for the agreed sum of _____

Dollars (\$ _____).

This is a Partial Full invoice due and payable by: _____
Month Day Year

In accordance with our Agreement Proposal No. _____ Dated _____
Month Day Year

CONTRACTORS INVOICE

Brunson Const.
3302 Ridgewood
Champaign, IL 61821

WORK PERFORMED AT:

Champaign County Nursing Home
Urbana, IL 61801

TO: PKD
Champaign, IL 61821

DATE
11-21-05

YOUR WORK ORDER NO.

OUR BID NO.

DESCRIPTION OF WORK PERFORMED

Invoice is for building #3
to remove insulation from attic and
dispose of in dumpsters

Square footage 18,800
price per sq. ft. \$1.00

Total \$18,800⁰⁰

All Material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work, and was completed in a substantial workmanlike manner for the agreed sum of _____ Dollars (\$ _____).

This is a Partial Full invoice due and payable by: _____ Month _____ Day _____ Year

In accordance with our Agreement Proposal No. _____ Dated _____ Month _____ Day _____ Year

CONTRACTORS INVOICE

Branson Const. ^{CELL} 390-9651
 3302 Ridgewood
 Champaign, IL 61821

WORK PERFORMED AT:

Champaign County
 Nursing Home
 Urbana, IL 61802
 Fax # 217-384-3896

TO: Champaign County Admin.
 Services 1776 E. Washington
 Urbana, IL 61802-4581

DATE: 11-3-05 YOUR WORK ORDER NO. OUR BID NO.

DESCRIPTION OF WORK PERFORMED

To Remove insulation out of ceilings
 thru-out Building #1 & #3
 Cost will be at \$1.00 per sq. ft.
 for removal and to place in rooms below
 or instructed. Personnel 4 people working at
 all times with possibility of one or two more
 Time to finish two (2) weeks starting
 11-7-05 to 11-18-05

Sign
 Willie Branson

All Material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work, and was completed in a substantial workmanlike manner for the agreed sum of _____ Dollars (\$ _____).

This is a Partial Full invoice due and payable by: _____
 Month _____ Day _____ Year _____
 in accordance with our Agreement Proposal No. _____ Dated _____
 Month _____ Day _____ Year _____



January 4, 2006

Denny Inman – Co-Administrator
Champaign County, Illinois
Department of Administrative Services
1776 East Washington Street
Urbana, Illinois 61802

Re: **Champaign County Nursing Home**
PKD, Inc. Project Number 275
Payment Application Request No. 35

Dear Mr. Inman,

Enclosed are two copies of our Payment Application No. 35 for this project. This is for work completed through December 20, 2005.

Please call our office (356-8424) for pick-up when the checks are ready (on or before January 20, 2006). Thank You.

Sincerely,


Timothy R. Mininger, Project Engineer

Xc: MJS/PBD/TRM/MFC Pay Requests
Ann Deedrich - Pay Request 1 ea.

CONTINUATION SHEET

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification is attached. In tabulation below, amounts are stated to the nearest dollar. Use Column 1 on Contracts where variable retainage for line items may apply.

APPLICATION NUMBER: 35
 APPLICATION DATE: 1/3/2006
 PERIOD TO: 12/20/2005
 PKD PROJECT NO: 275

A ITEM No.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G		H BALANCE TO FINISH (C-G)	I RETAINAGE
			FROM PREVIOUS APPLICATION	THIS PERIOD		TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G/C)		
1	PKD, Inc.	\$1,415,813	\$1,163,267	\$64,097		\$1,227,364	87%	\$188,449	\$0.00
2	BI #1 - Stark Excavating - C.O. # 3	\$593,863	\$590,522	\$0		\$590,522	99%	\$3,341	\$29,526.00
3	BI #2 - Cross Construction - C.O. # 2	\$275,010	\$210,304	\$0		\$210,304	76%	\$64,706	\$20,128.00
4	BI #3 - Duce Construction - C.O. # 2	\$1,439,011	\$1,332,218	\$12,679		\$1,344,897	93%	\$94,114	\$67,245.00
5	BI #4 - Roessler Construction	\$237,520	\$236,579	\$0		\$236,579	100%	\$941	\$11,829.00
6	BI # 5 - National Fabco - C.O. # 3	\$372,580	\$362,580	\$0		\$362,580	97%	\$10,000	\$36,258.00
7	BI # 6 - Tile Specialists - C.O. # 2	\$328,860	\$232,560	\$0		\$232,560	71%	\$96,300	\$23,256.00
8	BI # 7 - Advanced Roofing - C.O. # 1	\$416,080	\$413,107	\$0		\$413,107	99%	\$2,973	\$20,655.00
9	BI # 8 - Otto Baum C.O. # 3	\$4,863,896	\$4,213,123	\$162,845	\$24,380	\$4,400,348	90%	\$463,548	\$220,017.00
10	BI # 9 - Thyssen Krupp - C.O. # 1	\$37,200	\$36,390	\$0		\$36,390	98%	\$810	\$3,639.00
11	BI # 10 - Stobek Masonry C.O. # 2	\$1,038,868	\$1,010,472	\$21,253		\$1,031,725	99%	\$7,143	\$51,586.00
12	BI # 12 - Borchers Decorating C.O. # 1	\$280,929	\$209,246	\$14,786		\$224,032	80%	\$56,897	\$11,531.00
13	BI # 13 - Automatic Fire - C.O. # 1	\$480,400	\$413,882	\$0		\$413,882	86%	\$66,518	\$20,694.00
14	BI # 14 - McWilliams Mechanical - C.O. # 4	\$1,223,505	\$1,152,409	\$19,534		\$1,171,943	96%	\$51,562	\$58,598.00
15	BI # 15 Reliable Mechanical (Heat) - C.O. # 1	\$1,379,360	\$1,265,556	\$34,122		\$1,299,678	94%	\$79,682	\$64,984.00
16	BI # 16 Reliable Mechanical (Vent) - C.O. # 5	\$1,291,715	\$1,190,316	\$26,216		\$1,216,532	94%	\$75,183	\$60,827.00
17	BI # 17 - Coleman Electric - C.O. # 3	\$2,664,933	\$2,051,133	\$27,373		\$2,078,506	78%	\$586,427	\$103,926.00
TOTAL		\$18,339,543	\$16,083,664	\$382,905	\$24,380	\$16,490,949	90%	\$1,848,594	\$804,699

AIA DOCUMENT G703*APPLICATION AND CERTIFICATE FOR PAYMENT* MAY 1983 EDITION*AIA
 THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVENUE, N.W., WASHINGTON, D.C. 20006

APPLICATION AND CERTIFICATE FOR PAYMENT

TO (OWNER): Champaign County Board 1776 East Washington Street Urbana, Illinois, 61802	PROJECT: Champaign County Nursing Home	APPLICATION NO: 35 APPLICATION DATE: 1/3/2006 PERIOD TO: 12/20/2005	Distribution: OWNER ARCHITECT CONTRACTOR
FROM (CONTRACTOR): PKD, Inc. P. O. Box 3698 Champaign, Illinois 61826-3698		PKD, Inc. PROJECT NO: 275	
CONTRACT FOR: Construction Management		CONTRACT DATE: 1/23/2003	

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner			
TOTAL		\$690,705	
Approved this Month			
Number	Date Approved		
Change Order # 1		\$893,000	
Change Order # 2		\$32,108	
TOTALS		\$1,415,813	
Net change by Change Orders		\$725,108	

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

1. ESTIMATED CONTRACT SUM	\$	\$690,705
2. Net change by Change Orders	\$	\$725,108
3. CONTRACT SUM TO DATE (Line 1+2)	\$	\$1,415,813
4. TOTAL COMPLETED & STORED TO DATE	\$	\$1,227,384
(Column G on G703)		
5. RETAINAGE:		
a. 0 % of Completed Work	\$	
(Column D + E on G703)		
b. 0 % of Stored Material	\$	
(Column F on G703)		
Total Retainage (Line 5a + 5b or Total in Column I of G703)		
6. TOTAL EARNED LESS RETAINAGE	\$	\$1,227,384
(Line 4 less 5 Total)		
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$	\$1,163,267
8. CURRENT PAYMENT DUE	\$	\$64,097
9. BALANCE TO FINISH, PLUS RETAINAGE	\$	\$188,449
(Line 3 less Line 6)		

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONSTRUCTION MANAGER: PKD, Inc.

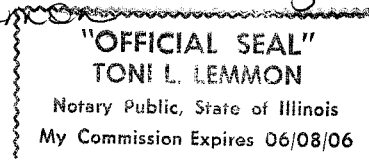
By Timothy R. Mininger Date 01-04-06

State of Illinois County of: Champaign

Subscribed and sworn to before me this 4th day of January, 2006.

Notary Public: Toni L. Lemmon

My Commission expires: 06/08/06



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ 64,097.00
 (Attach explanation if amount certified differs from the amount applied for.)

CONSTRUCTION MANAGER

By Timothy R. Mininger PKD Date 01-04-06

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

CONTINUATION SHEET

Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification is attached. Tabulation below, amounts are stated to the nearest dollar. Use column 1 on Contracts where variable retainage for line items may apply.

APPLICATION NUMBER: 35
 APPLICATION DATE: 1/3/2006
 PERIOD TO: 12/20/2005
 PKD PROJECT NUMBER: 275

LINE NUMBER	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G		H BALANCE TO FINISH (C-G)	I RETAINAGE
			D FROM PREVIOUS APPLICATION	E THIS PERIOD		TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G/C)		
	ORIGINAL CONTRACT								
	PKD Staff	\$373,879	\$302,259	\$7,987		\$310,246	83%	\$63,633	\$0
	PKD Preconstruction Fee	\$113,201	\$113,201	\$0		\$113,201	100%	\$0	\$0
	PKD Construction Fee	\$148,515	\$148,515	\$0		\$148,515	100%	\$0	\$0
	Reimbursables	\$55,110	\$26,809	\$410		\$27,219	49%	\$27,891	\$0
	CHANGE ORDER NO. 1, & 2 - GENERAL CONDITIONS	\$725,108	\$572,483	\$55,700		\$628,183	87%	\$96,925	\$0
	TOTAL	\$1,415,813	\$1,163,267	\$64,097	\$0	\$1,227,364	87%	\$188,449	\$0

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DOCUMENT G703*APPLICATION AND CERTIFICATE FOR PAYMENT* MAY 1983 EDITION*AIA
 © AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVENUE, N.W., WASHINGTON, D.C. 20006

Champaign County Nursing Home
 PKD Project No. 275
 Itemized Detail of Costs (Original Contract)

Application No: 35
 Application Date: 1/3/06
 Period From: 11/21/05
 Period To: 12/20/05

Staff (Pre-construction & Construction)						
Description	Scheduled Value	Previously Billed	Hours This Period	Cost This Period	Total Cost to Date	Balance to Complete
Project Exec./Admin.		\$26,180	16	\$1,088	\$27,268	
Project Engineer II		\$8,140	28	\$1,036	\$9,176	
Project Accountant		\$5,005	4	\$140	\$5,145	
Senior Project Manager		\$135,400	19	\$950	\$136,350	
Project Engineer		\$109,409	129	\$4,773	\$114,182	
Estimator		\$6,200	0	\$0	\$6,200	
Chief Estimator		\$0	0	\$0	\$0	
Mechanical Estimator		\$7,425	0	\$0	\$7,425	
Electrical Estimator		\$4,500	0	\$0	\$4,500	
Total Staff	\$373,879	\$302,259	196	\$7,987	\$310,246	\$63,633

Construction Management Fee (Pre-construction 2/03 through 1/04)

Description	Scheduled Value	Previously Billed		Cost This Period	Total Cost to Date	Balance to Complete
Construction Management Fee	\$113,201	\$113,201		\$0	\$113,201	\$0

Construction Management Fee (Construction 2/04 through 11/05)

Description	Scheduled Value	Previously Billed		Cost This Period	Total Cost to Date	Balance to Complete
Construction Management Fee	\$148,515	\$148,515		\$0	\$148,515	\$0

Reimbursables

Description	Scheduled Value	Previously Billed		Cost This Period	Total Cost to Date	Balance to Complete
Print and Reproduce		\$2,717		\$0	\$2,717	
Construction Photographs		\$626		\$0	\$626	
Field Office Supplies		\$890		\$0	\$890	
Set Job Trailer		\$689		\$0	\$689	
Rent Office Trailer		\$7,500		\$375	\$7,875	
Postage		\$2,436		\$0	\$2,436	
Photocopies		\$4,237		\$0	\$4,237	
Field Office Equipment		\$704		\$35	\$739	
Communications		\$6,975		\$0	\$6,975	
Drinking Water		\$35		\$0	\$35	
Total Reimbursables	\$55,110	\$26,809		\$410	\$27,219	\$27,891

General Conditions (PKD Change Order No. 1)

Description	Scheduled Value	Previously Billed	Cost This Period	Total Cost to Date	Balance to Complete
Superintendent	\$269,744	\$289,778	\$14,310	\$304,088	(\$34,344)
Miscellaneous Permits	\$5,000	\$0	\$0	\$0	\$5,000
Project Signs	\$1,200	\$1,919	\$0	\$1,919	(\$719)
Layout by Licensed Surveyor	\$6,000	\$1,642	\$0	\$1,642	\$4,358
Dumpster	\$75,250	\$36,027	\$3,932	\$39,959	\$35,291
Inspect & Test	\$25,000	\$29,330	\$246	\$29,576	(\$4,576)
Project Clean-Up	\$8,400	\$2,240	\$692	\$2,932	\$5,468
Clean Glass	\$2,500	\$0	\$0	\$0	\$2,500
Final Clean-Up	\$5,600	\$0	\$0	\$0	\$5,600
Bid Document Distribution	\$4,000	\$995	\$0	\$995	\$3,005
Job Office Maintenance	\$660	\$0	\$0	\$0	\$660
Temporary Toilets	\$6,600	\$4,422	\$0	\$4,422	\$2,178
Temp. Elect. Serv. Connection	\$15,000	\$16,639	\$0	\$16,639	(\$1,639)
Temp. Water Serv. Connection	\$2,000	\$0	\$0	\$0	\$2,000
Temp Gas Service Connection	\$500	\$0	\$0	\$0	\$500
Elect. Power Serv. Connection	\$7,500	\$0	\$0	\$0	\$7,500
Water Service Connection	\$4,500	\$0	\$0	\$0	\$4,500
Gas/Main Connection	\$500	\$0	\$0	\$0	\$500
Cable TV Connection	\$500	\$0	\$0	\$0	\$500
Electric Power Usage	\$77,000	\$21,881	\$0	\$21,881	\$55,119
Partial Winter Protection	\$50,000	\$88,558	\$3,630	\$92,188	(\$42,188)
Temporary Heat	\$25,000	\$50,270	\$0	\$50,270	(\$25,270)
Small Tools/Equipment	\$1,650	\$798	\$0	\$798	\$852
Rectify/Repair	\$4,400	\$0	\$0	\$0	\$4,400
Project Truck	\$1,650	\$104	\$0	\$104	\$1,546
Dedication	\$2,500	\$0	\$0	\$0	\$2,500
Misc. Site Items	\$5,000	\$232	\$0	\$232	\$4,768
Temp. Roads/Park/Laydown	\$35,000	\$6,809	\$0	\$6,809	\$28,191
Security Fence	\$32,560	\$12,966	\$0	\$12,966	\$19,594
Street Barricades	\$2,500	\$0	\$0	\$0	\$2,500
Pumping/Dewatering	\$2,786	\$226	\$0	\$226	\$2,560
Dust/Noise Partitions	\$12,500	\$847	\$0	\$847	\$11,653
Animal Control A/C		\$6,800	\$782	\$7,582	(\$7,582)
Insulation Removal Wing 1, & 3	\$32,108	\$0	\$32,108	\$32,108	\$0
Total General Conditions	\$725,108	\$572,483	\$55,700	\$628,183	\$96,925



January 25, 2006

Denny Inman – Co-Administrator
Champaign County, Illinois
Department of Administrative Services
1776 East Washington Street
Urbana, Illinois 61802

**Re: Champaign County Nursing Home
PKD, Inc. Project Number 275
Payment Application Request No. 36**

Dear Mr. Inman,

Enclosed are two copies of our Payment Application No. 36 for this project. This is for work completed through January 20, 2006.

Please call our office (356-8424) for pick-up when the checks are ready (on or before February 24, 2006). Thank You.

Sincerely,

A handwritten signature in cursive script that reads "Timothy R. Minger".

Timothy R. Minger, Project Engineer

**Xc: MJS/PBD/TRM/MFC Pay Requests
Ann Deedrich - Pay Request 1 ea.**

CONTINUATION SHEET

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification is attached. In tabulation below, amounts are stated to the nearest dollar. Use Column 1 on Contracts where variable retainage for line items may apply.

APPLICATION NUMBER: 36
 APPLICATION DATE: 1/25/2006
 PERIOD TO: 1/20/2006
 PKD PROJECT NO: 275

A ITEM No.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G		H BALANCE TO FINISH (C-G)	I RETAINAGE
			FROM PREVIOUS APPLICATION	THIS PERIOD		TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G/C)		
1	PKD, Inc.	\$1,415,813	\$1,227,364	\$28,676		\$1,256,040	89%	\$159,773	\$0.00
2	BI #1 - Stark Excavating - C.O. # 3	\$593,863	\$590,522	\$0		\$590,522	99%	\$3,341	\$29,526.00
3	BI #2 - Cross Construction - C.O. # 2	\$275,010	\$210,304	\$0		\$210,304	76%	\$64,706	\$20,128.00
4	BI #3 - Duce Construction - C.O. # 2	\$1,439,011	\$1,344,897	\$0		\$1,344,897	93%	\$94,114	\$67,245.00
5	BI #4 - Roessler Construction	\$237,520	\$236,579	\$0		\$236,579	100%	\$941	\$11,829.00
6	BI # 5 - National Fabco - C.O. # 3	\$372,580	\$362,580	\$2,500		\$365,080	98%	\$7,500	\$36,508.00
7	BI # 6 - Tile Specialists - C.O. # 2	\$328,860	\$232,560	\$13,900		\$246,460	75%	\$82,400	\$24,646.00
8	BI # 7 - Advanced Roofing - C.O. # 1	\$416,080	\$413,107	\$0		\$413,107	99%	\$2,973	\$20,655.00
9	BI # 8 - Otto Baum C.O. # 4	\$4,864,586	\$4,400,348	\$134,562		\$4,534,910	93%	\$329,676	\$226,745.00
10	BI # 9 - Thyssen Krupp - C.O. # 1	\$37,200	\$36,390	\$0		\$36,390	98%	\$810	\$3,639.00
11	BI # 10 - Stobeck Masonry C.O. # 2	\$1,038,868	\$1,031,725	\$3,430		\$1,035,155	100%	\$3,713	\$51,757.00
12	BI # 12 - Borchers Decorating C.O. # 1	\$280,929	\$224,032	\$14,500		\$238,532	85%	\$42,397	\$12,256.00
13	BI # 13 - Automatic Fire - C.O. # 1	\$480,400	\$413,882	\$0		\$413,882	86%	\$66,518	\$20,694.00
14	BI # 14 - McWilliams Mechanical - C.O. # 4	\$1,223,505	\$1,171,943	\$17,881		\$1,189,824	97%	\$33,681	\$59,491.00
15	BI # 15 Reliable Mechanical (Heat) - C.O. # 1	\$1,379,360	\$1,299,678	\$0		\$1,299,678	94%	\$79,682	\$64,984.00
16	BI # 16 Reliable Mechanical (Vent) - C.O. # 5	\$1,291,715	\$1,216,532	\$9,489		\$1,226,021	95%	\$65,694	\$61,301.00
17	BI # 17 - Coleman Electric - C.O. # 3	\$2,664,933	\$2,078,506	\$135,400		\$2,213,906	83%	\$451,027	\$110,696.00
TOTAL		\$18,340,233	\$16,490,949	\$360,338	\$0	\$16,851,287	92%	\$1,488,946	\$822,100

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IA DOCUMENT G703*APPLICATION AND CERTIFICATE FOR PAYMENT* MAY 1983 EDITION*AIA
 THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVENUE, N.W., WASHINGTON, D.C. 20006

APPLICATION AND CERTIFICATE FOR PAYMENT

TO (OWNER): Champaign County Board
 1776 East Washington Street
 Urbana, Illinois, 61802

PROJECT: Champaign County Nursing Home

APPLICATION NO: 36
 APPLICATION DATE: 1/25/2006
 PERIOD TO: 1/20/2006

Distribution: OWNER
 ARCHITECT
 CONTRACTOR

FROM (CONTRACTOR): PKD, Inc.
 P. O. Box 3698
 Champaign, Illinois 61826-3698

CONTRACT FOR: Construction Management

PKD, Inc.
 PROJECT NO: 275

CONTRACT DATE: 1/23/2003

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		
Change Orders approved in previous months by Owner	ADDITIONS	DEDUCTIONS
TOTAL	\$690,705	
Approved this Month		
Number	Date Approved	
Change Order # 1		\$693,000
Change Order # 2		\$32,108
TOTALS		\$1,415,813
Net change by Change Orders		\$725,108

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

1. ESTIMATED CONTRACT SUM	\$	\$690,705
2. Net change by Change Orders	\$	\$725,108
3. CONTRACT SUM TO DATE (Line 1+2)	\$	\$1,415,813
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$	\$1,258,040
5. RETAINAGE:		
a. 0 % of Completed Work (Column D + E on G703)	\$	
b. 0 % of Stored Material (Column F on G703)	\$	
Total Retainage (Line 5a + 5b or Total in Column I of G703)	\$	\$0
6. TOTAL EARNED LESS RETAINAGE (Line 4 less 5 Total)	\$	\$1,258,040
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$	\$1,227,384
8. CURRENT PAYMENT DUE	\$	\$28,676
9. BALANCE TO FINISH, PLUS RETAINAGE (Line 3 less Line 8)	\$	\$159,773

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The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONSTRUCTION MANAGER: PKD, Inc.

By: Timothy K. Minger Date: 1-25-06

State of Illinois County of: Champaign
 Subscribed and sworn to before me this 25th day of January, 2006

Notary Public: Toni Lemmon
 My Commission expires: 06/08/06



ARCHITECT'S CERTIFICATE FOR PAYMENT
 In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ 28,676.00
 (Attach explanation if amount certified differs from the amount applied for.)

CONSTRUCTION MANAGER
 By: Timothy K. Minger Date: 1-25-06
 This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CONTINUATION SHEET

Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification is attached. Calculation below, amounts are stated to the nearest dollar. Use Form 1 on Contracts where variable retainage for line items may

APPLICATION NUMBER 36
 APPLICATION DATE 1/25/2006
 PERIOD TO: 1/20/2006
 PKD PROJECT NUMBER 275

B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)		H BALANCE TO FINISH (C-G)	I RETAINAGE
		FROM PREVIOUS APPLICATION	THIS PERIOD		% (G/C)			
ORIGINAL CONTRACT								
PKD Staff	\$373,879	\$310,246	\$6,836		\$317,082	85%	\$56,797	\$0
PKD Preconstruction Fee	\$113,201	\$113,201	\$0		\$113,201	100%	\$0	\$0
PKD Construction Fee	\$148,515	\$148,515	\$0		\$148,515	100%	\$0	\$0
Reimbursables	\$55,110	\$27,219	\$799		\$28,018	51%	\$27,092	\$0
CHANGE ORDER NO. 1, & 2 - GENERAL CONDITIONS	\$725,108	\$628,183	\$21,041		\$649,224	90%	\$75,884	\$0
TOTAL	\$1,415,813	\$1,227,364	\$28,676	\$0	\$1,256,040	89%	\$159,773	\$0

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DOCUMENT G703*APPLICATION AND CERTIFICATE FOR PAYMENT* MAY 1983 EDITION*AIA
 AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVENUE, N.W., WASHINGTON, D.C. 20006

Champaign County Nursing Home
 PKD Project No. 275
 Itemized Detail of Costs (Original Contract)

Application No: 36
 Application Date: 1/25/06
 Period From: 12/21/05
 Period To: 1/20/06

Staff (Pre-construction & Construction)						
Description	Scheduled Value	Previously Billed	Hours This Period	Cost This Period	Total Cost to Date	Balance to Complete
Project Exec./Admin.		\$27,268	10	\$680	\$27,948	
Project Engineer II		\$9,176	16	\$592	\$9,768	
Project Accountant		\$5,145	3	\$105	\$5,250	
Senior Project Manager		\$136,350	30	\$1,500	\$137,850	
Project Engineer		\$114,182	107	\$3,959	\$118,141	
Estimator		\$6,200	0	\$0	\$6,200	
Chief Estimator		\$0	0	\$0	\$0	
Mechanical Estimator		\$7,425	0	\$0	\$7,425	
Electrical Estimator		\$4,500	0	\$0	\$4,500	
Total Staff	\$373,879	\$310,246	166	\$6,836	\$317,082	\$56,797

Construction Management Fee (Pre-construction 2/03 through 1/04)

Description	Scheduled Value	Previously Billed		Cost This Period	Total Cost to Date	Balance to Complete
Construction Management Fee	\$113,201	\$113,201		\$0	\$113,201	\$0

Construction Management Fee (Construction 2/04 through 11/05)

Description	Scheduled Value	Previously Billed		Cost This Period	Total Cost to Date	Balance to Complete
Construction Management Fee	\$148,515	\$148,515		\$0	\$148,515	\$0

Reimbursables

Description	Scheduled Value	Previously Billed		Cost This Period	Total Cost to Date	Balance to Complete
Print and Reproduce		\$2,717		\$0	\$2,717	
Construction Photographs		\$626		\$0	\$626	
Field Office Supplies		\$890		\$0	\$890	
Set Job Trailer		\$689		\$0	\$689	
Rent Office Trailer		\$7,875		\$375	\$8,250	
Postage		\$2,436		\$0	\$2,436	
Photocopies		\$4,237		\$0	\$4,237	
Field Office Equipment		\$739		\$35	\$774	
Communications		\$6,975		\$389	\$7,364	
Drinking Water		\$35		\$0	\$35	
Total Reimbursables	\$55,110	\$27,219		\$799	\$28,018	\$27,092

Champaign County Nursing Home
 PKD Project No. 275
 Itemized Detail of Costs (PKD Change Order No. 1)

Application No: 36
 Application Date: 1/25/06
 Period From: 12/21/05
 To: 1/20/06

General Conditions (PKD Change Order No. 1)

Description	Scheduled Value	Previously Billed	Cost This Period	Total Cost to Date	Balance to Complete
Superintendent	\$269,744	\$304,088	\$9,540	\$313,628	(\$43,884)
Miscellaneous Permits	\$5,000	\$0	\$0	\$0	\$5,000
Project Signs	\$1,200	\$1,919	\$0	\$1,919	(\$719)
Layout by Licensed Surveyor	\$6,000	\$1,642	\$0	\$1,642	\$4,358
Dumpster	\$75,250	\$39,959	\$3,575	\$43,534	\$31,716
Inspect & Test	\$25,000	\$29,576	\$826	\$30,402	(\$5,402)
Project Clean-Up	\$8,400	\$2,932	\$0	\$2,932	\$5,468
Clean Glass	\$2,500	\$0	\$0	\$0	\$2,500
Final Clean-Up	\$5,600	\$0	\$0	\$0	\$5,600
Bid Document Distribution	\$4,000	\$995	\$0	\$995	\$3,005
Job Office Maintenance	\$660	\$0	\$0	\$0	\$660
Temporary Toilets	\$6,600	\$4,422	\$319	\$4,741	\$1,859
Temp. Elect. Serv. Connection	\$15,000	\$16,639	\$0	\$16,639	(\$1,639)
Temp. Water Serv. Connection	\$2,000	\$0	\$0	\$0	\$2,000
Temp Gas Service Connection	\$500	\$0	\$0	\$0	\$500
Elect. Power Serv. Connection	\$7,500	\$0	\$0	\$0	\$7,500
Water Service Connection	\$4,500	\$0	\$0	\$0	\$4,500
Gas/Main Connection	\$500	\$0	\$0	\$0	\$500
Cable TV Connection	\$500	\$0	\$0	\$0	\$500
Electric Power Usage	\$77,000	\$21,881	\$6,781	\$28,662	\$48,338
Partial Winter Protection	\$50,000	\$92,188	\$0	\$92,188	(\$42,188)
Temporary Heat	\$25,000	\$50,270	\$0	\$50,270	(\$25,270)
Small Tools/Equipment	\$1,650	\$798	\$0	\$798	\$852
Rectify/Repair	\$4,400	\$0	\$0	\$0	\$4,400
Project Truck	\$1,650	\$104	\$0	\$104	\$1,546
Dedication	\$2,500	\$0	\$0	\$0	\$2,500
Misc. Site Items	\$5,000	\$232	\$0	\$232	\$4,768
Temp. Roads/Park/Laydown	\$35,000	\$6,809	\$0	\$6,809	\$28,191
Security Fence	\$32,560	\$12,966	\$0	\$12,966	\$19,594
Street Barricades	\$2,500	\$0	\$0	\$0	\$2,500
Pumping/Dewatering	\$2,786	\$226	\$0	\$226	\$2,560
Dust/Noise Partitions	\$12,500	\$847	\$0	\$847	\$11,653
Animal Control A/C		\$7,582	\$0	\$7,582	(\$7,582)
Insulation Removal Wing 1, & 3	\$32,108	\$32,108	\$0	\$32,108	\$0
Total General Conditions	\$725,108	\$628,183	\$21,041	\$649,224	\$75,884



BERNS, CLANCY AND ASSOCIATES

PROFESSIONAL CORPORATION

ENGINEERS • SURVEYORS • PLANNERS

THOMAS B. BERNES
EDWARD L. CLANCY
CHRISTOPHER BILLING

DONALD WAUTHIER

BRIAN CHAILLE
DENNIS CUMMINS
MEG GRIFFIN

MICHAEL BERNES
OF COUNSEL

STATEMENT #1

November 30, 2005

Mr. Denny Inman, Administrator for
Facilities Management & Procurement
CHAMPAIGN COUNTY
1776 East Washington
Urbana, IL 61802

ATTN: Alan Reinhart, Supervisor of Building Maintenance

Professional Services required to November 19, 2005 with regard to **Preparation of Utility Easement Plats and Descriptions related to the New Champaign County Nursing Home Site on the County's East Campus Site, Champaign County, Illinois.**

Services Include:

- Communications with Alan Reinhart with regard to the specific needs of the utility easement plats and descriptions
- Communications with John Indelicato of Ameren-IP with regard to utility company needs and requirements
- Communications and coordination with "Doc" Ribbe and Mike Stilger of PKD and Jeff Gastel of Farnsworth Group to locate electric and natural gas utility extensions at the County Nursing Home Site
- Reconnaissance survey of the site to verify apparent alignments
- Field crew to locate property boundaries on-site and pick-up field location data for utility extensions
- Drafting to prepare Easement Plat
- Preparation of a Legal Description of the utility easement area

cc: Alan Reinhart
O:\BCA\BILLS\4605-40B.doc

- Transmittal of five (5) copies of the utility easement plats and descriptions to Alan Reinhart on April 11, 2005
- Supervision and review of all services performed by a Professional Engineer / Surveyor / Principal of the Firm.

Services provided in response to request by Alan Reinhart and in accordance with our proposal dated April 27, 2004 for Estimated Fees and Expenses of \$5,200 for the water main easement effort.

Professional Grade 7	1.00 hours @	\$110	\$ 110.00
Professional Grade 6	4.00 hours @	86	344.00
Professional Grade 4	4.00 hours @	58	232.00
Technician Grade 4	5.00 hours @	50	250.00
Technician Grade 3	3.50 hours @	46	161.00
Technician Grade 2	7.00 hours @	42	294.00
Technician Grade 1	0.50 hours @	34	17.00
			\$1,408.00

Miscellaneous expenses and materials expended during the course of the work:

Color plot paper	41.00	
Mileage	10.50	
Photocopies	10.00	
Plan sheet copies	18.00	
Postage	0.81	80.31

TOTAL AMOUNT DUE THIS STATEMENT **\$1,488.31**

Respectfully submitted,
BERNS, CLANCY AND ASSOCIATES, P.C.

Thomas Berns

Thomas B. Berns, P.E., L.S., President





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OF COUNSEL

STATEMENT #1

November 30, 2005

Mr. Denny Inman, Administrator for
Facilities Management & Procurement
CHAMPAIGN COUNTY
1776 East Washington
Urbana, IL 61802

ATTN: Alan Reinhart, Supervisor of Building Maintenance

Professional Services required to November 19, 2005 with regard to **Civil Engineering and Surveying Services for the Art Bartell Road Extension and Water Main Extension, Champaign County East Campus / County Nursing Home Site, Champaign County, Illinois.**

Services include:

- Meetings, project liaison, and communications with County Administrative and Highway Department Staff regarding the formulation of the project
- Preparation of Exhibits to disseminate information to County Staff, Board and Facilities Committee members
- General project administration
- Compilation of existing Background Data Acquisition for Topographic and Utility Survey data from prior work on the East Campus Master Plan and from the field surveys for the new County Nursing Home site
- Review of recommendations of the East Campus Master Plan for the Art Bartell Road extension
- Modification of the drainage concept to address concerns and comments of the Urbana Park District

cc: Jeff Blue
o:\bca\bill\4605-33B

X 405 EAST MAIN STREET • POST OFFICE BOX 755 • URBANA, IL 61803-0755 • 217/384-1144 • FAX 217/384-3355

- Modification of previously prepared documents
- Design of Final Road Extension to include the new parameters of alignment, cross sections, drainage and access concerns
- Preparation of final Plan / Profile Sheets, details and other data for construction of the road and water main extension to Lierman Avenue
- Submittal of Review Sets for comment to the Highway Department
- Final submittal of Construction Documents to County Administrative and Highway Department Staff and City of Urbana Permitting Staff
- Field staking of centerline and other control points for Highway Department use
- Coordination of water main extension with water company personnel
- Preparation of water main extension permit application documents and circulation for signatures
- Preparation of "Agreement" documentation for use in County / Water Company Agreements
- Supervision and review of all work performed by a Professional Engineer / Surveyor / Principal of the Firm.



Art Bartell Road Extension

Statement #1

November 30, 2005

Page 3 of 3

Services authorized by Mr. Denny Inman in accordance with our proposal dated March 31, 2005 for estimated Fees and Expenses of \$37,100.

Professional Grade 7	4.00 hours @	\$110	\$ 440.00
Professional Grade 6	154.00 hours @	86	13,244.00
Professional Grade 5	1.00 hours @	72	72.00
Professional Grade 4	7.50 hours @	58	435.00
Professional Grade 2	20.00 hours @	52	1,040.00
Professional Grade 1	37.50 hours @	40	1,500.00
Technician Grade 4	179.50 hours @	50	8,975.00
Technician Grade 3	20.50 hours @	46	943.00
Technician Grade 2	48.00 hours @	42	2,016.00
Technician Grade 1	9.00 hours @	34	<u>306.00</u>
			\$28,971.00

Miscellaneous expenses and materials expended during the course of the work:

CD ROM	25.00	
Color plot paper	91.25	
Dean's Blueprint	191.40	
Mileage	12.40	
Photocopies	40.00	
Plan sheet copies	413.60	
Postage	7.30	
Miscellaneous	8.25	<u>789.20</u>

TOTAL AMOUNT DUE

\$29,760.20

Respectfully submitted,
BERNS, CLANCY AND ASSOCIATES, P.C.

Thomas Berns

Thomas B. Berns, P.E., L.S., President





BERNS, CLANCY AND ASSOCIATES

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MICHAEL BERNs
OF COUNSEL

STATEMENT #1

November 30, 2005

Mr. Denny Inman, Administrator for
Facilities Management & Procurement
CHAMPAIGN COUNTY
1776 East Washington
Urbana, IL 61802

ATTN: Alan Reinhart, Supervisor of Building Maintenance

Professional Services required to November 19, 2005 with regard to **Professional Engineering Services for an Interim Stormwater Management Plan Study and Design Related to New Champaign County Nursing Home Site Development / Champaign County East Campus, Champaign County, Illinois.**

Task 2 – Interim Stormwater Management Plan

Services authorized by the Champaign County Board on July 8, 2004 in accordance with our proposal dated April 27, 2004 for estimated Fees and Expenses for **Task 2** Services Phase A – Study of \$6,300 and Phase B – Design of \$12,200 for a total of \$18,500.

<u>Phase</u>	<u>Contract Amount</u>	<u>Percent Complete</u>	<u>Amount Billed</u>
Study	\$ 6,300	60%	\$3,780.00
Design	<u>12,200</u>	30%	<u>3,660.00</u>
TOTAL	\$18,500	-----	\$7,440.00

Respectfully submitted,
BERNS, CLANCY AND ASSOCIATES, P.C.

Thomas B. Berns, P.E., L.S., President



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MICHAEL BERNs
OF COUNSEL

STATEMENT #1

November 30, 2005

Mr. Denny Inman, Administrator for
Facilities Management & Procurement
CHAMPAIGN COUNTY
1776 East Washington
Urbana, IL 61802

Professional Services required to November 19, 2005 with regard to **Professional Consulting, Engineering, and Surveying Services for Miscellaneous Tasks and On-Site Storm Sewer and Drainage Revisions Related to New Champaign County Nursing Home Site Development / Champaign County East Campus, Champaign County, Illinois.**

Task 1 – General Consultation for Miscellaneous Nursing Home Site Issues

- Communications and coordination with Urbana Park District personnel with regard to existing drainage patterns through Prairie Park and anticipated impacts expected from the development of the new County Nursing Home Site
- Field work to locate all trees within the potentially affected area and to meet with Urbana Park District Staff
- Revision of prior surveys to depict title lines and locations of trees and drainage ways through Urbana Park District Prairie Park
- Preparation of documentation and submittal to Denny Inman to support a County / Urbana Park District Agreement
- Appearance at Urbana Park District Board Meetings with Denny Inman in support of a County / Urbana Park District Agreement
- Assemble background site data from previous BCA services
- Request Storm Sewer Design Data and Stormwater Management Modeling information from Farnsworth Group for the Champaign County Nursing Home site drainage design

Champaign County Nursing Home Site

Statement #1

November 30, 2005

Page 2 of 4

- Coordination with City of Urbana, Urbana Park District, Drainage District, and Urbana Township on their likely requirements for interim Stormwater Management
- Meeting with Urbana Park District Staff to define the concerns and constraints of interim measures that might be implemented on their downstream park land
- Coordination with Urbana Park District Staff, Farnsworth Group, the Construction Manager (PKD), the City of Urbana, and Urbana Township, and others with regard to the alignment of the proposed storm sewer across Urbana Park District Prairie Park, south of the new Champaign County Nursing Home site
- Analysis of hydrology and hydraulics – hydrologic modeling needed to devise an acceptable management strategy to meet all needs, constraints and requirements
- Preparation of plan, profile, and typical cross section exhibits to depict the proposed conveyance to the interim stormwater detention facility
- Review of storm sewer design data from Farnsworth Group for the Nursing Home Site drainage design
- Coordination with County Staff, Urbana Park District Staff, Farnsworth Group, the Construction Manager (PKD), the City of Urbana, Urbana Township, and others with regard to On-Site Storm Sewer for the new Champaign County Nursing Home site
- Development of the initial concept for storm sewer revisions to reflect the coordinated On-Site Drainage Plan
- Design of Storm Sewer Revisions on the Champaign County Nursing Home site
- Preparation of revised Storm Sewer Plan and Profile Documents to depict the proposed storm sewer revisions
- Compilation of all changes in pay item quantities due to the proposed storm sewer revisions
- Transmittal of revised Storm Sewer Plan and Profile documents to County and Park District Staff for review and comment prior to issuance for construction



Champaign County Nursing Home Site

Statement #1

November 30, 2005

Page 3 of 4

- Correspondence with County Staff, Urbana Park District Staff, Farnsworth Group, and the Construction Manager (PKD) to convey changes in pay item quantities due to the proposed storm sewer revisions, to facilitate pricing and construction of the revised work
- Coordination and communication with County Staff, Farnsworth Group, the Construction Manager (PKD), and others with regard to the alignment of the proposed storm sewer between Manhole (B3) and Manhole (B5) with respect to locations of new light poles and foundations
- Coordination and communication with County Staff, Farnsworth Group, the Construction Manager (PKD), and others regarding the alignment of the proposed streets and curbs at the new Champaign County Nursing Home entrance from the proposed Art Bartell Drive
- Preparation of a Request for Proposal including Plan Exhibits to depict the above site work changes
- Transmittal of seven (7) sets of Request for Proposal documents to County Staff, Farnsworth Group, and the Construction Manager (PKD) to obtain Contractor response
- Shop drawing review and correspondence with County Staff, Farnsworth Group, and Construction Manager (PKD) with regard to associated storm manhole and inlet structures
- Reorganization of Plan View and Profile View depictions on Construction Documents as requested by County Staff
- Provision of staking data and general layout assistance to Vegrzyn, Sarver and Associates, surveyors performing construction staking at the Nursing Home site
- Revision of drainage concept at parking areas to address water quality concerns raised by the Urbana Park District in relation to the County / Urbana Park District Agreement
- Redesign of parking area grading and drainage infrastructure and preparation of 11-inch by 17-inch exhibits and descriptions for change order paperwork
- Submittal of periodic status reviews of documents to County Staff



Champaign County Nursing Home Site

Statement #1

November 30, 2005

Page 4 of 4

- Communications with PKD Staff to answer questions related to construction details as they arise
- Supervision and review of all work performed by a Professional Engineer / Surveyor / Principal of the Firm.

Services authorized by the Champaign County Board on July 8, 2004 in accordance with our proposal dated April 27, 2004 on an hourly basis as requested by Champaign County Staff.

Professional Grade 7	4.00 hours @	\$110	\$ 440.00
Professional Grade 6	74.50 hours @	86	6,407.00
Professional Grade 4	8.00 hours @	58	464.00
Professional Grade 2	8.00 hours @	52	416.00
Professional Grade 1	9.00 hours @	40	360.00
Technician Grade 4	20.00 hours @	50	1,000.00
Technician Grade 3	6.00 hours @	46	276.00
Technician Grade 2	11.00 hours @	42	462.00
Technician Grade 1	7.00 hours @	34	238.00
			<u>\$10,063.00</u>

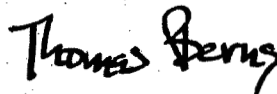
Miscellaneous expenses and materials expended during the course of the work:

Exhibit materials	307.96		
Color plot paper	238.75		
CD ROM	25.00		
Mileage	21.00		
Photocopies	100.20		
Plan sheet copies	560.80		
Miscellaneous	21.25		
			<u>1,274.96</u>

TOTAL AMOUNT DUE

\$11,337.96

Respectfully submitted,
Berns, Clancy and Associates, P.C.



Thomas B. Berns, P.E., L.S., President



- NEW YORK
- LONDON
- LOS ANGELES
- CHICAGO
- HOUSTON
- PHILADELPHIA
- SAN DIEGO
- SAN FRANCISCO
- BOSTON
- WASHINGTON, DC
- ATLANTA
- MIAMI
- PITTSBURGH
- NEWARK
- ALLENTOWN
- WILMINGTON
- HARRISBURG
- PRINCETON
- WESTCHESTER

December 15, 2005

ANDREW BUFFENBARGER
 ADMINISTRATOR
 CHAMPAIGN COUNTY NURSING HOME
 1701 EAST MAIN STREET
 URBANA, IL 61801

CERTIFICATE OF NEED

File# E1005-00001

Invoice# 1140066

IRS# 23-1392502

FOR PROFESSIONAL SERVICES RECORDED
 THROUGH 11/30/2005 IN CONNECTION
 WITH THE ABOVE-CAPTIONED MATTER.

\$12,711.00

DISBURSEMENTS

PRINTING & DUPLICATING

6.80

TELECOPY

32.30

TOTAL DISBURSEMENTS

\$39.10

BALANCE DUE THIS INVOICE

\$12,750.10

TOTAL BALANCE DUE

\$12,750.10

File # E1005-00001
CERTIFICATE OF NEED

INVOICE # 1140066

<u>DATE</u>	<u>ID #</u>	<u>TIMEKEEPER</u>		<u>HOURS</u>
11/1/2005	02160	NJ LYNN	TELEPHONE CALL FROM MR. BILIMORIA RE RESULTS RE IHFPB MEETING RE ALTERATION REQUEST AND OBLIGATION	0.10
11/1/2005	02190	NM BILIMORIA	MEETING WITH CLIENT AND EXPERT IN PREPARATION FOR IHFPB ALTERATION REQUEST MEETING; ATTENDANCE AT IHFPB MEETING; FOLLOW UP MEETING WITH CLIENT AND EXPERT RE: MOLD REMEDIATION	9.70
11/2/2005	02160	NJ LYNN	CONFERENCE WITH MR. BILIMORIA RE IHFPB MEETING, FOLLOW UP WITH MR. SILBERMAN RE ALTERATION REQUEST RE BED CHANGE, NEXT IHFPB MEETING AND OBLIGATION; TELEPHONE CALL TO MR. SILBERMAN RE SAME	0.30
11/2/2005	02190	NM BILIMORIA	ANALYZE STATUS OF PROJECT AND NEEDED TASKS FOR RESOLUTION OF PROJECT; REVIEW NOTES RE: SAME	1.20
11/4/2005	02160	NJ LYNN	CONFERENCE WITH MR. BILIMORIA RE OUTSTANDING TASKS; TELEPHONE DISCUSSION WITH MR. SILBERMAN RE IHFPB'S POSITION RE ALTERATION REQUEST RE BED CHANGE	0.50
11/7/2005	02190	NM BILIMORIA	MEETING WITH MR. LYNN RE: PLANNING BOARD ISSUES AND DISCUSSIONS WITH DEPUTY CHIEF COUNSEL; DRAFT LETTER TO DEPUTY COUNSEL AFTER RESEARCH CONCERNING ALTERATION AND OBLIGATION; DRAFT OBLIGATION CERTIFICATE; DRAFT REVISIONS TO SAME; MEETING WITH MR. LYNN RE: SAME	2.90
11/9/2005	02160	NJ LYNN	REVIEW AND REDRAFT CORRESPONDENCE TO MR. SILBERMAN RE OBLIGATION AND POSSIBLE IMPLICATIONS RE BED CHANGE ALTERATION; REVIEW RESEARCH RE SAME; REDRAFT CERTIFICATION OF OBLIGATION	0.90
11/9/2005	02190	NM BILIMORIA	TELEPHONE CALL FROM MR. SELANDER RE: STATUS; TELEPHONE CALL FROM MR. LYNN RE: MEETING WITH DEPUTY CHIEF COUNSEL AND POSSIBLE LETTER TO DEPUTY CHIEF COUNSEL RE: ALTERATION FOR 34 BED INCREASE AND RAMIFICATIONS OF OBLIGATION	0.60
11/10/2005	02160	NJ LYNN	MEETING WITH MR. SILBERMAN RE ALTERATION REQUEST RE BED CHANGE AND RE POSSIBLE ISSUES RE CHANGE IN BEDS AFTER OBLIGATION PERIOD; CONFERENCE WITH MR. BILIMORIA RE RESULTS RE MEETING; REDRAFT CORRESPONDENCE TO MR. SILBERMAN RE BED CHANGE AFTER OBLIGATION PERIOD	0.90
11/11/2005	02160	NJ LYNN	TELEPHONE DISCUSSION WITH MR. INMAN RE RESULTS RE MEETING WITH MR. SILBERMAN RE BED CAHNGE ALTERATION REQUEST AND CERTIFICATE OF OBLIGATION	0.20

File # E1005-00001
CERTIFICATE OF NEED

INVOICE # 1140066

<u>DATE</u>	<u>ID #</u>	<u>TIMEKEEPER</u>		<u>HOURS</u>
11/11/2005	02190NM	BILIMORIA	REDRAFT OF CERTIFICATION OF OBLIGATION AND RESEARCH CONCERNING POTENTIAL PITFALLS TO OBLIGATION AND SUBSEQUENT ALTERATION, INCLUDING INVALIDATION OF PERMIT; REDRAFT CORRESPONDENCE TO DEPUTY CHIEF COUNSEL RE: SAME AND CHRONOLOGY OF EVENTS THAT WOULD ELIMINATE POSSIBLE INVALIDATION OF PERMIT UPON OBLIGATION	1.80
11/14/2005	02160NJ	LYNN	CONFERENCE WITH MR. BILIMORIA RE CERTIFICATE OF OBLIGATION AND DRAFT CORRESPONDENCE TO MR. SILBERMAN RE SAME AND BED CHANGE POST-OBLIGATION	0.20
11/14/2005	02190NM	BILIMORIA	MEETING WITH MR. LYNN RE: OBLIGATION AND CERTIFICATION; DRAFT REVISIONS TO CERTIFICATION OF OBLIGATION AND POSSIBLE QUESTIONS FOR CLIENT; TELEPHONE CONFERENCE WITH MR. LYNN AND CLIENT RE: STATUS ON ALTERATION REQUEST FOR 34 NURSING BEDS AND DISCUSSION OF STRATEGY MOVING FORWARD; DISCUSSION OF CERTIFICATION OF OBLIGATION AND CLARIFICATION OF ISSUES FOR SAME; DRAFT REVISIONS TO CERTIFICATION AND DRAFT CORRESPONDENCE TO CLIENT RE: SAME; DRAFT CORRESPONDENCE TO CLIENT ENCLOSING DRAFT LETTER TO DEPUTY CHIEF COUNSEL RE: RECENT DISCUSSIONS AND ISSUES RE: PREVENTING INVALIDATION OF PERMIT	2.90
11/15/2005	02160NJ	LYNN	CONFERENCE WITH MR. BILIMORIA RE HIS DISCUSSION WITH MR. SILBERMAN RE BED CHANGE ALTERATION REQUEST AND NO AFFECT RE OBLIGATION PERIOD; TELEPHONE DISCUSSION WITH MR. UHLIG RE PRE-LICENSURE AND LICENSURE SURVEY	0.40
11/15/2005	02190NM	BILIMORIA	TELEPHONE CALL FROM DEPUTY CHIEF COUNSEL RE: ALTERATION REQUEST AND OVERALL STATUS OF PROJECT; DRAFT INITIAL CORRESPONDENCE TO CLIENT RE: SAME; TELEPHONE CONFERENCE WITH CLIENT RE: CERTIFICATION OF OBLIGATION STATUS AND DISCUSSION OF RECENT MEETING WITH DEPUTY CHIEF COUNSEL; DISCUSSION OF STRATEGY FOR ALTERATION REQUEST; DRAFT CORRESPONDENCE TO FORMER ADMINISTRATOR RE: SAME; DISCUSSION OF STRATEGY FOR OPENING OF FACILITY AND STEPS FOR SAME; MEETING WITH MR. SELANDER RE: SAME	2.50
11/16/2005	02160NJ	LYNN	CONFERENCE WITH MR. BILIMORIA RE CERTIFICATE OF OBLIGATION, LICENSE APPLICATION, BED CHANGE ALTERATION REQUEST AND POSSIBLE ADDITIONAL INFORMATION, AND FOLLOW UP WITH MR. INMAN RE PRE-LICENSURE SURVEY	0.30

File # E1005-00001
CERTIFICATE OF NEED

INVOICE # 1140066

DATE	ID #	TIMEKEEPER		HOURS
11/16/2005	02190	NM BILIMORIA	TELEPHONE CONFERENCE WITH CLIENT RE: OBLIGATION CERTIFICATE AND STATUS ON PROJECT; DISCUSSION OF MEETING WITH DEPUTY CHIEF COUNSEL AND IMPLICATIONS OF SAME; DISCUSSION OF STRATEGY FOR PROJECT ALTERATION REQUEST FOR 34 BEDS; DISCUSSION OF IHFPB ISSUES; DRAFT CORRESPONDENCE TO CLIENT ADMINISTRATOR RE: PREPARATION FOR ALTERATION AT IHFPB MEETING; REVIEW CORRESPONDENCE FROM CLIENT RE: SAME; DRAFT CORRESPONDENCE TO IHFPB RE: SUBMISSIONS FOR ALTERATION AND DRAFT RESPONSE TO CLIENT RE: SAME; MEETING WITH MR. LYNN RE: SAME; CORRESPONDENCE TO FORMER ADMINISTRATOR RE: DEADLINE FOR SUBMISSION OF ADDITIONAL MATERIALS AND INFORMATION TO IHFPB; DRAFT CORRESPONDENCE TO AND FROM IHFPB PROJECT STAFF RE: SAME; DRAFT CORRESPONDENCE TO FORMER ADMINISTRATOR RE: SAME	2.80
11/17/2005	02160	NJ LYNN	TELEPHONE DISCUSSION WITH MR. BILIMORIA RE STATUS RE CERTIFICATE OF OBLIGATION FILING; TELEPHONE CALL TO MR. SILBERMAN RE BED CHANGE ALTERATION REQUEST	0.20
11/17/2005	02190	NM BILIMORIA	REVIEW CORRESPONDENCE FROM CLIENT RE: CERTIFICATION OF OBLIGATION; PREPARATION OF SAME FOR FILING WITH IHFPB; DRAFT CORRESPONDENCE TO IHFPB RE: CONFIRMATION OF CERTIFICATION OF OBLIGATION AND INSERTION OF APPROPRIATE LANGUAGE THEREIN FOR SAME; DRAFT CORRESPONDENCE TO CLIENT RE: SAME; DRAFT REVISIONS TO IHFPB CORRESPONDENCE; TELEPHONE CONFERENCE WITH MR. LYNN RE: STATUS OF SAME; DRAFT CONFIRMATION OF UNDERSTANDING LETTER TO DEPUTY CHIEF COUNSEL RE: 34 BED ALTERATION AND NO THREAT TO CON PERMIT; DRAFT ADDITIONAL LANGUAGE RE: CONFIRMATION OF NO OBJECTIONS FROM IDPH RE: ALTERATION REQUEST; DRAFT FINAL REVISIONS TO SAME	2.40
11/18/2005	02160	NJ LYNN	TELEPHONE DISCUSSION WITH MR. BILIMORIA RE FILING RE CERTIFICATE OF OBLIGATION	0.10
11/18/2005	02190	NM BILIMORIA	REVISIONS TO LETTER TO CLIENT RE: CONVERSATION WITH DEPUTY CHIEF COUNSEL; REVIEW OF TRANSCRIPT OF IHFPB MEETING AND INCORPORATION OF SAME INTO LETTER WITH ANALYSIS OF SAME; DRAFT REVISIONS TO LETTER TO CLIENT; REVIEW OF CERTIFICATION OF OBLIGATION AND PREPARATION OF SAME FOR CLIENT	1.70

File # E1005-00001
CERTIFICATE OF NEED

INVOICE # 1140066

<u>DATE</u>	<u>ID #</u>	<u>TIMEKEEPER</u>	<u>HOURS</u>
11/29/2005	02160	NJ LYNN	0.20
		REVIEW E-MAILS RE PRE-LICENSURE SURVEY AND CERTIFICATION OF OBLIGATION; CONFERENCE WITH MR. BILIMORIA RE DISCUSSION WITH IHFPB RE OBLIGATION DATE AND FOLLOW UP WITH MR. JONES	
11/29/2005	02190	NM BILIMORIA	3.70
		TELEPHONE CALL FROM IDPH RE: STATUS ON LICENSURE APPLICATION; TELEPHONE CALL TO IDPH RE: REQUEST FOR SAME; REVIEW CORRESPONDENCE FROM CLIENT RE: LIABILITY ISSUES RE: RELIABLE HVAC; MEETING WITH MR. SELANDER RE: SAME; REVIEW CORRESPONDENCE FROM CLIENT RE: ISSUES RE: CONSTRUCTION OF EXTERIOR WALL; TELEPHONE CALL FROM IHFPB RE: CERTIFICATION OF OBLIGATION; REVIEW OF RULES RE: SAME AND CERTIFICATION; TELEPHONE CALL TO IHFPB RE: CONCERNS AND DISCUSSION OF SUBMISSION OF CONCERN TO PROJECT STAFF SUPERVISOR; MEETING WITH MR. LYNN RE: SAME; DRAFT CORRESPONDENCE TO PROJECT STAFF RE: CLARIFICATION OF RULES AND NEED TO PUT CERTIFICATION ISSUE TO REST; TELEPHONE CALL FROM IHFPB RE: MEETING WITH SUPERVISOR AND DISCUSSION OF NEEDED INFORMATION IN CERTIFICATION OF OBLIGATION AND DISCUSSION OF DISAGREEMENT IN RULES RE: SAME; TELEPHONE CALL TO IHFPB PROJECT SUPERVISOR RE: ALTERNATIVE MEANS OF COMPLYING WITH CERTIFICATION REQUIREMENTS PURSUANT TO IHFPB RULES; TELEPHONE CALL FROM IHFPB SUPERVISOR AND PROJECT REVIEWER RE: OBLIGATION ISSUES AND RESOLUTION OF INTERPRETATION DISCREPANCY; DRAFT CORRESPONDENCE TO CLIENT RE: SAME AND NEED FOR SIGNATURES ON ORIGINAL OBLIGATION CERTIFICATION; DRAFT EXPLANATION OF DISAGREEMENT WITH IHFPB INTERPRETATION OF BOARD RULES AND COMPLIANCE WITH IHFPB'S REQUEST	
TOTAL SERVICES			36.50

File # E1005-00001
CERTIFICATE OF NEED

INVOICE # 1140066

<u>DATE</u>	<u>DISBURSEMENTS</u>	<u>AMOUNT</u>
11/30/2005	TELECOPY	32.30
		Total: \$32.30
11/30/2005	PRINTING & DUPLICATING	6.80
		Total: \$6.80
	TOTAL DISBURSEMENTS	\$39.10

File # E1005-00001
CERTIFICATE OF NEED

INVOICE # 1140066

TIMEKEEPER

NO.	NAME	CLASS	HOURS	RATE	VALUE
02160	NJ LYNN	PARTNER	4.30	410.00	1,763.00
02190	NM BILIMORIA	PARTNER	32.20	340.00	10,948.00
			36.50		\$12,711.00

DuaneMorris

FIRM and AFFILIATE OFFICES

NEW YORK
LONDON
LOS ANGELES
CHICAGO
HOUSTON
PHILADELPHIA
SAN DIEGO
SAN FRANCISCO
BOSTON
WASHINGTON, DC
ATLANTA
MIAMI
PITTSBURGH
NEWARK
ALLENTOWN
WILMINGTON
HARRISBURG
PRINCETON
WESTCHESTER

December 15, 2005

ANDREW BUFFENBARGER
ADMINISTRATOR
CHAMPAIGN COUNTY NURSING HOME
1701 EAST MAIN STREET
URBANA, IL 61801

MOLD REMEDIATION

File# E1005-00003 Invoice# 1140067

IRS# 23-1392502

FOR PROFESSIONAL SERVICES RECORDED
THROUGH 11/30/2005 IN CONNECTION
WITH THE ABOVE-CAPTIONED MATTER.

\$6,548.00

DISBURSEMENTS

MEETING EXPENSE	11.98	
MISCELLANEOUS	79.14	
OVERNIGHT MAIL	9.68	
PRINTING & DUPLICATING	.20	
TOTAL DISBURSEMENTS		<u>\$101.00</u>

BALANCE DUE THIS INVOICE \$6,649.00

PREVIOUS BALANCE \$34,746.86

TOTAL BALANCE DUE \$41,395.86

File # E1005-00003
 MOLD REMEDIATION

INVOICE # 1140067

DATE	ID #	TIMEKEEPER		HOURS
11/1/2005	03600	L SELANDER	TELEPHONE CALLS AND CONFERENCES RE STATUS AND STRATEGY	1.20
11/2/2005	03600	L SELANDER	VARIOUS TELEPHONE CALLS AND OFFICE CONFERENCES	0.80
11/2/2005	02190	NM BILIMORIA	MEETING WITH MR. LYNN RE: STATUS OF IHFPB MEETING	0.50
11/8/2005	03600	L SELANDER	VARIOUS TELEPHONE CALLS	0.40
11/8/2005	02190	NM BILIMORIA	MEETING WITH MR. SELANDER RE: POSSIBLE AVENUES FOR SETTLEMENT AND DISCUSSION OF STATUS OF MEETINGS WITH IHFPB	1.00
11/9/2005	03600	L SELANDER	TELEPHONE CALLS WITH S. RATERMAN RE STATUS; CALL WITH BRUCE; CONFERENCE WITH N. BILLIMORIA	0.70
11/10/2005	03600	L SELANDER	CONFERENCE WITH N. BILIMORIA RE STRATEGY; REVIEW INSURANCE DOCUMENTS.	1.40
11/11/2005	03600	L SELANDER	TELEPHONE CONFERENCES WITH BRUCE RE WEATHER AND REDRAFT REPORT; REVIEW DOCUMENTS.	0.90
11/14/2005	03600	L SELANDER	OFFICE CONFERENCE WITH N. BILIMORIA RE STRATEGY; CONFERENCE WITH RATTERSMAN.	0.90
11/14/2005	02190	NM BILIMORIA	MEETING WITH MR. SELANDER RE: POSSIBLE SETTLEMENT OF CLAIMS AND DISCUSSION OF POSSIBLE MEETING WITH EXPERT; TELEPHONE CALL TO EXPERT RE: SAME AND DISCUSSION OF ISSUES RE: RECOUPMENT OF MONEY FROM THIRD PARTIES; DRAFT CORRESPONDENCE TO AND FROM MR. SELANDER RE: SAME	1.20
11/18/2005	02190	NM BILIMORIA	MEETING WITH MR. SELANDER RE: STATUS AND MEETING WITH EXPERT	0.50
11/21/2005	03600	L SELANDER	PREPARING FOR MEETING WITH S. RATESUIAN; VARIOUS TELEPHONE CONFERENCES RE STATUS OF REPAIRS.	1.20
11/22/2005	03600	L SELANDER	PREPARE FOR MEETING WITH S. RATTERMAN.	0.50
11/23/2005	03600	L SELANDER	MEETING WITH S. RATTERMAN TO DISCUSS RESULTS OF WORKING POSSIBLE CERTIFICATION AND STRATEGY RE RECOVERY OF MONEY; REVIEWING PKD CONTRACT.	3.00
11/29/2005	03600	L SELANDER	REDRAFT HOLD HARMLESS LETTER AND RELATED REVIEW OF MATERIALS; TELEPHONE CONFERENCES WITH D. INMAN AND S. RATERUIAN.	0.70
11/30/2005	03600	L SELANDER	CONFERENCE WITH N. BILLIMORIA; TELEPHONE CALL WITH D. INMAN	0.30
			TOTAL SERVICES	15.20

File # E1005-00003
MOLD REMEDIATION

INVOICE # 1140067

DATE	DISBURSEMENTS	AMOUNT
11/30/2005	MEETING EXPENSE	11.98
		<u>Total: \$11.98</u>
11/4/2005	OVERNIGHT MAIL PACKAGE SENT TO JEFF MARK AT IL HEALTH FACILITIES PLANNING - SPRINGFIELD, IL FROM NEVILLE BILIMORIA AT DUANE MORRIS LLP - CHICAGO, IL (TRACKING #790702923520)	9.68
		<u>Total: \$9.68</u>
8/3/2005	MISCELLANEOUS	16.00
11/9/2005	MISCELLANEOUS	63.14
		<u>Total: \$79.14</u>
11/30/2005	PRINTING & DUPLICATING	0.20
		<u>Total: \$0.20</u>
	TOTAL DISBURSEMENTS	<u>\$101.00</u>

File # E1005-00003
MOLD REMEDIATION

INVOICE # 1140067

TIMEKEEPER

NO.	NAME	CLASS	HOURS	RATE	VALUE
03600	L SELANDER	PARTNER	12.00	455.00	5,460.00
02190	NM BILIMORIA	PARTNER	3.20	340.00	1,088.00
			15.20		\$6,548.00

DuaneMorris

FIRM and AFFILIATE OFFICES

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BOSTON
WASHINGTON, DC
LAS VEGAS
ATLANTA
MIAMI
PITTSBURGH
NEWARK
ALLENTOWN
WILMINGTON
HARRISBURG
PRINCETON
LAKE TAHOE

January 16, 2006

ANDREW BUFFENBARGER
ADMINISTRATOR
CHAMPAIGN COUNTY NURSING HOME
1701 EAST MAIN STREET
URBANA, IL 61801

MOLD REMEDIATION

File# E1005-00003

Invoice# 1145927

IRS# 23-1392502

FOR PROFESSIONAL SERVICES RECORDED
THROUGH 12/31/2005 IN CONNECTION
WITH THE ABOVE-CAPTIONED MATTER.

\$1,335.00

DISBURSEMENTS

TELECOPY

48.45

TOTAL DISBURSEMENTS

\$48.45

BALANCE DUE THIS INVOICE

\$1,383.45

PREVIOUS BALANCE

\$6,649.00

TOTAL BALANCE DUE

\$8,032.45

File # E1005-00003
MOLD REMEDIATION

INVOICE # 1145927

<u>DATE</u>	<u>ID #</u>	<u>TIMEKEEPER</u>		<u>HOURS</u>
12/2/2005	03600L	SELANDER	TELEPHONE CALLS WITH D. INMAN AND S. RATERMAN	0.40
12/6/2005	03600L	SELANDER	CONFERENCE WITH N. BILIMORIA; TELEPHONE CALL WITH D. INMAN; RECEIVE INSURANCE DOCUMENTS	0.90
12/6/2005	02190NM	BILIMORIA	TELEPHONE CONFERENCE WITH MR. SELANDER AND CLIENT RE: STATUS OF NEGOTIATIONS	0.50
12/14/2005	03600L	SELANDER	DRAFT INSURANCE LETTER	0.30
12/15/2005	03600L	SELANDER	VARIOUS TELEPHONE CALLS	0.40
12/21/2005	02160NJ	LYNN	CONFERENCE WITH MR. BILIMORIA RE STATUS RE SETTLEMENT NEGOTIATIONS AND RE STRATEGY RE MEETING WITH CONTRACTORS AND SUBCONTRACTORS	0.30
12/22/2005	03600L	SELANDER	CONFERENCE WITH N. BILIMORIA RE INSURANCE ISSUES	0.20
12/30/2005	02160NJ	LYNN	REVIEW STATUS RE MEETING AND OUTSTANDING ISSUES	0.10
			TOTAL SERVICES	3.10

File # E1005-00003
MOLD REMEDIATION

INVOICE # 1145927

<u>DATE</u>	<u>DISBURSEMENTS</u>	<u>AMOUNT</u>
12/31/2005	TELECOPY	48.45
	Total:	<u>\$48.45</u>
	TOTAL DISBURSEMENTS	<u>\$48.45</u>

File # E1005-00003
MOLD REMEDIATION

INVOICE # 1145927

TIMEKEEPER					
NO.	NAME	CLASS	HOURS	RATE	VALUE
03600	L SELANDER	PARTNER	2.20	455.00	1,001.00
02160	NJ LYNN	PARTNER	0.40	410.00	164.00
02190	NM BILIMORIA	PARTNER	0.50	340.00	170.00
			3.10		\$1,335.00

December 29, 2005

Letter of Agreement

Mr. Denny Inman
County Administrator
Brookens Administrative Center
1776 East Washington Street
Urbana, Illinois 61802

Dear Mr. Inman:

The Raterman Group, Ltd. (The Raterman Group) is pleased to provide this proposal for environmental consulting services designed to address moisture control and monitoring activities subsequent to microbial remediation at the Champaign County Nursing Home. The Scope of Work is based upon our meeting of September 12, 2005 and The Raterman Group's observations during our investigation and monitoring of the microbial remediation work.

Background

Due to excessive moisture loading, visible mold grew on the wood, OSB and limited areas of gypsum board in the Champaign County Nursing Home under construction at 500 South Art Bartell Road. Champaign County Administration undertook a microbial remediation project during which visible, accessible mold on wall and roof framing members, sheathing and roof underlayment was removed and a sealant was applied to those surfaces. There was also the potential for colonized mold in concealed areas such as the stud surface next to the sheathing and the window headers. A sealant was applied in these areas.

It is imperative that bulk moisture intrusion, moisture vapor infiltration and high humidity conditions be prevented to minimize the likelihood of future mold growth. Future operations or conditions that could cause elevated moisture in the building should be identified and controlled.

The presence of microbial organisms on building materials and in the ambient air changes with environmental factors. It is prudent to ensure that acceptable indoor air quality is being maintained in the future by instituting an on-going monitoring program.

Scope of Work

The Raterman Group will perform the following services which are designed to address control of moisture and microbial organisms in the Champaign County Nursing Home:

- A. Development of Moisture Control Plan

Write a plan for the facility that identifies potential sources of bulk water and water vapor intrusion, operation and maintenance practices for proper moisture and humidity control and appropriate responses to water intrusion incidents. Tasks such as identifying appropriate relative humidity sensors and placement of the sensors will be addressed in this phase of work.

B. Consultation during Illinois Department of Public Health Meetings

Participate in the Architectural and Nursing walkthroughs (total of two visits) for the Certificate of Occupancy. Provide documentation of microbial remediation efforts as requested.

C. Ongoing Monitoring for Fungi

Perform sampling for airborne fungal contaminants in accordance with the following schedule:

2006 Sampling Plan

Type of Sampling	First Quarter Samples	Second Quarter Samples	Third Quarter Samples	Fourth Quarter Samples
Viable	90	--	90	--
Spore Trap	90	90	90	90

2007 Sampling Plan

Type of Sampling	Second Quarter Samples	Fourth Quarter Samples
Viable	90	--
Spore Trap	90	90

2008 Sampling Plan

Type of Sampling	Second Quarter Samples	Fourth Quarter Samples
Viable	90	--
Spore Trap	90	90

Viable and non-viable air samples will be collected in locations throughout the four resident wings, the core spaces, each attic and the basement of the facility.

Sample numbers will be adjusted if conditions warrant. Samples will be analyzed by a laboratory accredited by the American Industrial Hygiene Association in Environmental Microbiology.

A comprehensive written report including scope of work, methodologies, results and their interpretation will be issued for each round of samples collected.

D. Incident Based Consulting

Provide professional services at the request of the County on an as needed basis.

Assignment of Responsibilities

The project manager will be Susan M. Raterman, CIH. She will be responsible for the development of the Moisture Control Plan, meeting with IDPH representatives, and ongoing consultation. Brian Bussey will provide on-site field sampling services.

Compensation

The estimated cost associated with the activities as outlined in the Scope of Work follow:

A. Moisture Control Plan		\$ 3,100
B. IDPH On-Site Meetings		\$ 5,760
C. Air Monitoring for Fungi	2006	\$60,200
	2007	\$31,605
	2008	\$33,190
D. Incident Based Consultation		\$Time and Materials

Actual fees are dependent upon the professional services provided, the number of samples collected, and the expenses incurred in the performance of the activities as described in the Scope of Work. The fees are based upon the fee schedule presented in Exhibit One, are effective for ninety (90) days, and are subject to change thereafter. Any other additional consultation authorized by the Client shall be billed in accordance with the fee schedule set forth in Exhibit One. Fee Schedules for 2007 and 2008 will be submitted prior to the end of the preceding year. For the purposes of estimating the work, an increase of 5% for labor and laboratory costs was used.

Invoices for fees and expenses shall be submitted monthly and are due within thirty (30) days of receipt. Payments not received within forty-five (45) days shall accrue and be assessed interest at the rate of 1.5% per month until paid.

Terms

1. The relationship between Client and The Raterman Group shall be that of a Buyer and Seller of professional service. It is understood that the Parties have not entered into any joint venture or partnership with the other. The Raterman Group shall not be considered to be the Agent of the Client.
2. All work performed pursuant to this Agreement and any amendments hereunder, including, but not limited to, test data and other documents prepared by The Raterman Group (referred to as “work product”) shall be used solely for this project, and for no other use or purpose.
3. This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois.

The Raterman Group, Ltd. welcomes the opportunity to be of assistance to you. Upon your approval and return of one signed copy of this Letter of Agreement, we will begin work.

Respectfully Submitted,
THE RATERMAN GROUP, LTD.

By _____
Susan M. Raterman, CIH
President

ACCEPTED AND AGREED TO ON _____, 200__

By: _____

Title: _____

EXHIBIT A
2006 FEE SCHEDULE
CHAMPAIGN COUNTY ADMINISTRATION

Professional Fees:

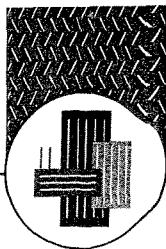
Principal/Certified Industrial Hygienist	\$150.00 per hour
Senior Industrial Hygienist	\$90.00 per hour
Industrial Hygienist	\$65.00 per hour
Administrative Assistance	\$40.00 per hour

Expenses:

Expenses for travel, printing, postage and the like incurred in the performance of professional services shall be invoiced at cost plus 15%.

Laboratory Analyses:

Surface Samples (Direct Microscopy)	\$29.00 per sample
Surface Samples (Culturable Swab, Bulk or Plate)	\$40.00 per sample
Air Samples (Spore Trap)	\$39.00 per sample
Air Samples (Viable, Genus with Aspergillus speciation)	\$40.00 per sample
Air Samples (Viable, with full speciation)	\$125.00 per sample



December 29, 2005

Mr. Alan Reinhart
Brookens Administrative Center
1776 East Washington Street
Urbana Illinois 61802

RE: Luse Companies Application and Certificate for Payment #2

Dear Alan:

Upon review of the Application for Payment documentation for The Luse Companies work on the microbial remediation project at Champaign County Nursing Home, it was determined that the daily time and materials sheets did not reconcile with the payment requested. Accordingly, we discussed this error with Tim Boll, and deducted the amount in error from the payment due.

If you have any questions, please contact me.

Sincerely,

Susan M. Raterman, CIH
President

Cc: Tim Boll, The Luse Companies

Enclosures

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702 (Instructions on reverse side)

TO OWNER: Champaign Cty Admin Services
Brookens Admin Ctr
1776 E. Washington St.,
Urbana, IL 61802

PROJECT: Champaign Nursing Home
500 S. Art Bartell Rd.,
Urbana, IL 61801

Application No: 2
Period To: 12/4/05
Project No: 2141
Contract Date:

Distribution to:
Owner
Architect
Contractor

FROM CONTRACTOR: THE LUSE COMPANIES
3990 Enterprise Ct
Aurora, IL 60504

ARCHITECT:

CONTRACT FOR: Mold Remediation

CONTRACTOR'S APPLICATION FOR PAYMENT

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

1 ORIGINAL CONTRACT SUM	237,930.00
2 Net change by Change Orders	335,000.00
3 CONTRACT SUM TO DATE (Line 1+2)	572,930.00
4 TOTAL COMPLETED & STORED TO DATE	533,510.25
(Column G on G703)	
5 RETAINAGE:	
a. 10% of Completed Work	0.00
(Columns D+E on G703)	
b. _____ of Stored Material	
(Column F on G703)	
Total Retainage (Line 5a +5b or Total in Column I	
of G703)	0.00
6 TOTAL EARNED LESS RETAINAGE	533,510.25
(Line 4 less Line 5 Total)	
7 LESS PREVIOUS CERTIFICATES FOR PAYMENT	
(Line 6 from prior certificate)	193,765.77
8 CURRENT PAYMENT DUE	339,744.48
9 BALANCE TO FINISH, INCLUDING RETAINAGE	39,419.75
(Line 3 less Line 6)	

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CHANGE ORDER SUMMARY	ADDITIONS (DEDUCTIONS)
Total changes approved in previous months by owner	335,000.00
Total approved this month	0.00
TOTAL	335,000.00
NET CHANGES by Change Order	335,000.00

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payments shown herein is now due.

CONTRACTOR: THE LUSE COMPANIES

By: 

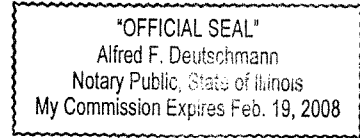
DATE: 12/14/05

State of: Illinois
County of: DuPage

Subscribed and sworn to before me this 14th day of December, 2005.

Notary Public: 

My Commission expires: 2-19-08



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of Architect's knowledge, information and belief that Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED

\$ 338,574.48

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

ARCHITECT: 

By: 

Date: 12/29/05

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

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification, is attached.

Application No. : 2
 Application Date: 12/14/05
 Period to : 12/4/05
 Project No.: 2141

Use Column I on Contracts where variable retainage for line items may apply.

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED FROM PREVIOUS APPLICATION (D+E)	E THIS PERIOD	F MATERIALS PRESENTLY STORED NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H % (G/C)	I BALANCE to FINISH (C-G)	I RETAINAGE (IF VARIABLE RATE)
1	Mold Remediation - Base Contract	237,930.00	114,807.38	120,085.63	0.00	234,893.01	99%	3,036.99	0.00
2	Mold Remediation - Extra Change Order	335,000.00	78,958.39	219,658.85	0.00	298,617.24	89%	36,382.76	0.00
GRAND TOTALS		572,930.00	193,765.77	339,744.48	0.00	533,510.25	93%	39,419.75	0.00

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3990 ENTERPRISE COURT • AURORA, IL 60504-8132 • (630) 862-2600

Invoice Number : 974043
 Invoice Date : 12/14/2005
 Customer Number : CHAMP
 Job Number : 2141
 Due Date : 12/14/2005

INVOICE

CHAMPAIGN CTY ADMIN SERV
 BROOKENS ADMIN CTR
 1776 E WASHINGTON ST
 URBANA, IL 61802

CHAMPAIGN NURSING HOME
 500 S ART BARTELL RD
 URBANA, IL
 PO NUMBER CONTRACT

DATE	DESCRIPTION	QTY	U/M	RATE	AMOUNT
	FOR PROVIDING MATERIAL, LABOR, EQUIPMENT AND SUPERVISION FOR MOLD REMEDICATION IN THE NEW NURSING HOME, AS APPROVED BY DENNY INMAN				
	TOTAL AMOUNT OF CONTRACT			\$237,930.00	
	INVOICE FOR WORK COMPLETED TO DATE				234,893.01
	LESS: AMOUNT PREVIOUSLY BILLED				-114,807.38
	SEE DETAIL ATTACHED - DATES WORKED 10-31-05 - 12/04/05				
	TO AIA DRAW #2 LINE #1 COLUMN E				
	GROSS BILLINGS :				120,085.63
	NET BILLINGS :				120,085.63

Corporate FEIN 36-3336913

REMIT TO:
 THE LUSE COMPANIES
 3990 ENTERPRISE COURT
 AURORA, IL 60504-8132

THE LUSE COMPANIES

**CHAMPAIGN COUNTY NURSING HOME
TIME & MATERIAL BILLING
THE LUSE COMPANIES JOB# 2141**

Base Bid

Date work performed: **10-31-05 thru 11-6-05**

Crew Size: 26

LABOR:

Supervisor - Joe Wojcik	✓15	ST	@	\$57.00	=	\$855.00
Supervisor - Joe Wojcik	0	OT	@	\$72.00	=	\$0.00
Laborer	455.5	ST	@	\$55.00	=	\$25,052.50
Laborer	21	OT	@	\$70.00	=	\$1,470.00

Total Hours:	491.5	LABOR SUBTOTAL:	\$27,377.50
		OVER HEAD AND PROFIT 20%:	\$5,475.50

Per Diems	12	Days	@	\$75.00	=	\$900.00
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PER DIEMS SUBTOTAL:	\$900.00
10% MARKUP:	\$90.00

TOTAL LABOR & PER DIEMS: \$33,843.00

EQUIPMENT:

Equipment cost - hourly charge	491.5	Hours	@	\$4.50	=	\$2,211.75
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TOTAL EQUIPMENT: \$2,211.75

MATERIAL:

As Submitted	1	Lot	@	\$2,124.51	=	\$2,124.51
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SUBTOTAL	\$2,124.51
10% MARKUP	\$212.45
TOTAL MATERIAL:	\$2,336.96

SUBCONTRACTOR/OTHER CHARGES:

Soda Blaster	1	LOT	@	\$1,456.64	=	\$1,456.64
Waste Disposal	1	LOT	@	\$356.00	=	\$356.00
	0	LOT	@	\$0.00	=	\$0.00

SUBTOTAL	\$1,812.64
10% MARKUP	\$181.26
TOTAL SUBCONTRACTOR/OTHER:	\$1,993.90

LABOR, EQUIPMENT, AND MATERIAL SUBTOTAL: \$40,385.62

INSURANCE AND BONDING - 6.5% \$2,625.06

TOTAL LABOR, EQUIPMENT, SUBCONTRACTOR AND MATERIAL: \$43,010.68

THE LUSE COMPANIES

**CHAMPAIGN COUNTY NURSING HOME
TIME & MATERIAL BILLING
THE LUSE COMPANIES JOB# 2141**

Base Bid

Date work performed: **11-7-05 thru 11-13-05**

Crew Size: 16

LABOR:

Supervisor - Joe Wojcik	0	ST	@	\$57.00	=	\$0.00
Supervisor - Joe Wojcik	10	OT	@	\$72.00	=	\$720.00
Laborer	4 356 356	ST	@	\$55.00	=	\$19,580.00
Laborer	20	OT	@	\$70.00	=	\$1,400.00

Total Hours:	386	LABOR SUBTOTAL:	\$21,700.00
		OVER HEAD AND PROFIT 20%:	\$4,340.00

Per Diems	12	Days	@	\$75.00	=	\$900.00
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PER DIEMS SUBTOTAL:	\$900.00
10% MARKUP:	\$90.00

TOTAL LABOR & PER DIEMS: \$27,030.00

EQUIPMENT:

Equipment cost - hourly charge	386	Hours	@	\$4.50	=	\$1,737.00
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TOTAL EQUIPMENT: \$1,737.00

MATERIAL:

As Submitted	1	Lot	@	\$510.51	=	\$510.51
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SUBTOTAL	\$510.51
10% MARKUP	\$51.05

TOTAL MATERIAL: \$561.56

SUBCONTRACTOR/OTHER CHARGES:

Soda Blaster	1	LOT	@	\$1,456.64	=	\$1,456.64
	0	LOT	@	\$0.00	=	\$0.00
	0	LOT	@	\$0.00	=	\$0.00

SUBTOTAL	\$1,456.64
10% MARKUP	\$145.66

TOTAL SUBCONTRACTOR/OTHER: \$1,602.30

LABOR, EQUIPMENT, AND MATERIAL SUBTOTAL: \$30,930.87

INSURANCE AND BONDING - 6.5% \$2,010.51

TOTAL LABOR, EQUIPMENT, SUBCONTRACTOR AND MATERIAL: \$32,941.37

THE LUSE COMPANIES

**CHAMPAIGN COUNTY NURSING HOME
TIME & MATERIAL BILLING
THE LUSE COMPANIES JOB# 2141**

Base Bid

Date work performed: 11-14-05 thru 11-20-05

Crew Size: 13

LABOR:

Supervisor - Joe Wojcik	0	ST	@	\$57.00	=	\$0.00
Supervisor - Joe Wojcik	0	OT	@	\$72.00	=	\$0.00
Laborer	349	ST	@	\$55.00	=	\$19,195.00
Laborer	0	OT	@	\$70.00	=	\$0.00

Total Hours:	349	LABOR SUBTOTAL:	\$19,195.00
		OVER HEAD AND PROFIT 20%:	\$3,839.00

Per Diems	12	Days	@	\$75.00	=	\$900.00
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PER DIEMS SUBTOTAL:	\$900.00
10% MARKUP:	\$90.00

TOTAL LABOR & PER DIEMS: \$24,024.00

EQUIPMENT:

Equipment cost - hourly charge	349	Hours	@	\$4.50	=	\$1,570.50
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TOTAL EQUIPMENT: \$1,570.50

MATERIAL:

As Submitted	1	Lot	@	\$115.15	=	\$115.15
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SUBTOTAL	\$115.15
10% MARKUP	\$11.52

TOTAL MATERIAL: \$126.67

SUBCONTRACTOR/OTHER CHARGES:

0	LOT	@	\$0.00	=	\$0.00
0	LOT	@	\$0.00	=	\$0.00
0	LOT	@	\$0.00	=	\$0.00

SUBTOTAL	\$0.00
10% MARKUP	\$0.00

TOTAL SUBCONTRACTOR/OTHER: \$0.00

LABOR, EQUIPMENT, AND MATERIAL SUBTOTAL: \$25,721.17

INSURANCE AND BONDING - 6.5% \$1,671.88

TOTAL LABOR, EQUIPMENT, SUBCONTRACTOR AND MATERIAL: \$27,393.04

THE LUSE COMPANIES

**CHAMPAIGN COUNTY NURSING HOME
TIME & MATERIAL BILLING
THE LUSE COMPANIES JOB# 2141**

Base Bid

Date work performed: 11-21-05 thru 11-27-05 Crew Size: 11

LABOR:

Supervisor - Joe Wojcik	0	ST	@	\$57.00	=	\$0.00
Supervisor - Joe Wojcik	0	OT	@	\$72.00	=	\$0.00
Laborer	149	ST	@	\$55.00	=	\$8,195.00
Laborer	0	OT	@	\$70.00	=	\$0.00

Total Hours:	149			LABOR SUBTOTAL:		\$8,195.00
				OVER HEAD AND PROFIT 20%:		\$1,639.00

Per Diems	12	Days	@	\$75.00	=	\$900.00
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PER DIEMS SUBTOTAL:	\$900.00
10% MARKUP:	\$90.00

TOTAL LABOR & PER DIEMS: \$10,824.00

EQUIPMENT:

Equipment cost - hourly charge	149	Hours	@	\$4.50	=	\$670.50
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TOTAL EQUIPMENT: \$670.50

MATERIAL:

As Submitted	1	Lot	@	\$0.00	=	\$0.00
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SUBTOTAL	\$0.00
10% MARKUP	\$0.00
TOTAL MATERIAL:	\$0.00

SUBCONTRACTOR/OTHER CHARGES:

0	LOT	@	\$0.00	=	\$0.00
0	LOT	@	\$0.00	=	\$0.00
0	LOT	@	\$0.00	=	\$0.00

SUBTOTAL	\$0.00
10% MARKUP	\$0.00
TOTAL SUBCONTRACTOR/OTHER:	\$0.00

LABOR, EQUIPMENT, AND MATERIAL SUBTOTAL: \$11,494.50

INSURANCE AND BONDING - 6.5% \$747.14

TOTAL LABOR, EQUIPMENT, SUBCONTRACTOR AND MATERIAL: \$12,241.64

THE LUSE COMPANIES

**CHAMPAIGN COUNTY NURSING HOME
TIME & MATERIAL BILLING
THE LUSE COMPANIES JOB# 2141**

Base Bid

Date work performed: 11-28-05 thru 12-4-05

Crew Size: 2

LABOR:

Supervisor - Joe Wojcik	0	ST	@	\$57.00	=	\$0.00
Supervisor - Joe Wojcik	0	OT	@	\$72.00	=	\$0.00
Laborer	40	ST	@	\$55.00	=	\$2,200.00
Laborer	0	OT	@	\$70.00	=	\$0.00

Total Hours:	40			LABOR SUBTOTAL:		\$2,200.00
				OVER HEAD AND PROFIT 20%:		\$440.00

Per Diems	2	Days	@	\$75.00	=	\$150.00
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				PER DIEMS SUBTOTAL:		\$150.00
				10% MARKUP:		\$15.00

TOTAL LABOR & PER DIEMS: \$2,805.00

EQUIPMENT:

Equipment cost - hourly charge	40	Hours	@	\$4.50	=	\$180.00
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TOTAL EQUIPMENT: \$180.00

MATERIAL:

As Submitted	1	Lot	@	\$1,126.65	=	\$1,126.65
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				SUBTOTAL		\$1,126.65
				10% MARKUP		\$112.67

TOTAL MATERIAL: \$1,239.32

SUBCONTRACTOR/OTHER CHARGES:

0	LOT	@	\$0.00	=	\$0.00
0	LOT	@	\$0.00	=	\$0.00
0	LOT	@	\$0.00	=	\$0.00

				SUBTOTAL		\$0.00
				10% MARKUP		\$0.00

TOTAL SUBCONTRACTOR/OTHER: \$0.00

LABOR, EQUIPMENT, AND MATERIAL SUBTOTAL: \$4,224.32

INSURANCE AND BONDING - 6.5% \$274.58

TOTAL LABOR, EQUIPMENT, SUBCONTRACTOR AND MATERIAL: \$4,498.90



3990 ENTERPRISE COURT • AURORA, IL 60504-8132 • (630) 862-2600

Invoice Number : 974044
 Invoice Date : 12/14/2005
 Customer Number : CHAMP
 Job Number : 2141
 Due Date : 12/14/2005

INVOICE

CHAMPAIGN CTY ADMIN SERV
 BROOKENS ADMIN CTR
 1776 E WASHINGTON ST
 URBANA, IL 61802

CHAMPAIGN NURSING HOME
 500 S ART BARTELL RD
 URBANA, IL
 PO NUMBER CONTRACT

DATE	DESCRIPTION	QTY	U/M	RATE	AMOUNT
	FOR PROVIDING MATERIAL, LABOR, EQUIPMENT AND SUPERVISION FOR MOLD REMEDATION IN THE ATTICS OF THE NEW NURSING HOME, AS APPROVED BY DENNY INMAN.				
	AMOUNT OF CHANGE ORDER TO DATE			\$335,000.00	
	INVOICE FOR WORK COMPLETED TO DATE				298,617.24
	LESS: AMOUNT PREVIOUSLY INVOICED				-78,958.39
	DATES WORKED: 10/31/05 - 12/04/05 TO AIA DRAW #2, ILINE #2 COLUMN E				
	GROSS BILLINGS :				219,658.85
	NET BILLINGS :				219,658.85

REMIT TO:

THE LUSE COMPANIES
 3990 ENTERPRISE COURT
 AURORA, IL 60504-8132

Corporate FEIN 36-3336913

THE LUSE COMPANIES

**CHAMPAIGN COUNTY NURSING HOME
TIME & MATERIAL BILLING
THE LUSE COMPANIES JOB# 2141**

Change Order

Date work performed: 10-31-05 thru 11-6-05 Crew Size: 16

LABOR:

Supervisor - Joe Wojcik	25	ST	@	\$57.00	=	\$1,425.00
Supervisor - Joe Wojcik	10	ST	@	\$72.00	=	\$720.00
Supervisor - Tim Boll	40	ST	@	\$75.00	=	\$3,000.00
Laborer	466	ST	@	\$55.00	=	\$25,630.00
Laborer	100	OT	@	\$70.00	=	\$7,000.00

Total Hours: 641 **LABOR SUBTOTAL: \$37,775.00**
OVER HEAD AND PROFIT 20%: \$7,555.00

Per Diems	65	Days	@	\$75.00	=	\$4,875.00
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PER DIEMS SUBTOTAL: \$4,875.00
10% MARKUP: \$487.50

TOTAL LABOR & PER DIEMS: \$50,692.50

EQUIPMENT:

Equipment cost - hourly charge	641	Hours	@	\$4.50	=	\$2,884.50
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TOTAL EQUIPMENT: \$2,884.50

MATERIAL:

As Submitted	1	Lot	@	\$7,256.59	=	\$7,256.59
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SUBTOTAL \$7,256.59
 10% MARKUP \$725.66
TOTAL MATERIAL: \$7,982.25

SUBCONTRACTOR/OTHER CHARGES:

Tim Boll Hotel Bill	1	LOT	@	\$315.24	=	\$315.24
Tim Boll Per Diem	1	LOT	@	\$375.00	=	\$375.00
	0	LOT	@	\$0.00	=	\$0.00

SUBTOTAL \$690.24
 10% MARKUP \$69.02
TOTAL SUBCONTRACTOR/OTHER: \$759.26

LABOR, EQUIPMENT, AND MATERIAL SUBTOTAL: \$62,318.51

INSURANCE AND BONDING - 6.5% \$4,050.70

TOTAL LABOR, EQUIPMENT, SUBCONTRACTOR AND MATERIAL: \$66,369.22

THE LUSE COMPANIES

**CHAMPAIGN COUNTY NURSING HOME
TIME & MATERIAL BILLING
THE LUSE COMPANIES JOB# 2141**

Change Order Work

Date work performed: **11-7-05 thru 11-13-05**

Crew Size: 16

LABOR:

Supervisor - Joe Wojcik	40 ✓	ST	@	\$57.00	=	\$2,280.00
Supervisor - Joe Wojcik	0	OT	@	\$72.00	=	\$0.00
Supervisor - Tim Boll	26	ST	@	\$75.00	=	\$1,950.00
Laborer	630	ST	@	\$55.00	=	\$34,650.00
Laborer	0	OT	@	\$70.00	=	\$0.00

Total Hours:	696			LABOR SUBTOTAL:		\$38,880.00
				OVER HEAD AND PROFIT 20%:		\$7,776.00

Per Diems	73	Days	@	\$75.00	=	\$5,475.00
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				PER DIEMS SUBTOTAL:		\$5,475.00
				10% MARKUP:		\$547.50

TOTAL LABOR & PER DIEMS: \$52,678.50

EQUIPMENT:

Equipment cost - hourly charge	696	Hours	@	\$4.50	=	\$3,132.00
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TOTAL EQUIPMENT: \$3,132.00

MATERIAL:

As Submitted	1	Lot	@	\$1,149.16	=	\$1,149.16
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				SUBTOTAL		\$1,149.16
				10% MARKUP		\$114.92

TOTAL MATERIAL: \$1,264.08

SUBCONTRACTOR/OTHER CHARGES:

Tim Boll Hotel Bill	1	LOT	@	\$157.62	=	\$157.62
Tim Boll Per Diem	1	LOT	@	\$225.00	=	\$225.00
	0	LOT	@	\$0.00	=	\$0.00

				SUBTOTAL		\$382.62
				10% MARKUP		\$38.26

TOTAL SUBCONTRACTOR/OTHER: \$420.88

LABOR, EQUIPMENT, AND MATERIAL SUBTOTAL: \$57,495.46

INSURANCE AND BONDING - 6.5% \$3,737.20

TOTAL LABOR, EQUIPMENT, SUBCONTRACTOR AND MATERIAL: \$61,232.66

THE LUSE COMPANIES

**CHAMPAIGN COUNTY NURSING HOME
TIME & MATERIAL BILLING
THE LUSE COMPANIES JOB# 2141**

Change Order Work

Date work performed: 11-14-05 thru 11-20-05

Crew Size: 13

LABOR:

Supervisor - Joe Wojcik	40	ST ✓	@	\$57.00	=	\$2,280.00
Supervisor - Joe Wojcik	10	OT ✓	@	\$72.00	=	\$720.00
Supervisor - Tim Boll	26	ST	@	\$75.00	=	\$1,950.00
Laborer	510	ST	@	\$55.00	=	\$28,050.00
Laborer	60	OT	@	\$70.00	=	\$4,200.00

Total Hours: 646 **LABOR SUBTOTAL: \$37,200.00**
OVER HEAD AND PROFIT 20%: \$7,440.00

Per Diems	66	Days	@	\$75.00	=	\$4,950.00
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PER DIEMS SUBTOTAL: \$4,950.00
10% MARKUP: \$495.00

TOTAL LABOR & PER DIEMS: \$50,085.00

EQUIPMENT:

Equipment cost - hourly charge	646	Hours	@	\$4.50	=	\$2,907.00
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TOTAL EQUIPMENT: \$2,907.00

MATERIAL:

As Submitted	1	Lot	@	\$710.34	=	\$710.34
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SUBTOTAL \$710.34
 10% MARKUP \$71.03

TOTAL MATERIAL: \$781.37

SUBCONTRACTOR/OTHER CHARGES:

Tim Boll Hotel Bill	1	LOT	@	\$159.74	=	\$159.74
Tim Boll Per Diem	1	LOT	@	\$225.00	=	\$225.00
	0	LOT	@	\$0.00	=	\$0.00

SUBTOTAL \$384.74
 10% MARKUP \$38.47

TOTAL SUBCONTRACTOR/OTHER: \$423.21

LABOR, EQUIPMENT, AND MATERIAL SUBTOTAL: \$54,196.59

INSURANCE AND BONDING - 6.5% \$3,522.78

TOTAL LABOR, EQUIPMENT, SUBCONTRACTOR AND MATERIAL: \$57,719.37

THE LUSE COMPANIES

**CHAMPAIGN COUNTY NURSING HOME
TIME & MATERIAL BILLING
THE LUSE COMPANIES JOB# 2141**

Change Order Work

Date work performed: **11-21-05 thru 11-27-05** Crew Size: 16

LABOR:

Supervisor - Joe Wojcik	28	ST	@	\$57.00	=	\$1,596.00
Supervisor - Joe Wojcik	0	OT	@	\$72.00	=	\$0.00
Supervisor - Tim Boll	14	ST	@	\$75.00	=	\$1,050.00
Laborer	311	ST	@	\$55.00	=	\$17,105.00
Laborer	0	OT	@	\$70.00	=	\$0.00

Total Hours:	353			LABOR SUBTOTAL:		\$19,751.00
				OVER HEAD AND PROFIT 20%:		\$3,950.20

Per Diems	30	Days	@	\$75.00	=	\$2,250.00
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PER DIEMS SUBTOTAL:	\$2,250.00
10% MARKUP:	\$225.00

TOTAL LABOR & PER DIEMS: \$26,176.20

EQUIPMENT:

Equipment cost - hourly charge	353	Hours	@	\$4.50	=	\$1,588.50
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TOTAL EQUIPMENT: \$1,588.50

MATERIAL:

As Submitted	1	Lot	@	\$0.00	=	\$0.00
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SUBTOTAL	\$0.00
10% MARKUP	\$0.00
TOTAL MATERIAL:	\$0.00

SUBCONTRACTOR/OTHER CHARGES:

Tim Boll Hotel Bill	1	LOT	@	\$79.87	=	\$79.87
Tim Boll Per Diem	1	LOT	@	\$150.00	=	\$150.00
	0	LOT	@	\$0.00	=	\$0.00

SUBTOTAL	\$229.87
10% MARKUP	\$22.99
TOTAL SUBCONTRACTOR/OTHER:	\$252.86

LABOR, EQUIPMENT, AND MATERIAL SUBTOTAL: \$28,017.56

INSURANCE AND BONDING - 6.5% \$1,821.14

TOTAL LABOR, EQUIPMENT, SUBCONTRACTOR AND MATERIAL: \$29,838.70

THE LUSE COMPANIES

**CHAMPAIGN COUNTY NURSING HOME
TIME & MATERIAL BILLING
THE LUSE COMPANIES JOB# 2141**

Change Order Work

Date work performed: 11-28-05 thru 12-4-05

Crew Size: 2

LABOR:

Supervisor - Joe Wojcik	0	ST	@	\$57.00	=	\$0.00
Supervisor - Joe Wojcik	0	OT	@	\$72.00	=	\$0.00
Supervisor - Tim Boll	0	ST	@	\$75.00	=	\$0.00
Laborer	40	ST	@	\$55.00	=	\$2,200.00
Laborer	0	OT	@	\$70.00	=	\$0.00

Total Hours:	40			LABOR SUBTOTAL:		\$2,200.00
				OVER HEAD AND PROFIT 20%:		\$440.00

Per Diems	2	Days	@	\$75.00	=	\$150.00
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PER DIEMS SUBTOTAL:	\$150.00
10% MARKUP:	\$15.00

TOTAL LABOR & PER DIEMS: \$2,805.00

EQUIPMENT:

Equipment cost - hourly charge	40	Hours	@	\$4.50	=	\$180.00
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TOTAL EQUIPMENT: \$180.00

MATERIAL:

As Submitted	1	Lot	@	\$1,126.65	=	\$1,126.65
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SUBTOTAL	\$1,126.65
10% MARKUP	\$112.67

TOTAL MATERIAL: \$1,239.32

SUBCONTRACTOR/OTHER CHARGES:

0	LOT	@	\$0.00	=	\$0.00
0	LOT	@	\$0.00	=	\$0.00
0	LOT	@	\$0.00	=	\$0.00

SUBTOTAL	\$0.00
10% MARKUP	\$0.00

TOTAL SUBCONTRACTOR/OTHER: \$0.00

LABOR, EQUIPMENT, AND MATERIAL SUBTOTAL: \$4,224.32

INSURANCE AND BONDING - 6.5% \$274.58

TOTAL LABOR, EQUIPMENT, SUBCONTRACTOR AND MATERIAL: \$4,498.90

WAIVER OF LIEN TO DATE

STATE OF ILLINOIS)
COUNTY OF DU PAGE) SS

TO WHOM IT MAY CONCERN:

WHEREAS, the undersigned has been employed by Champaign County Administrative Services to furnish Mold Remediation services for the premises known as Champaign Nursing Home of which Champaign County is the owner.

The undersigned, for and in consideration of Three Hundred Thirty Nine Thousand Seven Hundred Forty Four and 48/100 (\$339,744.48) Dollars, and other good and valuable considerations, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished and the moneys, funds or other considerations due or to become due from the owner, on account of labor services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises.



Contractor's Hand, signed and sealed this 19th day of December, 2005.

Signature and Seal: [Handwritten Signature]

NOTE: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, corporate seal affixed and title of officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate himself as partner.

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF DU PAGE) SS

TO WHOM IT MAY CONCERN:

THE undersigned, being duly sworn, deposes and says that he is Mark Pytko, Controller of The Luse Companies who is the contractor for the Mold Remediation work on the building known as Champaign Nursing Home, 500 S. Art Bartell Road, Urbana, IL owned by Champaign County.

That the total amount of the contract including extras is \$572,930.00 on which he has received payment of \$193,765.77 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications.

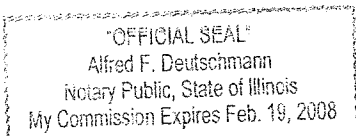
Table with 6 columns: Names, What For, Contract Price, Amount Paid, This Payment, Balance Due. Rows include 'The Luse Companies Labor' and 'TOTAL LABOR AND MATERIAL TO COMPLETE'.

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

Signed this 19th day of December, 2005.

Signature: [Handwritten Signature]

Subscribed and sworn to before me this 19th day of December, 2005.



Signature: [Handwritten Signature]

Automatic Fire Sprinkler Company

INVOICE

PLEASE REMIT TO:
 P.O. Box 3637
 Bloomington, IL 61702

INVOICE # TM-2005260-001

DATE: November 30, 2005

Phone: 309-862-2724 Fax: 309-862-2914

Sold To:
 Champaign County Administration
 Alan Reinhart
 1776 E Washington
 Urbana, IL 61802

Job Name and Location:
 Champaign County Nursing Home
 500 S Bartell Drive
 Urbana, IL 61801

SPRINKLER SERVICE

PO #	DATE OF WORK	INVOICE DATE	DUE DATE	JOB #	CONTACT
FWO30	11/23	11/30/05	12/30/05	TM-2005260	Amy Cupples

DESCRIPTION	\$ AMOUNT
Labor and Material for Repair to Sprinkler Heads and Piping Damaged by Mold Remediation Crew. Work performed by T Rambo, E Vickers and S Velazquez	
Wing 4 20 hours total	
Replaced 65 Heads (1/2" Brass Uprights)	
Wing 2 28 hours total	
Replaced 133 Heads (1/2" Brass Uprights)	
Labor (48 hours at \$80.00 per hour)	3,840.00
Material (198 total heads at \$8.15 per head)	1,613.70
Thank you for your business, Amy	
Total Amount Due This Invoice	\$5,453.70

OK. A

Make all checks payable to **Automatic Fire Sprinkler**
 If you have any questions concerning this invoice, do not hesitate to call.

THANK YOU FOR YOUR BUSINESS!

Automatic Fire Sprinkler Company

INVOICE

PLEASE REMIT TO:
 P.O. Box 3637
 Bloomington, IL 61702

INVOICE # TM-2005260-002

DATE: December 19, 2005

Phone: 309-862-2724 Fax: 309-862-2914

Sold To:
 Champaign County Administration
 Alan Reinhart
 1776 E Washington
 Urbana, IL 61802

Job Name and Location:
 Champaign County Nursing Home
 500 S Bartell Drive
 Urbana, IL 61801

SPRINKLER SERVICE

PO #	DATE OF WORK	INVOICE DATE	DUE DATE	JOB #	CONTACT
FWO30	12/15	12/19/05	1/16/06	TM-2005260	Amy Cupples

DESCRIPTION	\$ AMOUNT
Labor and Material for Repair to Sprinkler Heads and Piping Damaged by Mold Remediation Crew. Work performed by T Rambo, and S Velazquez	
Wing 1 16 hours total	
Replaced 96 Heads (1/2" Brass Uprights)	
Labor 16 hours at \$80.00 per hour)	1,280.00
Material (96 total heads at \$8.15 per head)	782.40
Thank you for your business, Amy	
Total Amount Due This Invoice	\$2,062.40

Make all checks payable to **Automatic Fire Sprinkler**
 If you have any questions concerning this invoice, do not hesitate to call.

THANK YOU FOR YOUR BUSINESS!

Automatic Fire Sprinkler Company

#3
INVOICE
 OK

PLEASE REMIT TO:
 P.O. Box 3637
 Bloomington, IL 61702

INVOICE # JI-0001662

DATE: January 16, 2006

Phone: 309-862-2724 Fax: 309-862-2914

Sold To:
 Champaign County Administration
 Alan Reinhart
 1776 E Washington
 Urbana, IL 61802

Job Name and Location:
 Champaign County Nursing Home
 500 S Bartell Drive
 Urbana, IL 61801

SPRINKLER SERVICE

PO #	DATE OF WORK	INVOICE DATE	DUE DATE	JOB #	CONTACT
FWO30	12/28-29, 1/3	1/16/06	2/16/06	TM-2005260	Amy Cupples

DESCRIPTION	\$ AMOUNT
Labor and Material for Repair to Sprinkler Heads and Piping Damaged by Mold Remediation Crew. Work performed by T Rambo and S Velazquez	
Wing 3 22 hours total	
Replaced 142 Heads (1/2" Brass Uprights)	
Wing 2 Inspect pitch and adjust lines for level 8 hours total	
Labor 30 hours at \$80.00 per hour)	2,400.00
Material (142 total heads at \$8.15 per head)	1,157.30
Thank you for your business, Amy	
Total Amount Due This Invoice	\$3,557.30

Make all checks payable to **Automatic Fire Sprinkler**
 If you have any questions concerning this invoice, do not hesitate to call.

THANK YOU FOR YOUR BUSINESS!

Plumbing * Heating * Air Conditioning
 Ventilation * Sheet Metal
 Service * Repair * Replacement
 Installation * Remodel * New Construction



Po Box 734 Savoy, Illinois 61874
 Telephone: 217-356-1841 Fax: 217-356-7655

INVOICE 7628

Customer # 03520.0

Bill To: Champaign County Administrative Services Date: 12-31-05 Date Promised: 12-31-05

Attention: Denny Inman Requested By: Denny Inman Telephone:

1776 East Washington Location of Work: Champaign County Nursing Home

Urbana, Illinois 61802 Urbana, Illinois

Work Requested: clean and/or repair damaged duct work and equipment due to remediation work

Work Performed

RPH Job # 13087

Labor Charges

Date	Technician	Type	Hrs	Rate/Hr	Amount

- clean condenser coil & fins
- check, lube fan motor
- check belts & pulleys
- suction psi _____
- head psi _____
- inspect condensate drain
- blow out condensate drain
- check electrical fittings
- thermostat calibration
- burner & heat exchanger
- pilot / hsi
- fan/limit switch
- check air filter
 - clean replace
 - filter size _____
- check humidifier
- replace pad # _____

Materials, Equipment Charges

Qty	Item	Amount	Qty	Item	Amount	Qty	Item	Amount
	ticket 7335	960.00						
	ticket 7336	1600.00						
	ticket 7337	1280.00						
	ticket 7338	2558.83					subcontracts:	
	ticket 7339	2960.00					insulation	7155.52
	ticket 7340	4241.73					markup (5%)	357.78
	ticket 7341	3815.78						
	ticket 7547	2503.02						

Manufacturer	Manufacturer	Manufacturer
Model #	Model #	Model #
Serial #	Serial #	Serial #

PAYMENT TERMS: Net amount invoiced due within thirty (30) days from the date the work is completed. A 1-1/2% monthly service charge will be applied to all amounts over thirty (30) days past due from date of invoice. Customer agrees to accept responsibility for all courts costs, legal fees and attorney's fees, should they be incurred for the collection of any amount due Reliable Plumbing and Heating Company. Reliable Plumbing and Heating Company retains title to all materials, parts and equipment until payment for the entire amount due is received by Reliable Plumbing and Heating Company.

LIMITED WARRANTY: All warranties for materials, parts and equipment are provided by the manufacturer's or supplier's written warranty only. All labor provided is warranted for thirty (30) days or as indicated in writing. No labor warranty is provided when customer furnishes all or a portion of materials, parts or equipment. The above named company makes no other warranties, verbal or implied, and its agents or technicians are not authorized to make any such warranties on behalf of the company.

Summary total Of Charges	
Material Charges	
Sales Tax	
Labor Charges	
Shipping Charges	
Truck Charges	
Please Remit This Amount	27,432.66

I have the authority to order the work outlined above, which has been satisfactorily completed. I agree to the payment terms and warranty conditions detailed above.

authorized by Denny Inman Date _____

Plumbing * Heating * Air Conditioning
 Ventilation * Sheet Metal
 Service * Repair * Replacement
 Installation * Remodel * New Construction



INVOICE 7335

Po Box 734 Savoy, Illinois 61874
 Telephone: 217-356-1841 Fax: 217-356-7655

Customer #

Bill To: **ALAN REINHART** Date: _____ Date Promised: _____
 Requested By: _____ Telephone: _____
 Location of Work: _____

Work Requested:

Work Performed
 Inspect/TEAROUT/ REINSTALL
 WING #2 ATTIC DUCT, DAMAGED
 DURING REMEDIATION

clean condenser coil & fins
 thermostat calibration
 check, lube fan motor
 burner & heat exchanger
 check belts & pulleys
 pilot / hsi
 suction psi _____
 fan/limit switch
 head psi _____
 check air filter
 inspect condensate drain
 clean replace
 blow out condensate drain
 filter size _____
 check humidifier
 check electrical fittings
 replace pad # _____

Labor Charges					
Date	Technician	Type	Hrs	Rate/Hr	Amount
2/11	T. TIFFAN		1 } 4 } 7 }	FO ⁰⁰	960.00
2/11	R. CARRILLO				
	A. WELDON				

Materials, Equipment Charges								
Qty	Item	Amount	Qty	Item	Amount	Qty	Item	Amount

Manufacturer	Manufacturer	Manufacturer
Model #	Model #	Model #
Serial #	Serial #	Serial #

PAYMENT TERMS: Net amount invoiced due within thirty (30) days from the date the work is completed. A 1-1/2% monthly service charge will be applied to all amounts over thirty (30) days past due from date of invoice. Customer agrees to accept responsibility for all courts costs, legal fees and attorney's fees, should they be incurred for the collection of any amount due Reliable Plumbing and Heating Company. Reliable Plumbing and Heating Company retains title to all materials, parts and equipment until payment for the entire amount due is received by Reliable Plumbing and Heating Company.

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Summary total Of Charges	
Material Charges:	
Sales Tax	
Labor Charges	960.00
Shipping Charges:	
Truck Charges	
Please Remit This Amount	960.00

I have the authority to order the work outlined above, which has been satisfactorily completed. I agree to the payment terms and warranty conditions detailed above.

_____ Date _____

Plumbing * Heating * Air Conditioning
 Ventilation * Sheet Metal
 Service * Repair * Replacement
 Installation * Remodel * New Construction



INVOICE 7336

Po Box 734 Savoy, Illinois 61874
 Telephone: 217-356-1841 Fax: 217-356-7655

Customer #

Bill To: ALAN REINHART

Date: Date Promised:

Requested By: Telephone:

Location of Work:

Work Requested:

Work Performed
 Cleaned AHU'S IN BSMNT. AS PER
 DIRECTION FROM COUNTY AND
 RATERMAN GROUP.

Labor Charges

Date	Technician	Type	Hrs	Rate/Hr	Amount
11/22	C. BUXEN		10	80 ⁰⁰	
11/22	A. WELDON		10	80 ⁰⁰	1600.00

- clean condenser coil & fins
- thermostat calibration
- check, lube fan motor
- burner & heat exchanger
- check belts & pulleys
- pilot / hsi
- suction psi
- fan/limit switch
- head psi
- check air filter
- inspect condensate drain
- clean replace filter size
- blow out condensate drain
- check humidifier
- check electrical fittings
- replace pad #

Materials, Equipment Charges

Qty	Item	Amount	Qty	Item	Amount	Qty	Item	Amount

Manufacturer	Manufacturer	Manufacturer
Model #	Model #	Model #
Serial #	Serial #	Serial #

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Summary total Of Charges	
Material Charges	
Sales Tax	
Labor Charges	1600.00
Shipping Charges	
Truck Charges	
Please Remit This Amount	1600.00

I have the authority to order the work outlined above, which has been satisfactorily completed. I agree to the payment terms and warranty conditions detailed above.

RA Reinhart

Date 12/1/05

Plumbing * Heating * Air Conditioning
 Ventilation * Sheet Metal
 Service * Repair * Replacement
 Installation * Remodel * New Construction



INVOICE 7337

Po Box 734 Savoy, Illinois 61874
 Telephone: 217-356-1841 Fax: 217-356-7655

Customer #

Bill To: ALAN REINHART

Date: Date Promised:

Friday 12/2

Requested By: Telephone:

Location of Work:

Work Requested:

Work Performed

Repair in Wing # 2 Attics
 Clean + Prep. Wing # 2 AHU's

Labor Charges

Date	Technician	Type	Hrs	Rate/Hr	Amount
2/2	K. OGGINA	B		80.00	1280.00
2/2	A WELDON	S		80.00	1280.00

- clean condenser coil & fins
- thermostat calibration
- check, lube fan motor
- burner & heat exchanger
- check belts & pulleys
- pilot / hsi
- suction psi
- fan/limit switch
- head psi
- check air filter
- inspect condensate drain
- clean replace filter size
- blow out condensate drain
- check humidifier
- check electrical fittings
- replace pad #

Materials, Equipment Charges

Qty	Item	Amount	Qty	Item	Amount	Qty	Item	Amount

Manufacturer	Manufacturer	Manufacturer
Model #	Model #	Model #
Serial #	Serial #	Serial #

PAYMENT TERMS: Net amount invoiced due within thirty (30) days from the date the work is completed. A 1-1/2% monthly service charge will be applied to all amounts over thirty (30) days past due from date of invoice. Customer agrees to accept responsibility for all courts costs, legal fees and attorney's fees, should they be incurred for the collection of any amount due Reliable Plumbing and Heating Company. Reliable Plumbing and Heating Company retains title to all materials, parts and equipment until payment for the entire amount due is received by Reliable Plumbing and Heating Company.

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Summary total Of Charges	
Material Charges	
Sales Tax	
Labor Charges	1280.00
Shipping Charges	
Truck Charges	
Please Remit This Amount	1280.00

I have the authority to order the work outlined above, which has been satisfactorily completed. I agree to the payment terms and warranty conditions detailed above.

Alan Reinhart

Date 12/5/05

Plumbing * Heating * Air Conditioning
 Ventilation * Sheet Metal
 Service * Repair * Replacement
 Installation * Remodel * New Construction



INVOICE 7338

Po Box 734 Savoy, Illinois 61874
 Telephone: 217-356-1841 Fax: 217-356-7655

Customer #

Bill To: ALAN REINHART Date: _____ Date Promised: _____

Requested By: _____ Telephone: _____

Location of Work: _____

Work Requested: _____

Work Performed

REPAIR WORK IN W2 ATTIC

Labor Charges

Date	Technician	Type	Hrs	Rate/Hr	Amount
12/5	K. OGUINN	E	8		
12/5	A. WELDON	E	8		
12/6	K. OGUINN		5 1/2	40.00	2160.00
12/6	A. WELDON		5 1/2		

- clean condenser coil & fins
- check, lube fan motor
- check belts & pulleys
- suction psi _____
- head psi _____
- inspect condensate drain
- blow out condensate drain
- check electrical fittings
- thermostat calibration
- burner & heat exchanger
- pilot / hsi
- fan/limit switch
- check air filter
 - clean
 - replace
- filter size _____
- check humidifier
- replace pad # _____

Materials, Equipment Charges

Qty	Item	Amount	Qty	Item	Amount	Qty	Item	Amount
5ft	12"Ø PIPE	195.30						
20ft	10"Ø PIPE	61.44						
4	12" ADJ. ELLS	43.96						
1	14"Ø ADJ. ELL	12.95						
1	10"Ø ADJ. ELL	8.63						
1	14"Ø TEE	44.03						
1	10"Ø TEE	27.65						
1	6"Ø ADJ. ELL	4.87						

Manufacturer	Manufacturer	Manufacturer
Model #	Model #	Model #
Serial #	Serial #	Serial #

PAYMENT TERMS: Net amount invoiced due within thirty (30) days from the date the work is completed. A 1-1/2% monthly service charge will be applied to all amounts over thirty (30) days past due from date of invoice. Customer agrees to accept responsibility for all courts costs, legal fees and attorney's fees, should they be incurred for the collection of any amount due Reliable Plumbing and Heating Company. Reliable Plumbing and Heating Company retains title to all materials, parts and equipment until payment for the entire amount due is received by Reliable Plumbing and Heating Company.

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Summary total Of Charges:	
Material Charges	398.83
Sales Tax	
Labor Charges	2160.00
Shipping Charges	
Truck Charges	
Please Remit This Amount	2558.83

I have the authority to order the work outlined above, which has been satisfactorily completed. I agree to the payment terms and warranty conditions detailed above.

R. H. [Signature]

Date _____

Plumbing * Heating * Air Conditioning
 Ventilation * Sheet Metal
 Service * Repair * Replacement
 Installation * Remodel * New Construction



Po Box 734 Savoy, Illinois 61874
 Telephone: 217-356-1841 Fax: 217-356-7655

INVOICE 7339

Customer #

Bill To: ALAN PENHART

Date:

Date Promised:

Requested By:

Telephone:

Location of Work:

Work Requested:

Work Performed

REPAIR WORK IN W/ ATTIC

Labor Charges

Date	Technician	Type	Hrs	Rate/Hr	Amount
12/16	K. OGUINN		2 1/2		
2/16	A. WELDON		2 1/2		
2/17	K. OGUINN		8		
2/17	A. WELDON		8		
2/18	K. OGUINN		8		
2/18	A. WELDON		8		

} 80^{1.00} = 2960.00

- | | |
|--|---|
| <input type="checkbox"/> clean condenser coil & fins | <input type="checkbox"/> thermostat calibration |
| <input type="checkbox"/> check, lube fan motor | <input type="checkbox"/> burner & heat exchanger |
| <input type="checkbox"/> check belts & pulleys | <input type="checkbox"/> pilot / hsi |
| <input type="checkbox"/> suction psi _____ | <input type="checkbox"/> fan/limit switch |
| <input type="checkbox"/> head psi _____ | <input type="checkbox"/> check air filter |
| <input type="checkbox"/> inspect condensate drain | <input type="checkbox"/> clean <input type="checkbox"/> replace |
| <input type="checkbox"/> blow out condensate drain | filter size _____ |
| <input type="checkbox"/> check electrical fittings | <input type="checkbox"/> check humidifier |
| | <input type="checkbox"/> replace pad # _____ |

Materials, Equipment Charges

Qty	Item	Amount	Qty	Item	Amount	Qty	Item	Amount

Manufacturer	Manufacturer	Manufacturer
Model #	Model #	Model #
Serial #	Serial #	Serial #

PAYMENT TERMS: Net amount invoiced due within thirty (30) days from the date the work is completed. A 1-1/2% monthly service charge will be applied to all amounts over thirty (30) days past due from date of invoice. Customer agrees to accept responsibility for all courts costs, legal fees and attorney's fees, should they be incurred for the collection of any amount due Reliable Plumbing and Heating Company. Reliable Plumbing and Heating Company retains title to all materials, parts and equipment until payment for the entire amount due is received by Reliable Plumbing and Heating Company.

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Summary total Of Charges	
Material Charges	
Sales Tax	
Labor Charges	2960.00
Shipping Charges	
Truck Charges	
Please Remit This Amount	2960.00

I have the authority to order the work outlined above which has been satisfactorily completed. I agree to the payment terms and warranty conditions detailed above.

Ria. Penhart

Date 12/12/05

Plumbing * Heating * Air Conditioning
 Ventilation * Sheet Metal
 Service * Repair * Replacement
 Installation * Remodel * New Construction



INVOICE 7340

Po Box 734 Savoy, Illinois 61874
 Telephone: 217-356-1841 Fax: 217-356-7655

Customer #

Bill To: ALAN REINHART Date: _____ Date Promised: _____

Requested By: _____ Telephone: _____

Location of Work: _____

Work Requested: _____

Work Performed
REPAIR WORK IN W1 ATTIC
REPAIR WORK Completed in W1
on 12/14

Labor Charges					
Date	Technician	Type	Hrs	Rate/Hr	Amount
12/12	R. CARRELLO		2		
12/12	K. OGOVINN		8		
12/12	A. WELDON		8		
12/13	K. OGOVINN		8	80	3440.00
2/13	A. WELDON		8		
2/14	K. OGOVINN		8		
2/14	A. WELDON		1		

- clean condenser coil & fins
- check, lube fan motor
- check belts & pulleys
- suction psi _____
- head psi _____
- inspect condensate drain
- blow out condensate drain
- check electrical fittings
- thermostat calibration
- burner & heat exchanger
- pilot / hsi _____
- fan/limit switch
- check air filter
- clean filter size _____
- replace filter size _____
- check humidifier
- replace pad # _____

Materials, Equipment Charges

Qty	Item	Amount	Qty	Item	Amount	Qty	Item	Amount
5ft	14"Ø PIPE	79.20						
10ft	12"Ø PIPE	260.40						
5ft	10"Ø PIPE	168.96						
ft	8"Ø PIPE	14.77						
2	12"Ø ADJ. ELLS	21.98						
3	10"Ø ADJ. ELLS	25.89						
4	8"Ø ADJ. ELLS	25.72						
4	12"Ø TEES	131.08						
1	8"Ø TEE	16.43						
2	10"Ø TEES	55.30						

Manufacturer	Manufacturer	Manufacturer
Model #	Model #	Model #
Serial #	Serial #	Serial #

PAYMENT TERMS: Net amount invoiced due within thirty (30) days from the date the work is completed. A 1-1/2% monthly service charge will be applied to all amounts over thirty (30) days past due from date of invoice. Customer agrees to accept responsibility for all courts costs, legal fees and attorney's fees, should they be incurred for the collection of any amount due Reliable Plumbing and Heating Company. Reliable Plumbing and Heating Company retains title to all materials, parts and equipment until payment for the entire amount due is received by Reliable Plumbing and Heating Company.

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Summary total Of Charges	
Material Charges	801.73
Sales Tax	
Labor Charges	3440.00
Shipping Charges	
Truck Charges	
Please Remit This Amount	4241.73

I have the authority to order the work outlined above, which has been satisfactorily completed. I agree to the payment terms and warranty conditions detailed above.

Alan Reinhart Date 12-15-09

Plumbing * Heating * Air Conditioning
 Ventilation * Sheet Metal
 Service * Repair * Replacement
 Installation * Remodel * New Construction



Po Box 734 Savoy, Illinois 61874
 Telephone: 217-356-1841 Fax: 217-356-7655

INVOICE 7341

Customer #

Bill To: ALAN REINHART Date: _____ Date Promised: _____

Requested By: _____ Telephone: _____

Location of Work: _____

Work Requested: _____

Work Performed

REPAIR WORK IN W3

Labor Charges

Date	Technician	Type	Hrs	Rate/Hr	Amount
2/15	R. CARRILLO		1		
2/15	K. OGUINN		8		
2/16	K. OGUINN		8		
2/16	C. BLUXEN		1	3040.00	3040.00
2/19	K. OGUINN		8		
2/19	R. CARRILLO		2		
2/20	K. OGUINN		8		
2/20	R. CARRILLO		2		

- clean condenser coil & fins
- check, lube fan motor
- check belts & pulleys
- suction psi _____
- head psi _____
- inspect condensate drain
- blow out condensate drain
- check electrical fittings
- thermostat calibration
- burner & heat exchanger
- pilot / hsi
- fan/limit switch
- check air filter
 - clean
 - replace
- filter size _____
- check humidifier
- replace pad # _____

Materials, Equipment Charges

Qty	Item	Amount	Qty	Item	Amount	Qty	Item	Amount
5ft	8" Ø PIPE	73.85						
3ft	10" Ø PIPE	184.32						
2ft	12" Ø PIPE	130.20						
3ft	14" Ø PIPE	132.00						
2	8" ADJ ELLS	12.86						
6	10" ELLS	51.78						
2	14" ELLS	25.90						
2	10" Ø TEES	55.30						
2	12" TEES	65.54						
1	14" TEE	44.03						

Manufacturer	Manufacturer	Manufacturer
Model #	Model #	Model #
Serial #	Serial #	Serial #

PAYMENT TERMS: Net amount invoiced due within thirty (30) days from the date the work is completed. A 1-1/2% monthly service charge will be applied to all amounts over thirty (30) days past due from date of invoice. Customer agrees to accept responsibility for all courts costs, legal fees and attorney's fees, should they be incurred for the collection of any amount due Reliable Plumbing and Heating Company. Reliable Plumbing and Heating Company retains title to all materials, parts and equipment until payment for the entire amount due is received by Reliable Plumbing and Heating Company.

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Summary total Of Charges

Material Charges	775.78
Sales Tax	
Labor Charges	3040.00
Shipping Charges	
Truck Charges	
Please Remit This Amount	3815.78

I have the authority to order the work outlined above, which has been satisfactorily completed. I agree to the payment terms and warranty conditions detailed above.

Alan Reinhart

Date _____

Plumbing * Heating * Air Conditioning
 Ventilation * Sheet Metal
 Service * Repair * Replacement
 Installation * Remodel * New Construction



INVOICE 7547

Po Box 734 Savoy, Illinois 61874
 Telephone: 217-356-1841 Fax: 217-356-7655

Customer #

Bill To: ALAN REINHART

Date: Date Promised:

Requested By: Telephone:

Location of Work:

Work Requested:

Work Performed
 FINAL REPAIR IN W3 ATTIC
 CARRY DEMO'D MATERIAL TO DUMPSTER
 FROM W1, W2, W3

Labor Charges

Date	Technician	Type	Hrs	Rate/Hr	Amount
2/21	K OGUINN		8		
2/21	R CARRILLO		2		
2/22	K OGUINN		8		
2/22	R CARRILLO		2	80	240.00
2/23	K OGUINN		7		
2/23	R CARRILLO		4		

- clean condenser coil & fins
- check, lube fan motor
- check belts & pulleys
- suction psi _____
- head psi _____
- inspect condensate drain
- blow out condensate drain
- check electrical fittings
- thermostat calibration
- burner & heat exchanger
- pilot / hsi
- fan/limit switch
- check air filter
 - clean
 - replace
 - filter size _____
- check humidifier
- replace pad # _____

Materials, Equipment Charges

Qty	Item	Amount	Qty	Item	Amount	Qty	Item	Amount
1	8" Ø TAKE OFF	10.51						
1	10" Ø TAKE OFF	12.51						

Manufacturer	Manufacturer	Manufacturer
Model #	Model #	Model #
Serial #	Serial #	Serial #

PAYMENT TERMS: Net amount invoiced due within thirty (30) days from the date the work is completed. A 1-1/2% monthly service charge will be applied to all amounts over thirty (30) days past due from date of invoice. Customer agrees to accept responsibility for all courts costs, legal fees and attorney's fees, should they be incurred for the collection of any amount due Reliable Plumbing and Heating Company. Reliable Plumbing and Heating Company retains title to all materials, parts and equipment until payment for the entire amount due is received by Reliable Plumbing and Heating Company.

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Summary total Of Charges	
Material Charges	23.02
Sales Tax	
Labor Charges	2480.00
Shipping Charges	
Truck Charges	
Please Remit This Amount	2503.02

I have the authority to order the work outlined above, which has been satisfactorily completed. I agree to the payment terms and warranty conditions detailed above.

Alan Reinhart

Date _____

CHAMPAIGN A & K INSULATION COMPANY

CONTRACTORS AND DISTRIBUTORS

2703 W. SPRINGFIELD AVE.

P.O. BOX 3386

CHAMPAIGN, ILLINOIS 61820
akinsulco@aol.com

INVOICE NO.

03962

RELIABLE MECHANICAL
ACCOUNTS PAYABLE
SOLD TO P O BOX 734
SAVOY, IL 61874-0734

CHAMPAIGN COUNTY NURSING HOME
REMEDICATION REPAIR DUCTWORK INSULATION
JOB SITE

CUSTOMER ORDER NO. PAUL FAVORO	INVOICE DATE 12/30/05	DATE SHIPPED 12/2005	TERMS NET: 30
DESCRIPTION		AMOUNT	TOTAL
LABOR -			
W/E 12/09/05 INSULATOR FOREMAN 27.5 HRS @62.11		\$ 1,708.02	
W/E 12/16/05 INSULATOR FOREMAN 30.5 HRS @62.11		1,894.35	
W/E 12/23/05 INSULATOR FOREMAN 39.0 HRS @62.11		2,422.29	
			\$ 6,024.66
MATERIAL			
TICKET #028323		704.64	
TICKET #028347		426.22	
			1,130.86
TOTAL AMOUNT OF THIS BILLING DUE - #1			\$ 7,155.52

PLEASE PAY FROM THIS INVOICE - STATEMENT WILL NOT BE SENT



Construction Management

MEMORANDUM

To: Alan Reinhart – Physical Plant

Date: January 5, 2006 – faxed and hard copy

From: Janice Stilger – Project Engineer

**Re: Champaign County Nursing Home
PKD, Inc. Project Number 275
Remediation Dumpster Service / Heater Requirements**

Attached please find Invoice No. 3010564 from Rankin for heaters currently located in Wings 1 and 3 of the Nursing Home project. It is our understanding that cost for these heaters from this point forward is considered a remediation expense as permanent system could have been utilized at this time if remediation had not been required. Therefore, please process payment for this invoice as well.

I have checked the invoice and services are billed correctly against tickets and/or agreements with Rankin. Please feel free to give me a call if you have any questions regarding these invoices.

**Xc: MJS/TRM/MFC – Remediation / General Conditions
DLR/FFC
Denny Inman – County Administrator**



1051 North Main Street Suite D
 Lombard, IL 60148
 www.rankingroup.com 1-800-966-7100

Invoice

RECEIVED
 JAN - 3 2006
 PKD, Inc.

SOLD TO: P.K.D.
 P.O. Box 3757

Champaign IL 61826
 Attn: Accounts Payable

SHIP TO: New Champaign County Nursing Home
 500 Bartale Dr

Urbana, IL 61802
 Contact: Ribbie

Inv. no.	Inv. date	Delivery Date	Purchase order / Job number	Terms	Warehouse	Page
3010564	12/28/2005			Net 15 Days		1
Agreement no.	Paym. due date	Ship via		Salesman		
1631:0012	01/12/2006	Our Truck		Will McCoy		

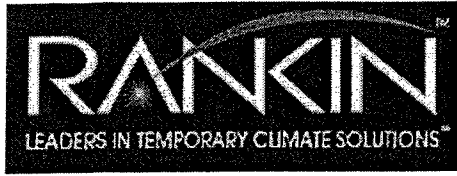
1	Rental	from 12/16/2005	through 01/12/2006	ROT800 - 800K BTU Heater	S/N: 00-527	500.00
1	Rental	from 12/16/2005	through 01/12/2006	ROT800 - 800K BTU Heater	S/N: 97-282	500.00
1	Rental	from 12/16/2005	through 01/12/2006	ROT800 - 800K BTU Heater	S/N: 97-302	500.00
1	Rental	from 12/16/2005	through 01/12/2006	ROT800 - 800K BTU Heater	S/N: 97-259	500.00
1	Rental	from 12/16/2005	through 01/12/2006	ROT800 - 800K BTU Heater	S/N: 95-119	500.00
1	Rental	from 12/16/2005	through 01/12/2006	ROT800 - 800K BTU Heater	S/N: 94-045	500.00
300	Rental	from 12/16/2005	through 01/12/2006	1 INCH HOSE(50ft free/unit)		0.00
350	Rental	from 12/16/2005	through 01/12/2006	1 INCH HOSE(additional hose 2.00/ft)		0.00

Net amount: 3,000.00
Tax: State of Illinois No 0.00

In an ongoing effort to improve our processes and documentation for our valued customers, Rankin Construction Heaters has recently performed a substantial upgrade to our enterprise system. This new invoice format is part of this upgrade. You will notice a new numbering scheme for invoice number and a new field called agreement number. These changes are a critical component to help us track your projects and invoices.

We understand that this may, in limited cases cause problems and we are prepared to help resolve them. Please contact our customer service department at 1-800-966-7100 if you require assistance with your invoices. Our team at Rankin wishes you the very best in your success!

Invoice Number: 3010564
Invoice Date: 12/28/2005
Pay this amount: 3,000.00



1051 North Main Street Suite D
 Lombard, IL 60148
 www.rankingroup.com 1-800-966-7100

Invoice

RECEIVED
DEC - 9 2005
PKD, Inc.

SOLD TO: P.K.D.
 P.O. Box 3757

SHIP TO: New Champaign County Nursing Home
 500 Bartale Dr

Champaign IL 61826
 Attn: Accounts Payable

Urbana, IL 61802
 Contact: Ribbie

Inv. no	Inv. date	Delivery Date	Purchase order / Job number	Terms	Warehouse	Page
3009951	12/06/2005			Net 15 Days		1
Agreement no	Paym. due date	Ship via		Salesman		
1631:0012	12/21/2005	Our Truck		Will McCoy		

QTY	Description	UNIT PRICE	TOTAL
1	Rental from 11/18/2005 through 12/15/2005 ROT800 - 800K BTU Heater S/N: 00-527 ✓		500.00
1	Rental from 11/18/2005 through 12/15/2005 ROT800 - 800K BTU Heater S/N: 97-282 ✓		500.00
1	Rental from 11/18/2005 through 12/15/2005 ROT800 - 800K BTU Heater S/N: 97-302 ✓		500.00
1	Rental from 11/18/2005 through 12/15/2005 ROT800 - 800K BTU Heater S/N: 97-259 ✓		500.00
1	Rental from 11/18/2005 through 12/15/2005 ROT800 - 800K BTU Heater S/N: 95-119 ✓		500.00
1	Rental from 11/18/2005 through 12/15/2005 ROT800 - 800K BTU Heater S/N: 94-045 ✓		500.00
300	Rental from 11/18/2005 through 12/15/2005 1 INCH HOSE(50ft free/unit)		0.00
350	Rental from 11/18/2005 through 12/15/2005 1 INCH HOSE(additional hose 2.00/ft)		0.00

OK gkt.

PKD Job# 275 80.122 Wings 1#3

Net amount: 3,000.00
 Tax: State of Illinois No 0.00

In an ongoing effort to improve our processes and documentation for our valued customers, Rankin Construction Heaters has recently performed a substantial upgrade to our enterprise system. This new invoice format is part of this upgrade. You will notice a new numbering scheme for invoice number and a new field called agreement number. These changes are a critical component to help us track your projects and invoices.

We understand that this may, in limited cases cause problems and we are prepared to help resolve them. Please contact our customer service department at 1-800-966-7100 if you require assistance with your invoices. Our team at Rankin wishes you the very best in your success!

Invoice Number: 3009951
 Invoice Date: 12/06/2005
Pay this amount: 3,000.00



MEMORANDUM

To: ~~Alan Reinhart - Physical Plan~~

Date: December 15, 2005 – faxed and hard copy

10 PAGES

From: Janice Stilger – Project Engineer

Re: Champaign County Nursing Home
PKD, Inc. Project Number 275
Remediation Dumpster Service / Heater Requirements

Attached please find Invoice No. 478761/08 from Area Disposal Service for 30 yd. dumpster service for disposal of remediation removals. It is our understanding that this invoice and any future invoices associated with the remediation will be paid directly by the Owner. Please process payment accordingly.

Also enclosed is Invoice No. 3009951 from Rankin for heaters currently located in Wings 1 and 3 of the Nursing Home project. It is our understanding that cost for these heaters from this point forward is considered a remediation expense as permanent system could have been utilized at this time if remediation had not been required. Therefore, please process payment for this invoice as well.

I have checked both invoices and services are billed correctly against tickets and/or agreements with Area Disposal and Rankin. Please feel free to give me a call if you have any questions regarding these invoices.

Xc: MJS/TRM/MFC – Remediation / General Conditions
DLR/FFC
Denny Inman – County Administrator

TO: PKD INC.
PO BOX 3698
CHAMPAIGN IL 61826

AREA DISPOSAL SERVICE INC
PO BOX 9071
PEORIA, IL 616129071
(309) 686-8033

INVOICE NO: 478761/08 INVOICE DATE: 11/30/05 CUSTOMER NO: 854583 BILL PERIOD: 11/01/05 - 11/30/05

REFERENCE/DESCRIPTION	DATE	QUANTITY	RATE	AMOUNT
CUSTOMER: 854583 PKD INC.				
PERMIT: 357958 GEN-NURSING HOME				
JOB #: 528940 DATE STARTED: 11/14/05				
TRAN - TKT: 12166898 ✓	11/14/05	1.00	LD	
DISP - TKT: 5201636CLI	11/14/05	1.00	LD	
JOB #: 528940 PICKUP LOAD/TRANSPORT TO DISPOSAL FACILITY				500.00
JOB #: 528943 DATE STARTED: 11/14/05				
TRAN - TKT: 12086807 ✓	11/14/05	1.00	LD	
DISP - TKT: 5201749CLI	11/14/05	1.00	LD	
JOB #: 528943 PICKUP LOAD/TRANSPORT TO DISPOSAL FACILITY				500.00
JOB #: 529107 DATE STARTED: 11/15/05				
TRAN - TKT: 12166468 ✓	11/15/05	1.00	LD	
DISP - TKT: 5201824CLI	11/15/05	1.00	LD	
JOB #: 529107 PICKUP LOAD/TRANSPORT TO DISPOSAL FACILITY				500.00
JOB #: 529469 DATE STARTED: 11/17/05				
TRAN - TKT: 12166674	11/17/05	1.00	LD	
DISP - TKT: 5202105CLI	11/17/05	1.00	LD	
JOB #: 529469 PICKUP LOAD/TRANSPORT TO DISPOSAL FACILITY				500.00
JOB #: 529470 DATE STARTED: 11/17/05				
TRAN - TKT: 12166666	11/17/05	1.00	LD	
DISP - TKT: 5202117CLI	11/17/05	1.00	LD	
JOB #: 529470 PICKUP LOAD/TRANSPORT TO DISPOSAL FACILITY				500.00
JOB #: 529690 DATE STARTED: 11/18/05				
TRAN - TKT: 12123444 ✓	11/18/05	1.00	LD	
DISP - TKT: 5202318CLI	11/18/05	1.00	LD	
JOB #: 529690 PICKUP LOAD/TRANSPORT TO DISPOSAL FACILITY				500.00

INVOICE TOTAL: 3,000.00

150 Johnson

TO: PKD INC.
PO BOX 3698
CHAMPAIGN IL 61826

AREA DISPOSAL SERVICE INC
PO BOX 9071
PEORIA, IL 616129071
(309) 686-8033

INVOICE NO: 478761/08 INVOICE DATE: 11/30/05 CUSTOMER NO: 854583 BILL PERIOD: 11/01/05 - 11/30/05

REFERENCE/DESCRIPTION DATE QUANTITY RATE AMOUNT

RECEIVED
DEC 17 2005
PKD, Inc.

QUESTIONS 309-686-8033.

LEASE PAY FROM THIS INVOICE

REMIT TO: AREA DISPOSAL SERVICE INC
PO BOX 9071
PEORIA, IL 616129071
(309) 686-8033

TERMS: NET 30

INVOICE AMOUNT: 3,000.00
INVOICE DATE: 11/30/05
INVOICE NUMBER: 478761/08
CUSTOMER NUMBER: 854583

PKD INC.
PO BOX 3698
CHAMPAIGN IL 61826



Area Disposal Service, Inc.
 Route 51 South
 Clinton, IL 61727
 (217) 935-5652

12166898

Customer	PKD
City State	Wuhara Ill.
P.O. Number	
Truck Number	1242
Trailer Number	24

Schedule No.	112045
Permit Number	357958
WMDS Number	
Manifest Number	None
Job Number	
Job Type Code	PD
Originating Location	530023
Scale Number	

Time Code	Time	Date
PL	410 A	11/14/05
P1+	418 A	
TC	421 A	
PD at Job	518 A	
amt Ad 300616	520 A	
TC	601 A	
AC	605 A	

Time Code	Time	Date

Doc Rillo

BOX #	FROM LOCATION	TO LOCATION
30805	530023	357958
30908	357958	53002

Insulation

AMT. RECD. \$	CASH	CHECK #
ARRIVE AT GATE	LEAVE GATE	DATE
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	11/14/05
Customer Signature	Driver Signature	



Area Disposal Service, Inc.

Route 51 South
Clinton, IL 61727
(217) 935-5652

12086807

Schedule No.	112088
Permit Number	957958
WMDS Number	
Manifest Number	
Job Number	
Job Type Code	PD
Originating Location	530002
Scale Number	

Customer	PKS Nursing Home / Boyd
City State	URBANA, IL
P.O. Number	
Truck Number	1230
Trailer Number	

Time Code	Time	Date
TC	1:57 P	11-14
AC	2:53 P	
JL	3:19 P	
AZ		
TY		

Time Code	Time	Date

BOX #	FROM LOCATION	TO LOCATION
30816	30003	357958
30120	357958	530002

Insulation

AMT. RECVD. \$	CASH	CHECK #
ARRIVE AT GATE	LEAVE GATE	DATE
AM PM	AM PM	11-14-05
Customer Signature		



Area Disposal Service, Inc.

Route 51 South
Clinton, IL 61727
(217) 935-5652

12166468

Customer	PHD/Waiting Home/301/D
City State	Urbana, Ill.
P.O. Number	
Truck Number	1244
Trailer Number	2617

Schedule No.	112212
Permit Number	357958
WMDS Number	
Manifest Number	
Job Number	
Job Type Code	PD
Originating Location	530023
Scale Number	

Time Code	Time	Date
TC	6215 Am	11-15-05
AC	7240	

Time Code	Time	Date

BOX #	FROM LOCATION	TO LOCATION
15H329	530023	357958

Da Insulation

AMT. RECVD.	\$	CASH	CHECK #
-------------	----	------	---------

ARRIVE AT GATE	LEAVE GATE	DATE				
<table border="1"><tr><td>AM</td></tr><tr><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td></tr><tr><td>PM</td></tr></table>	AM	PM	11-15-05
AM						
PM						
AM						
PM						

Customer Signature	Driver Signature <i>Larry Z</i>
--------------------	---------------------------------



Area Disposal Service, Inc.

Route 51 South
Clinton, IL 61727
(217) 935-5652

12166666

Complete

Customer	PKD Nursing Home 30110
City State	Urbana, IL
P.O. Number	
Truck Number	1242
Trailer Number	2619

Schedule No.	12574
Permit Number	357958
WMDS Number	
Manifest Number	
Job Number	29470
Job Type Code	P.D.
Originating Location	530023
Scale Number	202117

Time Code	Time	Date
TC	6:00 AM	11-17
AC	7:15	
MF	8:25	9:10
	Stopped to do 357598	
AL	9:15	
ET	10:33	
	11:45	

Time Code	Time	Date

BOX #	FROM LOCATION	TO LOCATION
30110	530023	357958
25H329	357958	530002

AMT. RECVD. \$ [] CASH [] CHECK # []

ARRIVE AT GATE [] LEAVE GATE [] DATE 11-17-05

Customer Signature [] Driver Signature []



Area Disposal Service, Inc.
Route 51 South
Clinton, IL 61727
(217) 935-5652

12166674

Complete

Customer	P.K.A. Nursing Home / 30yd
City State	Urbana, IL
P.O. Number	
Truck Number	1242
Trailer Number	2619

Schedule No.	12575
Permit Number	357958
WMDS Number	
Manifest Number	
Job Number	529469
Job Type Code	P.D.
Originating Location	357958
Scale Number	5202105

Time Code	Time	Date
TC	6:00 AM	11-17
AL	8:30	
TL	9:15	
AL	10:33	
ET	11:05	

Time Code	Time	Date

BOX #	FROM LOCATION	TO LOCATION
30805	357958	530002
30805	530002	530023

MT. RECVD. \$ _____ CASH CHECK # _____

ARRIVE AT GATE _____ LEAVE GATE _____ DATE 11-17-05

AM PM AM PM

Customer Signature _____ Driver Signature _____

99 09211



Area Disposal Service, Inc.
 Route 51 South
 Clinton, IL 61727
 (217) 935-5652

12123444

Customer	PKD
City State	URBANA
P.O. Number	
Truck Number	1233
Trailer Number	2619

Schedule No.	112796
Permit Number	357958
WMDS Number	
Manifest Number	
Job Number	
Job Type Code	PL
Originating Location	530023
Scale Number	

Time Code	Time	Date
TY	12	20
AG	1	20
TC SWITCH 2	1	26
AL BOXES Load/unload X 2	1	30

Time Code	Time	Date
 Remediation		

BOX #	FROM LOCATION	TO LOCATION
30898	530023	357958
30816	357958	530022
	530022	530023

AMT. RECVD. \$	CASH	CHECK #
----------------	------	---------

ARRIVE AT GATE	LEAVE GATE	DATE
AM PM	AM PM	11-18-05

Customer Signature	Driver Signature

MJS/TRM/MFC - CE #150
FRM

OK
A



OTTO BAUM COMPANY, INC.

CONTRACTORS

DECATUR DIVISION

ANN 275
80.211

1788 Hubbard Ave.
Decatur, IL 62526

(217) 876-1000
Fax (217) 876-1014
www.ottobaumdecatur.com

RECEIVED
AUG 25 2005
PKD, Inc.

PKD, Inc.
2110 Clearlake Boulevard
Suite 100
Champaign, IL 61826

INVOICE NO. **D 3856**

DATE 8-23-05

PROJECT Champaign County
Nursing Home

JOB NO. 04909	CHARGES	CREDIT	BALANCE
Remove wall materials per FWO # 16	757.55		
NET AMOUNT DUE			\$757.55

Replacement to follow as directed
by PKD.

CUSTOMER COPY

TIME & MATERIAL BILLING SUMMARY

Date: August 23, 2005

OBCI Job #: 04-909

PKD, Inc. - FWO # 16

A. LABOR SUMMARY

				Amount
1	Principal	_____	Hours at \$ _____ per hour	\$ -
2	Estimator	_____	Hours at \$ _____ per hour	\$ -
3	Project Manager	_____	Hours at \$ _____ per hour	\$ -
4	Clerical	_____	Hours at \$ _____ per hour	\$ -
5	Superintendent	_____	1 Hours at \$ 51.26 per hour	\$ 51.26
	Subcontractor supervision	_____	Hours at \$ 51.26 per hour	\$ -
6	Carpenter			
	Foreman	_____	Hours at \$ _____ per hour	\$ -
	Journeyman	_____	13 Hours at \$ 45.98 per hour	\$ 597.74
7	Laborer			
	Foreman	_____	Hours at \$ _____ per hour	\$ -
	Journeyman	_____	Hours at \$ _____ per hour	\$ -
8	Teamster/Laborer	_____	Hours at \$ _____ per hour	\$ -
9	Cement Finisher			
	Foreman	_____	Hours at \$ _____ per hour	\$ -
	Journeyman	_____	Hours at \$ _____ per hour	\$ -
10	Ironworker			
	Foreman	_____	Hours at \$ _____ per hour	\$ -
	Journeyman	_____	Hours at \$ _____ per hour	\$ -
11	Painter			
	Foreman	_____	Hours at \$ _____ per hour	\$ -
	Journeyman	_____	Hours at \$ _____ per hour	\$ -
12	Operator	_____	Hours at \$ _____ per hour	\$ -

SUBTOTAL LABOR CHARGE \$ 649.00

13 Equipment charges: \$
 14 Bonds, permits fees, other fees: \$

SUBTOTAL \$ 649.00

CONTRACTOR FEE: 15.00% \$ 97.35
 MISC. SMALL TOOL ALLOWANCE: 1.5 % of above charges \$ 11.20

TOTAL OF A.: \$ 757.55

B. SUBCONTRACTOR COSTS:

1 Total subcontractor billings: \$ -
 CONTRACTOR FEE: 5.00% \$ -

TOTAL OF B.: \$ -

C. MATERIAL:

1 Total material billings: \$ -
 CONTRACTOR FEE: 15.00% \$ -

TOTAL OF C.: \$ -

TOTAL BILLING: (A + B + C) \$ 757.55

Date: 6/28/05

Job#: 04 909

Charge To: PKD Inc.

Description of Work: As per attached letter to FWO 16. Removed drywall & ext. Sheatg
at described locations. Wing 1: ext. W124, Int. W116, W130 W145
Wing 2: ext. W355 Int. W345 W352
included gathering needed tools, layout & cutting of lines. (w/ knife & jabsaw on
drywall & Circular Saw & catspaw on exterior sheathing) Also removing of Vanitie
in the patient rooms

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
1	Phillip Colosser	1					
2	Logan Colosser	4					
3	Bob Long	4.5					
3	Rick Allison	4.5					
	PMC						

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor Name	OBCI Sub Coordination & Supervision		Time	
	Supervisor Name	Reg	O.T.	

Labor Codes			
Superintendent	5	Ironworker	
Carpenter	6	Teamster/Laborer	
Laborer	7	Operator	
Cement Finisher	8	Painter	
Journeyman		F = Foreman	A = Apprentice

Work Authorization	
Field Order	Check
Backcharge	
Office Directed	
Owner Requested	

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

Supervisor Signature: Phillip Colosser

Contractor Name: _____

Contractor Authorization Signature: Don Pitt 7 1-25 99

CE # 150

**FIELD WORK ORDER
PKD INC.
CONSTRUCTION MANAGERS**

2110 Clearlake Blvd., Suite 100
P. O. Box 3698
Champaign, IL 61826
217/356-8424 217/356-8448 (FAX)

FWO# 16

OWNER'S NAME: Champaign Co. Nursing Home		CONTRACTOR'S NAME: OTTO	
STREET:		STREET:	
CITY	STATE	CITY	STATE
PROJECT: Champaign Co. Nursing Home - 275		BID GROUP:	DATE: 6.28.05

You are authorized to perform the following specifically described additional work:

REMOVE AND REPLACE WALL MATERIALS AS
DIRECTED BY P.K.D. PER ATTACHED DIRECTION
1 PAGE

Post-it® Fax Note	7671	Date	6.28.05	# of pages	3
To	DAVE DOTY	From	DOC / PKP		
Co./Dept.	OTTO	Co.	FWO 16 & 17		
Phone #		Phone #			
Fax #		Fax #			

PAYMENT WILL BE MADE AS FOLLOWS:

INVOICE TO PKD, INC WITH SIGNED T&M TICKETS (OUTSIDE THE CONTRACT)
UPON COMPLETION OF WORK PROVIDE T&M QUOTE WITH SIGNED T&M
TICKETS TO ALLOW PROCESS OF C.O. TO CONTRACT

CONTRACTOR INCLUDE THIS FWO# 16 ON INVOICE FOR THIS WORK
Date: 6.28.05 Authorizing Signature [Signature]
(CM Signs Here)

cc: M/S/IRM/MFC/FWO OTTO - FAX / FIELD (2)

6/27/05

Rooms for removal of drywall or sheathing for investigative purposes for the likelihood of mold. These should be locations of prior 4" sample holes. **LEAVE INSULATION IN PLACE**

Wing 1:

Ext. W124

Int. W116, W130, W145.

Wing 3:

Ext. W355

Int. W345, W352.

Approximately 4' wide, approximate full height less to not damage the vinyl border and/or to leave room for patching back.



OTTO BAUM COMPANY, INC.

CONTRACTORS

DECATUR DIVISION

ok
/

1788 Hubbard Ave.
Decatur, IL 62526

(217) 876-1000
Fax (217) 876-1014
www.ottobaumdecatur.com

PKD Inc.
2110 Clearlake Boulevard
Suite 100
Champaign, IL 61826

INVOICE NO. **D 3901**

DATE 10-17-05

PROJECT Champaign County
Nursing Home

JOB NO. 04909	CHARGES	CREDIT	BALANCE
Remove drywall as directed by owner under PKD FWO # 19	993.65		
NET DUE			\$993.65

RECEIVED
OCT 18 2005
PKD, Inc.

CUSTOMER COPY

TIME & MATERIAL BILLING SUMMARY

Date: October 17, 2005

OBCI Job #: 04-909

PKD, Inc. - FWO # 19

A. LABOR SUMMARY

				Amount
1	Principal	_____	Hours at \$ _____	\$ _____
2	Estimator	_____	Hours at \$ _____	\$ _____
3	Project Manager	_____	Hours at \$ _____	\$ _____
4	Clerical	_____	Hours at \$ _____	\$ _____
5	Superintendent	_____	1 Hours at \$ 51.26 per hour	\$ 51.26
	Subcontractor supervision	_____	Hours at \$ 51.26 per hour	\$ _____
6	Carpenter			
	Foreman	_____	Hours at \$ _____	\$ _____
	Journeyman	17	Hours at \$ 45.98 per hour	\$ 781.66
7	Laborer			
	Foreman	_____	Hours at \$ _____	\$ _____
	Journeyman	_____	Hours at \$ _____	\$ _____
8	Teamster/Laborer	_____	Hours at \$ _____	\$ _____
9	Cement Finisher			
	Foreman	_____	Hours at \$ _____	\$ _____
	Journeyman	_____	Hours at \$ _____	\$ _____
10	Ironworker			
	Foreman	_____	Hours at \$ _____	\$ _____
	Journeyman	_____	Hours at \$ _____	\$ _____
11	Painter			
	Foreman	_____	Hours at \$ _____	\$ _____
	Journeyman	_____	Hours at \$ _____	\$ _____
12	Operator	_____	Hours at \$ _____	\$ _____
SUBTOTAL LABOR CHARGE				\$ 832.92
13	Equipment charges:			\$ _____
14	Bonds, permits fees, other fees:			\$ _____
SUBTOTAL				\$ 832.92
CONTRACTOR FEE:			15.00%	\$ 124.94
MISC. SMALL TOOL ALLOWANCE:			1.5 % of above charges	\$ 14.37

TOTAL OF A.: \$ 972.23

B. SUBCONTRACTOR COSTS:

1	Total subcontractor billings:			\$ _____
	CONTRACTOR FEE:		5.00%	\$ _____

TOTAL OF B.: \$ -

C. MATERIAL:

1	Total material billings:			\$ 18.63
	CONTRACTOR FEE:		15.00%	\$ 2.79

TOTAL OF C.: \$ 21.42

**TOTAL BILLING:
(A + B + C) \$ 993.65**

Charge To: PKD Inc.

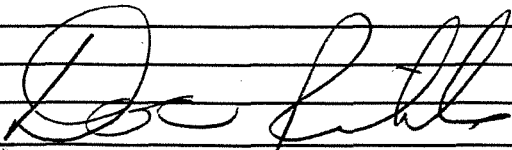
Description of Work: Remove drywall & insulation from 3 walls in Res. Room & 1 wall in Res. Bathroom, of Rooms W116 & Rm. W352, as Per Alan Reinhardt

PKD Ref. FWO # 19

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2	Phillip Glosser	5					
2	Bradwall	5					
2	Rick Flynn	5					
2	Jeff Lewis	5					
3	Jason Collins	2					

Material Item Description	Source	Quantity	Unit	Price	Amount
<u>KOTO Zip Guide points</u>	<u>Negwer</u>	<u>20 ea</u>			

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.
			

Job Codes		
Superintendent	5	Ironworker
Carpenter	6	Teamster/Laborer
Laborer	7	Operator
Cement Finisher	8	Painter
= Journeyman	F = Foreman	A = Apprentice

Work Authorization	
	Check
Field Order	<input checked="" type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

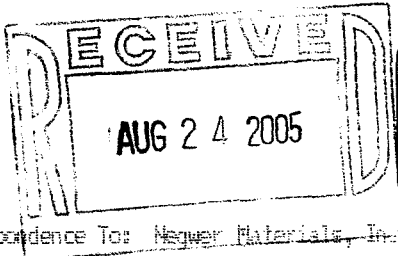
Supervisor Signature: [Signature]

Contractor Name: PKD Inc.

Contractor Authorization Signature: [Signature]



- BELLEVILLE, IL 618-235-4410
- BLOOMINGTON/NORMAL, IL 309-452-6451
- CHAMPAIGN/URBANA, IL 217-344-8845
- CHATHAM, IL 217-483-3112
- COLUMBIA, MO 573-817-2727
- DECATUR, IL 217-875-7227
- PEORIA, IL 309-692-5556
- SPRINGFIELD, IL 217-544-4674
- ST. LOUIS, MO 314-522-0579
- TOLL FREE 800-456-6540



Document: Invoice

Invoice Date 08/19/05 Order # 727345-00
 PO Date 08/19/05 PO # Tax Exempt - II Page # 1

Dist #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 Champaign, IL

Correspondence To: Power Materials, Inc.
 49 Airport Road
 St. Louis, MO 63135-1998

OTTO BAUM & SONS INC
 1798 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions Placed By:
 Tax Exempt - II
 Ship Point Via Shipped Terms
 Champaign/Urbana Yard Counter Sale 08/19/05 2% 10/n-EDFM

Unit for Dept. 255, Box 790044, St. Louis 63179-0044

Product # And Description	UPC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	✓	Amount (Net)
TOOLS AND ACCESSORIES ARE TAXABLE.										
1 ZBSP GUIDE POINT ROTO ZIP BIT 1/8" 10/PACK ITEM # 0910		2	0	2	PKG	8.75	PKG	0.00		17.50
1 Lines Total				Qty Shipped Total	2		Total			17.50
							Taxes			1.13
							Invoice Total			18.63

 Terms: 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of the month. Discount amount is at bottom of invoice.

VB 14253
 ANF 18.63
 JOB# 04-909
 C.O# 9250
 GAT M
 ACCT. 504
 OK 300

FIELD WORK ORDER PKD INC. CONSTRUCTION MANAGERS

2110 Clearlake Blvd., Suite 100
P. O. Box 3698
Champaign, IL 61826
217/356-8424 217/356-8448 (FAX)

FWO# 19

OWNER'S NAME: Champaign Co. Nursing Home		CONTRACTOR'S NAME: <u>COLEMAN / OTTO</u>	
STREET:		STREET:	
CITY	STATE	CITY	STATE
PROJECT: Champaign Co. Nursing Home - 275		BID GROUP:	DATE: <u>8-19-05</u>

You are authorized to perform the following specifically described additional work:

REMOVE DRYWALL AND ELECTRICAL COVER PLATES
AS DIRECTED BY OWNER

Post-it® Fax Note	7671	Date	<u>8-19-05</u>	# of pages	<u>1</u>
To	<u>DAVE DOTY</u>	From	<u>DOC</u>		
Co./Dept.	<u>OTTO</u>	Co.	<u>PKD</u>		
Phone #		Phone #			
Fax #		Fax #			

Post-it® Fax Note	7671	Date	<u>8-19-05</u>	# of pages	<u>1</u>
To	<u>MIKE COLEMAN</u>	From	<u>DOC</u>		
Co./Dept.	<u>COLEMAN</u>	Co.	<u>PKD</u>		
Phone #		Phone #			
Fax #		Fax #			

PAYMENT WILL BE MADE AS FOLLOWS:

<input type="checkbox"/>	INVOICE TO PKD, INC WITH SIGNED T&M TICKETS (OUTSIDE THE CONTRACT)
<input checked="" type="checkbox"/>	UPON COMPLETION OF WORK PROVIDE T&M QUOTE WITH SIGNED T&M TICKETS TO ALLOW PROCESS OF C.O. TO CONTRACT

CONTRACTOR INCLUDE THIS FWO# 19 ON INVOICE FOR THIS WORK

Date: 8-19-05 Authorizing Signature Doc Rille
(CM Signs Here)

cc: MJS/TRM/MFC/FWO

COLEMAN / FAX / FIELD
OTTO / FAX / FIELD



OTTO BAUM COMPANY, INC.

C O N T R A C T O R S
DECATUR DIVISION

1788 Hubbard Ave.
Decatur, IL 62526

(217) 876-1000
Fax (217) 876-1014
www.ottobaumdecatur.com

PKD, Inc.
2110 Clearlake Boulevard
Suite 100
Champaign, IL 61826

RECEIVED
NOV 14 2005
PKD, Inc.

INVOICE NO. **D 3915**

DATE 11-10-05

PROJECT Champaign County
Nursing Home

JOB NO. 04909	CHARGES	CREDIT	BALANCE
Partial billing - FWO No. 21 (9/21 to 10/25)	32,322.41		
NET AMOUNT DUE			\$32,322.41

CUSTOMER COPY

TIME & MATERIAL BILLING SUMMARY

Date: November 2, 2005

OBCI Job #: 04-909

FWO No. 21 to date (9/21/05 to 10/25/05)

A. LABOR SUMMARY

				Amount
1	Principal	_____	Hours at \$ _____ per hour	\$ -
2	Estimator	_____	Hours at \$ _____ per hour	\$ -
3	Project Manager	4	Hours at \$ 54.36 per hour	\$ 217.44
4	Clerical	_____	Hours at \$ _____ per hour	\$ -
5	Superintendent	14	Hours at \$ 51.26 per hour	\$ 717.64
	Subcontractor supervision	_____	Hours at \$ 51.26 per hour	\$ -
6	Carpenter			
	Foreman	129	Hours at \$ 53.71 per hour	\$ 6,928.59
	Journeyman	115	Hours at \$ 51.13 per hour	\$ 5,879.95
7	Laborer			
	Foreman	114	Hours at \$ 45.47 per hour	\$ 5,183.58
	Journeyman	62	Hours at \$ 44.00 per hour	\$ 2,728.00
8	Teamster/Laborer	_____	Hours at \$ _____ per hour	\$ -
9	Cement Finisher			
	Foreman	_____	Hours at \$ _____ per hour	\$ -
	Journeyman	_____	Hours at \$ _____ per hour	\$ -
10	Ironworker			
	Foreman	_____	Hours at \$ _____ per hour	\$ -
	Journeyman	_____	Hours at \$ _____ per hour	\$ -
11	Painter			
	Foreman	_____	Hours at \$ _____ per hour	\$ -
	Journeyman	_____	Hours at \$ _____ per hour	\$ -
12	Operator	_____	Hours at \$ _____ per hour	\$ -
SUBTOTAL LABOR CHARGE				\$ 21,655.20
13	Equipment charges:			\$ -
14	Bonds, permits fees, other fees:			\$ -
SUBTOTAL				\$ 21,655.20
CONTRACTOR FEE: 15.00%				\$ 3,248.28
MISC. SMALL TOOL ALLOWANCE: 1.5 % of above charges				\$ 373.55

TOTAL OF A.: \$ 25,277.03

B. SUBCONTRACTOR COSTS:

1	Total subcontractor billings:			\$ 6,270.00
	CONTRACTOR FEE:	5.00%		\$ 313.50

TOTAL OF B.: \$ 6,583.50

C. MATERIAL:

1	Total material billings:			\$ 401.63
	CONTRACTOR FEE:	15.00%		\$ 60.24

TOTAL OF C.: \$ 461.87

**TOTAL BILLING:
(A+B+C) \$ 32,322.41**

**FIELD WORK ORDER
PKD INC.
CONSTRUCTION MANAGERS**

2110 Clearlake Blvd., Suite 100
P. O. Box 3698
Champaign, IL 61826
217/356-8424 217/356-8448 (FAX)

FWO# 21

OWNER'S NAME: Champaign Co. Nursing Home		CONTRACTOR'S NAME: <u>OTTO</u>	
STREET:		STREET:	
CITY	STATE	CITY	STATE
PROJECT: Champaign Co. Nursing Home - 275		BID GROUP:	DATE: <u>6-22-05</u>

You are authorized to perform the following specifically described additional work:

REMOVE MATERIALS FROM WINGS 1 AND 3
AS DIRECTED BY PKD OR COUNTY
MAINTAIN SUPERVISION FOR MOLD REMEDIATION

CC MJS/TRM/MAL/MOLD
A.R./CCPP
OTTO FAX/FIELD

Post-it® Fax Note	7671	Date: <u>9-22-05</u>	# of pages: <u>1</u>
To:	<u>DAVE DOTY</u>	From:	<u>Doc</u>
Co./Dept.:	<u>OTTO</u>	Co.:	<u>PKD</u>
Phone #:		Phone #:	
Fax #:		Fax #:	

PAYMENT WILL BE MADE AS FOLLOWS:

INVOICE TO PKD, INC WITH SIGNED T&M TICKETS (OUTSIDE THE CONTRACT)
 UPON COMPLETION OF WORK PROVIDE T&M QUOTE WITH SIGNED T&M TICKETS TO ALLOW PROCESS OF C.O. TO CONTRACT

CONTRACTOR INCLUDE THIS FWO# 21 ON INVOICE FOR THIS WORK
Date: 9-22-05 Authorizing Signature *Doc*
(CM Signs Here)

cc: MJS/TRM/MFC/FWO

PRECISION BUILDERS&ASSOC INC

RR1 BOX 107
WINDSOR, IL 61957

Invoice

Date	Invoice #
10/31/2005	344

Bill To
OTTO BAUM COMPANY, INC. 1788 HUBBARD AVENUE DECATUR, IL 62526

P.O. No.	Terms
FWO#21	

Quantity	Description	Rate	Amount
110	FWO#21 - Carpentry Labor to Demo for Mold Remediation at W1 & W3 PROJECT: Champaign County Nursing Home Urbana IL	57.00	6,270.00
		Total	\$6,270.00
		Payments/Credits	\$0.00
		Balance Due	\$6,270.00

Phone #	Fax #	E-mail	Web Site
217-459-2800	217-459-2811	precisionbldr89@aol.com	www.precisionbuilders-inc.com

9:59 AM

10/31/05

PRECISION BUILDERS&ASSOC INC
Time by Job Detail
 January through October 2005

<u>Date</u>	<u>Name</u>	<u>Duration</u>
CHAMP CO NURSING HOME		
FWO#21		
9/22/2005	THOMAS, TIMOTHY W	8.00
9/23/2005	THOMAS, TIMOTHY W	4.00
9/29/2005	THOMAS, TIMOTHY W	8.00
9/30/2005	THOMAS, TIMOTHY W	8.00
10/4/2005	FOGERSON, CURTIS D	8.00
10/4/2005	ZEHR, CALE D	8.00
10/5/2005	FOGERSON, CURTIS D	8.00
10/5/2005	ZEHR, CALE D	8.00
10/6/2005	ZEHR, CALE D	8.00
10/6/2005	FOGERSON, CURTIS D	8.00
10/7/2005	ZEHR, CALE D	8.00
10/7/2005	FOGERSON, CURTIS D	8.00
10/10/2005	ZEHR, CALE D	8.00
10/10/2005	FOGERSON, CURTIS D	8.00
10/14/2005	DERBY, SCOTT M	2.00
Total FWO#21		<u>110.00</u>
Total CHAMP CO NURSING HOME		<u>110.00</u>
TOTAL		<u>110.00</u>



T & M Work Order No. FWD 21

Date: 9/23/03

Job#: 04-9091

Charge To: PKD

Description of Work: Started cutting drywall, to be removed, in Wing 2 South Pod. Moved South to North & back & forth across hallway. 7 hours total. Incl. Making trip to Negwer to get 2 Zip Tools & bits.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
1	Phillip Glosser	1					
2	Rick Fynn	3					
2	Jeff Laws	3					

Material Item Description	Source	Quantity	Unit	Price	Amount
Dewalt Zip Tools	Negwer	2			
Zip bits	"	20	(2pk)		

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.
CC MSS/TRM/MFC/MOLD			
AR / CLPP			

Labor Codes:	
1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter
J = Journeyman	F = Foreman
	A = Apprentice

Work Authorization:	
	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
Supervisor Signature Phillip Glosser

Owner/Contractor Name AR / CLPP

Owner/Contractor AR / CLPP



Wegwer Materials, Inc.

- BELLEVILLE, IL 618-235-4410
- BLOOMINGTON/NORMAL, IL 309-452-6451
- CHAMPAIGN/URBANA, IL 217-344-8845
- CHATHAM, IL 217-483-3112
- COLUMBIA, MO 573-817-2727
- DECATUR, IL 217-875-7227
- PEORIA, IL 309-692-5556
- SPRINGFIELD, IL 217-544-4674
- ST. LOUIS, MO 314-522-0579
- TOLL FREE 800-456-6540

Document: Invoice

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 Champaign, IL

SEP 27 2005

Correspondence To: Wegwer Materials, Inc.
 49 Airport Road
 St. Louis, MO 63135-1998

Invoice Date	Order #
09/22/05	728056-00
PO Date	PO #
09/21/05	Tax Exempt - II
	Page #
	1

OTTO BAUM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions	Placed By:
Tax Exempt - II	
Ship Point	Via
Champaign/Urbana Yard	Counter Sale
Shipped	Terms
09/22/05	2% 10/n-EDPM

Remit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product Ln# And Description	UPC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	✓	Amount (Net)
TOOLS AND ACCESSORIES ARE TAXABLE.										
1 DW660		2	0	2	EACH	59.99	EACH	0.00		119.98
DEWALT 5 AMP D/W ROUTER 30,000 RPM 3.216 W/BIT										
2 ZB		2	0	2	EACH	7.94	EACH	0.00		15.88
BIT FOR ROTO ZIP TOOL 10PC/PACK ITEM # ZB10										
2 Lines Total				Qty Shipped Total	4		Total			135.86
							Taxes			8.83
							Invoice Total			144.69

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

REMEDIAL

VS _____
 ANS _____
 JOBS 04-909
 C.G# 89250
 CAT _____
 ACCT. _____
 OK DW

✓ T & M Work Order No. FWO 21

Date: 9/24/03

Job#: 04-909R

Charge To: PKD

Description of Work: Cutting + removing drywall from wall in south pod of Wing 1. Rooms 119, 120, + 121. Incl. Hauling debris to dumpster + Sweeping up

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
1	Phillip Glosser	8					
2 J	Rick Flynn	8					
2 J	Jeff Laws	8					
3 J	Jason Collins	8					
3 J	Augustus Johnson	6					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.
<u>CC MSS / TRM / MFC / MOLS</u> <u>AR / CCPH</u>		

Labor Codes:

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization:

Field Order	Check
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only:

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature Phillip Glosser

Owner/Contractor Name _____
 Owner/Contractor AR AR

T & M Work Order No. FWO 21

Date: 9/27/05

Job#: 04-909E

Charge To: PKD

Description of Work: Cut + remove drywall from walls in Wing 2, South Pod, incl. pulling screws from studs, sweeping + hauling debris to dumpster. Precision had 1 carpenter removing + stacking doors in neutral areas. Picked up mor Zip bits 2-10paks from Black's + a 1/4" jamb bit from Armstrong. (We're experimenting to see which is going to work better!)

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
1	Phillip Blosser	2					
2	J Rick Fynn	8					
2	J Jeff Laws	8					
3	J Jason Collins	7					
3	J Augustus Johnson	5					

Material Item Description	Source	Quantity	Unit	Price	Amount
Drywall Router BITS (10pak)	Black + Co. (10 Pak)	2	ea		
" " BIT 1/4" Single	Armstrong (1/4")	1	ea		

Equipment/Tools	Hours	Price	Amount
<u>CC MSS/TRM/MAC/REMEDIATION</u>			
<u>AR/CCPD</u>			

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.
<u>Precision Builders</u>			
<u>1 Carpenter 5hrs Removing Doors</u>			

Labor Codes:			
1 Superintendent	5 Ironworker		
2 Carpenter	6 Teamster/Laborer		
3 Laborer	7 Operator		
4 Cement Finisher	8 Painter		
J = Journeyman	F = Foreman	A = Apprentice	

Work Authorization:	
	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature Phillip Blosser

Owner/Contractor Name A. D.



INDUSTRIAL SUPPLIES

600 N. JOURNAL ROAD DE 60138
CHICAGO IL 60606-3417
312-351-2127 FAX: 312-351-6666

Order # 60728-1
Date 07/27/05
Time 11:09 AM



5010 1st FLOOR
CITY BLDG AND STG. INC.
ATTN: DONALD ALLEN
CHICAGO IL 60601

5010 1st Floor
CITY BLDG AND STG. INC
ATTN: DONALD ALLEN
1718 W. ROBERT STREET
CHICAGO IL 60606-3417

Bill To: 5010 1st Floor, City Bldg And Stg. Inc, Chicago, IL 60601
Ship To: 5010 1st Floor, City Bldg And Stg. Inc, Chicago, IL 60601
Product Description: 1-3 BOSCH B5155 1/8 DRILL BIT
Part No: B&I:007366
Price: 18.40

1-3 BOSCH B5155 1/8 DRILL BIT
AUTOMATIC HSS 10PK

04 909R

1 BOSCH B5155 1/8 DRILL BIT
AUTOMATIC HSS 10PK
Part No: B&I:007366
Price: 18.40

1 BOSCH B5155 1/8 DRILL BIT
AUTOMATIC HSS 10PK
Part No: B&I:007366
Price: 18.40

Sub Total 18.40
Tax 0.00
Grand Total 18.40

CUSTOMER SERVICE: 60728-1

ARMSTRONG CASH AND CARRY LUMBER COMPANY

MAILING ADDRESS: P.O. BOX 17515 - URBANA, IL 61803-7515
 Phones: 367-0731 & 367-0511 • 1705 E. University Ave. - Urbana, IL 61802-2803

Y 06511

Sold or Billed To _____

DELIVER TO

Date _____ 20

SEP 29 2005

QUANTITY	DESCRIPTION	FEET	PRICE	AMOUNT
			1634	
			7.38	
			JOB# 04909	
			C.C# 6100	
			CAT M	
			ACCT. 504	
			OK 015	
			SUB TOTAL	
			TAX	
			DELIVERY CHARGE	
			Total	

DELIVERY	SOLD BY	WRITTEN BY	PRICED BY	LOADED BY	DEL. BY	CHECK #	CASH	C.O.D.	MOSE. RET	

ALL RETURNS MUST BE ACCOMPANIED BY THIS RECEIPT.

TERMS: Net Cash DUE UPON RECEIPT OF INVOICE. A FINANCE CHARGE OF 1 1/2% per month (which is 18% ANNUAL RATE) will be added to all past due accounts.

PLEASE PAY FROM THIS INVOICE; NO STATEMENT WILL BE SENT

CUSTOMER'S COPY

Charge To: PKD

Description of Work: Cut + remove drywall on walls in Wing 1, North Pod Room. Removed doors + moved them to a Neutral area along with fixtures + casework that has been stored in this wing. (Central Activity Area) Incl: Scrapping out drywall to dumpsters + Sweeping up debris.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
1	Philip Glosser	8					
2 J	Rick Flynn	8					
2 J	Jeff Laws	8					
3 J	Jason Collins	8					
3 J	Augustus Johnson	8					

Material Item Description	Source	Quantity	Unit	Price	Amount
1/4" ZIPBIT	Negwer	2	ea		

Equipment/Tools:	Hours	Price	Amount
CC MISS/TRM/REMEDIATION			
AR/CCPP			

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.
Precision			
1 Carpenter 8 hrs removing doors, moving fixtures + casework into Neutral area.			

Labor Codes:

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization:

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only:

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
Supervisor Signature: Philip Glosser

Owner/Contractor Name: _____
Owner/Contractor: PKD



- BELLEVILLE, IL
- BLOOMINGTON/NORMAL, IL
- CHAMPAIGN/URBANA, IL
- CHATHAM, IL
- COLUMBIA, MO

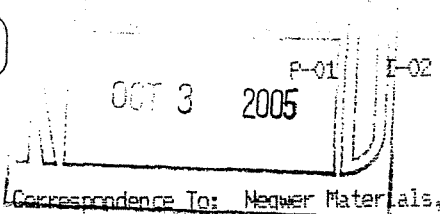
618-235-4410
 309-452-6451
 217-344-8845
 217-483-3112
 573-817-2727

- DECATUR, IL
- PEORIA, IL
- SPRINGFIELD, IL
- ST. LOUIS, MO
- TOLL FREE

217-875-7227
 309-692-5556
 217-544-4674
 314-522-0579
 800-456-6540

Document: Invoice

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 Champaign, IL



Invoice Date: 09/29/05 Order #: 728189-00
 PD Date: 09/28/05 PD #: Tax Exempt - II Page #: 1

Correspondence To: Megwer Materials, Inc.
 49 Airport Road

St. Louis, MO 63135-1998

OTTO BALM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions: Tax Exempt - II Ship Point: Champaign/Urbana Yard
 Placed By: Via Counter Sale Shipped: 09/29/05 Terms: 2% 10/n-EOFM

Remit to: Dept 255 Box 790044, St. Louis 63179-0044

Product Ln# And Description	UPC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Dty. UM	Unit Price	Price UM	Discount Multiplier	Amount (Net)
-----------------------------	-----------	------------------	---------------	------------------	---------	------------	----------	---------------------	--------------

SALES TAX IS FOR LINE 1 ONLY. TOOLS AND ACCESSORIES ARE TAXABLE.

1 ZEMD ZIP BIT FOR BIG OPENINGS 1/4" 1PC/PK ITEM # ZEMDS		2	0	2	EACH	4.95	EACH	0.00	9.90
--	--	---	---	---	------	------	------	------	------

DISCONTINUED
 NO LONGER AVAILABLE 9/16/05

VS 14253
 AM: 133.60

2 CRA112X112-25-10 GALVANIZED ANGLE 10' 1-1/2" X 1-1/2" 25 GA.		10	0	10	EACH	1.72	EACH	0.00	17.20
3 USG3C USG PLUS 3 READY MIX 4.5 GAL. CTN.		10	0	10	CTN	10.58617	CTN	0.00	105.86

JOBS 0947909
 C.C.T. 9230

3 Lines Total	Qty Shipped Total	22							132.96
									0.64
									133.60

CAT M
564
 ACCT. DOS

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

Charge To: PKD

Description of Work: Cut & remove drywall from walls in wing 2 North rooms. Incl: screw removal, Scrap-out drywall to dumpster and sweep. 1 carpenter in wing 3 removing wood doors, stacking them in neutral areas along with fixtures and casework

Labor			Time		Labor			Time	
Code	Name		Reg	O.T.	Code	Name	Reg	O.T.	
2 J	Rick Flynn		8						
2 J	Jeff Laws		8						
3 J	Jason Collins		4						
3 J	Augustus Johnson		8						
2 J	Tim Thomas		8						

Material

Material Item Description	Source	Quantity	Unit	Price	Amount
<u>Roto Zip Bits (10 Pak)</u>	<u>Neqwer (10 Pak)</u>	<u>2</u>	<u>ea</u>		

Equipment/Tools

	Hours	Price	Amount
<u>CC MJS/TPM/MFC/REMEDIATION</u>			
<u>AR/CCDP</u>			

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: *Phillip Shores*
 Owner/Contractor Name: *D. D. H.*
 Owner/Contractor: *D. D. H.*

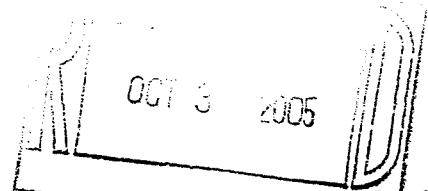


- BELLEVILLE, IL 618-235-4410
- BLOOMINGTON/NORMAL, IL 309-452-6451
- CHAMPAIGN/URBANA, IL 217-344-8845
- CHATHAM, IL 217-483-3112
- COLUMBIA, MO 573-817-2727
- DECATUR, IL 217-875-7227
- PEORIA, IL 309-692-5556
- SPRINGFIELD, IL 217-544-4674
- ST. LOUIS, MO 314-522-0579
- TOLL FREE 800-456-6540

Document: Invoice

Cust #: 20943

Ship To: Job # 0499R



Invoice Date 09/29/05 Order # 470461-00

PO Date 09/29/05 PO # 0499R Page # 1

Decatur, IL 62524-3488

Correspondence To: Negwer Materials, Inc.
49 Airport Road

St. Louis, MO 63135-1998

OTTO BAUM & SONS INC
1788 HUBBARD AVENUE
P O BOX 3488
DECATUR IL 62524-3488

Instructions Placed By:

Ship Point Decatur Yard Via Shipped 09/29/05 Terms 2% 10/n-EOFM

Remit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product # And Description	UPC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	Amount (Net)
1 ZB BIT FOR ROTO ZIP TOOL 10PC/PACK Interchange Prod: zb10		2	0	2	EACH	7.94	EACH	0.00	15.88
1 Lines Total			Qty Shipped Total	2			Total		15.88
							Taxes		1.27
							Invoice Total		17.15

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

VP 14253

AME 17.15

JOB# 04-909

C.C# 9250

CAT M

ACCT. 504

OK J

Description of Work: Cut & remove drywall from walls in wing 7 West Pass
Removed handrail & wood from corridor wall that need it. Scrap-out
drywall to dumpster & kept swept. Also worked in W3 removing &
stacking doors, storing accessories & case work, all in a neutral area
of wing 3

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 J	Rick Flynn	8					
2 J	Jeff Laws	8					
3 J	Jason Collins	6					
2 J	TIM THOMAS	8					

Material:

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools: CC MSS / TRIM / MC / REMED /
ARC / CPP

Equipment/Tools	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.
<u>Precision - Tim Thomas</u>			
<u>removing doors, wood trim, accessories, and</u>			
<u>case work.</u>			

Labor Codes:

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization:

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only:

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: Phillip Glass

Owner/Contractor Name: DAI

Owner/Contractor: DAI

Description of Work: Cut & remove drywall, Ceramic, Concrete board & wood trims from walls in W.I. West, South, and Center Rooms & halls. incl: Hauling debris to dumpsters, Storing finish materials, Covering stored mat'l with plastic & sweeping up.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
1	Phillip Glasser	1		2 J	Chuck Duet	5	
2 J	Rick Flynn	8		3 J	Jason Collins	8	
2 J	Jeff Laws	8		3 J	Augustus Johnson	8	
2 J	Rick Allison	5					
2 J	MIKE MORRISY	5		2 J	TIM THOMAS	2	

Material:

Material Item Description	Source	Quantity	Unit	Price	Amount
ROTO Zip BITS (10 Pak)	Nequor	2	Pak		
ROTO Zip 1/4" BITS	"	3	ea		

Equipment/Tools:

Equipment/Tools	Hours	Price	Amount
M55/17M JMC (REMEDIAN)			
A21 CCPP			

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.
Precision Builders-TIM		

Labor Codes:

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization:

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only:

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: Phillip Glasser

Owner/Contractor Name: _____
 Owner/Contractor: _____



Megwer Materials, Inc.

■ BELLEVILLE, IL
 ■ BLOOMINGTON/NORMAL, IL
 ■ CHAMPAIGN/URBANA, IL
 ■ CHATHAM, IL
 ■ COLUMBIA, MO

618-235-4410
 309-452-6451
 217-344-8845
 217-483-3112
 573-817-2727

■ DECATUR, IL
 ■ PEORIA, IL
 ■ SPRINGFIELD, IL
 ■ ST. LOUIS, MO
 TOLL FREE

217-875-7227
 309-692-5556
 217-544-4674
 314-522-0579
 800-456-6540

Document: Invoice

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 Champaign, IL

OCT 5 2005
 Correspondence To: Megwer Materials, Inc.
 49 Airport Road
 St. Louis, MO 63135-1998

Invoice Date	10/03/05	Order #	728279-00
PO Date	10/03/05	Page #	1
PO #	Tax Exempt - II		

OTTO BAUM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions:	Placed By:		
Tax Exempt - II			
Ship Point	Via	Shipped	Terms
Champaign/Urbana Yard		10/03/05	Z% 10/n-EOPM

Remit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product	UFC	Quantity	Quantity	Quantity	Qty.	Unit	Price	Discount	✓	Amount
Ln# And Description	Item#	Ordered	B.O.	Shipped	U#	Price	U#	Multiplier		(Net)

TOOLS AND ACCESSORIES ARE TAXABLE.

1	ZRGF	1	0	1	PKG	8.75	PKG	0.00		8.75
	GUIDE POINT ROTO ZIP BIT 1/8" 10/PACK ITEM # GP10									
2	ZRWD	3	0	3	EACH	4.95	EACH	0.00		14.85
	ZIP BIT FOR BIG OPENINGS 1/4" 1PC/PK ITEM # ZRWD8									

DISCONTINUED
 NO LONGER AVAILABLE 9/16/05

VS _____

AMEI _____

JOB# 04.909

C.C# 89250

2 Lines Total	Qty Shipped Total	4	Total	23.60
			Taxes	1.54
			Invoice Total	25.14

ACCT. _____

OK DW

 Terms- Z% discount available on a month's invoices until the
 10th of the following month; net payment is due at the end
 of that month. Discount amount is at bottom of invoice.

Description of Work: Cut + Remove drywall, Ceramic, + duro rok from walls in Wing 2 North + West rooms + Bathing rooms. Cut + remove drywall above resident bath doors. Incl. hauling debris to dumpster; pulling screws from studs + sweeping up. 2 carpenters removed sheathing from exterior side + recovered studs with housewrap - COMPLETE INTERIOR DEMO

Labor			Time		Labor			Time	
Code	Name		Reg	O.T.	Code	Name	Reg	O.T.	
1	Phillip Glosser		8		3 J	Augustus Johnson	8		
2 J	Rick Flynn		8		2 J	Jeff Laws	6		
2 J	Mike Morrissey		8		2 J	Charles Duez	6		
2 J	Logan Glosser		8		2 J	Curt Fogerson	8		
3 J	Jason Collins		8		2 A	Cale Zehr	8		

Material Item Description	Source	Quantity	Unit	Price	Amount
<u>ROTO ZIP BITS 6-10 PAKS</u>	<u>Neqwer (Decatur)</u>	<u>6</u>	<u>PAKS</u>		

Equipment/Tools	Hours	Price	Amount
<u>ROTO ZIP BITS 6-10 PAKS</u>			
<u>MISS/ TRM/ MIC/ REMEDIATION</u>			
<u>AR/CCP?</u>			

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.
<u>Precision Builders CURT 8hrs</u>		
<u>Cale 8hrs</u>		
<u>Removing 1/2" OSB from Exterior</u>		

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: [Signature]

Owner/Contractor Name: [Signature]

Owner/Contractor: _____



Negwer Materials, Inc.

■ BELLEVILLE, IL
 ■ BLOOMINGTON/NORMAL, IL
 ■ CHAMPAIGN/URBANA, IL
 ■ CHATHAM, IL
 ■ COLUMBIA, MO

618-235-4410
 309-452-6451
 217-344-8845
 217-483-3112
 573-817-2727

■ DECATUR, IL
 ■ PEORIA, IL
 ■ SPRINGFIELD, IL
 ■ ST. LOUIS, MO
 TOLL FREE

217-875-7227
 309-692-5556
 217-544-4674
 314-522-0579
 800-456-6540

Document: Invoice

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 Champaign, IL

6 2005

Invoice Date	10/04/05	Order #	470532-00
PO Date	10/04/05	PO #	04-909R
		Page #	1

Correspondence To: ~~Negwer Materials, Inc.~~
 49 Airport Road
 St. Louis, MO 63135-1998

OTTO BAUM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions	Placed By: Phil
Tax Exempt - II	
Ship Point	Via
Decatur Yard	Shipped
	10/04/05
	Terms
	2% 10/n-EOFM

Remit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product Ln# And Description	UPC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	Amount (Net)
TOOLS AND ACCESSORIES ARE TAXABLE.									
1 zb BIT FOR ROTO ZIP TOOL 10PC/PACK		6	0	6	EACH	7.94	EACH	0.00	47.64
1 Lines Total			Qty Shipped Total	6			Total		47.64
							Taxes		3.81
							Invoice Total		51.45

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

VS _____
 AMI _____
 JOBS 04-909
 C.C# 89250
 CAT _____
 ACCT. _____
 OK DA

Description of Work: Cut resident restroom door head drywall in wing 1 then moved equipment to wing 3 to start cutting drywall on wall in the East Pod. Incl. some sweeping up in wing 1 before moving to wing 3. Continue removing OSB sheathing from exterior walls on wing 1.

Labor			Time		Labor			Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.		
1	Phillip Glosser	1							
2 J	Rick Flynn	8							
3 J	Augustus Johnson	2							
				2 J	Curt Fogerson	8			
				2 A	Cale Zehr	8			

Material Item Description	Source	Quantity	Unit	Price	Amount
<u>Housewrap 9'</u> <u>1/2 roll from stock</u>	<u>Armstrong</u>	<u>1</u>	<u>roll</u>		

Equipment/Tools	Hours	Price	Amount
<u>MSS / TLM / MG / REMEDIATION</u>			
<u>HL / CLPP</u>			

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.
<u>Precision Builders; Curt Zhrs</u>		
<u>Removing OSB from wing 1) Cale Zhrs</u>		

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization:

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only:

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature [Signature]

Owner/Contractor Name [Signature]

Owner/Contractor _____

ARMSTRONG CASH AND CARRY LUMBER COMPANY

MAILING ADDRESS: P.O. BOX 17515 - URBANA, IL 61803-7515
 Phones: 367-0731 & 367-0511 • 1705 E. University Ave. - Urbana, IL 61802-2803

Y 04058

Sold 000 Beam
 or
 Billed
 To
10/31/05

Date 10/24 2005

DELIVER TO

CKNH

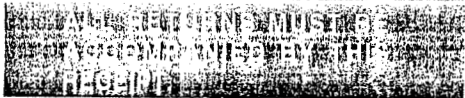
QUANTITY	DESCRIPTION	FEET	PRICE	AMOUNT
		V#	_____	
1	2x4 <u>2x4</u> ALUMINUM <u>ALUMINUM</u>	AM#	_____	<u>11.98</u>
		IOB#	_____	
5	<u>2x4</u> 2x4	C.G#	_____	<u>11.98</u>
		GAT	_____	
		ACCT#	_____	
	<u>CKNH</u>	OK	_____	
	<u>E#</u>			

SUB TOTAL 122.76
 TAX _____
 DELIVERY CHARGE _____

DELIVERY _____ SOLD BY _____ WRITTEN BY _____ PRICED BY _____ LOADED BY _____ DEL. BY _____ CHECK # _____ CASH _____ C.O.D. _____ MDSE. RET _____

Total 122.76

131



PLEASE PAY FROM THIS INVOICE
 NO STATEMENT WILL BE SENT

Description of Work: Cut & remove drywall from room walls in Wing 3, East Pod. Incl: Sweeping & hauling debris to dumpster.

Remove OSB sheathing outside w/ Activity window wall and from around North porch door.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
1	Phillip Glosser	1					
2 J	Rick Flynn	8					
2 J	Logan Glosser	8					
3 J	Jason Collins	7		2 J	Curt Fogerson	6	
3 J	Dennis Nichols	6		2 A	Cale Zehr	6	

Material:

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools:

Equipment/Tools	Hours	Price	Amount
MSS/ARM (MFC) REMEDIATION			
AP/KCP			

Subcontractor	OBCI Sub: Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.
Precision Builders	Curt Ghrs Cale Zehr	
Removing OSB Sheathing from wing 1		

Labor Codes:

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization:

Field Order	Check
Backcharge	
Office Directed	
Owner Requested	

Office Use Only:

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: Phillip Glosser

Owner/Contractor Name: _____
 Owner/Contractor: D. J. A.

Description of Work: Cut & remove dry wall from walls in Wing 3, East and North rooms. Incl: Scrapping out to dumpsters & removing screw from studs & Sweeping up.

Precision Builders, 2 cars. removing OSB sheathing from exterior wall, 3 locations

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2	Phillip Glossow	2					
2 J	Rick Flynn	8					
3 J	Jason Collins	8					
3 J	Denny Neholls	8		2 J	Curt Fogerson	8	
				2 A	Cale Zebr	8	

Material:

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools:

Equipment/Tools	Hours	Price	Amount
<u>MTS/TPM/MFC/REMEDIATION</u>			
<u>A.R/CCPP</u>			

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.
<u>Precision Builders</u>	<u>Curt 8 hr</u>	
	<u>Cale 8 hr</u>	
<u>Remaining OSB Sheq from 3 locations on wing 3.</u>		

Labor Codes:

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

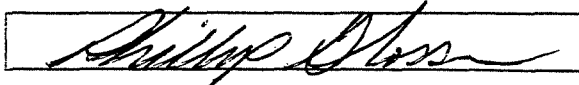
J = Journeyman F = Foreman A = Apprentice


Work Authorization:

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only:

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: 

Owner/Contractor Name: 

Owner/Contractor: _____

Description of Work: Cut drywall w/ zip router then remove + haul to dumpster, wing 3 North pod. Incl: pulling screws + minor Swe

Precision: 2 carpenters removing exterior OSB sheathing from designated areas, completed today. Then covered exposed walls w/ Housewrap.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 J	Rick Flynn	8					
2 J	Jeff Lewis	8					
3 J	Denny Nichols	8					
				2 J	Curt Ferguson	6	
				2 A	Cale Zehr	6	

Material Item Description	Source	Quantity	Unit	Price	Amount
<u>Housewrap</u> <u>1/2 roll from stock</u>	<u>Armstrong</u>	<u>1</u>	<u>roll</u>		

Equipment/Tools	Hours	Price	Amount
<u>CC</u> <u>MJS</u> / <u>TRM</u> / <u>MFC</u> / <u>REMEDIATION</u> <u>A. R. / CCPP</u>			

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.
<u>Precision Builders</u>	<u>Curt Lohr</u> <u>Cale Lohr</u>	
<u>Finished removing OSB sheatg from wing 3</u>		

Labor Codes:

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization:

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only:

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, inc.
 Supervisor Signature: Phillip Shoss

Owner/Contractor Name: Rae Felle

Owner/Contractor: _____

T & M Work Order No. FWO 21

Date: 10/11/05

Job#: 04909R

Charge To: PKD

Description of Work: Continue cutting + removing drywall from walls in wing 3, North Pod. Incl: pulling screws from studs + sweep up, hauling scrap drywall to dumpster

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2J	Rick Flynn	8					
2J	Jeff Laws	8					
3J	Jason Collins	8					
3J	Denny Nichols	8					

Material Item Description	Source	Quantity	Unit	Price	Amount
<u>Dewalt Drywall BITS</u>	<u>Nequor (10 Pak)</u>	<u>2</u>	<u>paks</u>		

Equipment/Tools	Hours	Price	Amount
<u>CC MSS/TRM/MFE/REMEDIATION AR/CCP</u>			

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes:

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature

Philip Moss

Owner/Contractor Name

Doc R...

Owner/Contractor



- BELLEVILLE, IL
- BLOOMINGTON/NORMAL, IL
- CHAMPAIGN/URBANA, IL
- CHATHAM, IL
- COLUMBIA, MO

618-235-4410
309-452-6451
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573-817-2727

- DECATUR, IL
- PEORIA, IL
- SPRINGFIELD, IL
- ST. LOUIS, MO
- TOLL FREE

217-875-7227
309-692-5556
217-544-4674
314-522-0579
800-456-6540

Document: Invoice

007 1 3 2005

Invoice Date	Order #
10/10/05	728444-00
PO Date	PO #
10/10/05	Tax Exempt - II
	Page #
	1

Cust #: 20943
Ship To: Champaign County Nursing Home
1701 East Main
Champaign, IL

Correspondence To: Megwer Materials, Inc.
49 Airport Road
St. Louis, MO 63135-1998

OTTO BALM & SONS INC
1798 HUBBARD AVENUE
P O BOX 3488
DECATUR IL 62524-3488

Instructions	Placed By:
Tax Exempt - II	
Ship Point	Via
Champaign/Urbana Yard	Counter Sale
Shipped	Terms
10/10/05	ZK 10/n-EDFM

Remit to: Dept. 255, Box 796044, St. Louis 63177-6044

Product Ltn# And Description	UPC Item#	Quantity Ordered	Quantity P.C.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	✓	Amount (Net)
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SALES TAX IS FOR LINE 2 ONLY. TOOLS AND ACCESSORIES ARE TAXABLE.

1	8210-PLUS DUST MASK 3M #8210 PLUS OSHA APP. 20PC/BOX Superseded Prod: 8210	1	0	1	BOX	18.04	BOX	0.00		18.04
2	DM6605 DEWALT PILOTTED DRYWALL BIT (10 PACK)	2	0	2	PACK	9.59	PACK	0.00		19.18
3	5-58F09 5/8X4X9 F/C GYPSUM BOARD TAPERED EDGE	26	0	26	PC	9.36	PC	0.00		243.36

3 Lines Total	Qty Shipped Total	29	Total	290.56
			Taxes	1.25
			Invoice Total	281.83

Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

VS 14253
AMT 281.83
JOB# 04909
C.C# 9250
CAT M
ACCT. 504
OK 250

T & M Work Order No. FW021

Date: 10/12/05

Job#: 04909K

Charge To: PKD

Description of Work: Cut & remove drywall in wing 3 North then west
Red rooms, incl: Pulling screws & minor sweep up & hauling
debris to dumpster.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2J	Rick Flynn	8					
2J	Jeff Laws	8					
3J	Jason Collins	8					
3J	Denny Nichols	8					

Material:

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools:

Equipment/Tools	Hours	Price	Amount
<u>CC MJS / TRM / MEC / REMEDIATION</u>			
<u>AR / CCPD</u>			

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes:

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization:

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only:

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: Philip Chase

Owner/Contractor Name: Doc Rille

Owner/Contractor: _____

T & M Work Order No. FWO 21

Date: 10/13/05

Job#: 04-909R

Charge To: PKD

Description of Work: Cut & remove drywall from walls in Resident rooms in Wing 3, West Pod. Plus removed ext. Sheathing from walls at East Exit Door area. Incl. pulling nails & screws from studs, pick up and sweep areas & load debris into dumpster

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
1	Phillip Glosser	1					
2U	Rick Flynn	8					
3J	Jason Collins	8					
7J	Jeff Laws	2					
3S	Denny Nichols	1					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount
<u>CC / MS / TRM / m/c / REMEDIATION</u>			
<u>A.R / CCPP</u>			

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Supervisor Signature: Phillip Glosser

Owner/Contractor Name: Doc Pitts

Owner/Contractor: _____



T & M Work Order No. FWO 21

Date: 10/14/05

Job#: 04909R

Charge To: PKD

Description of Work: Cut & remove drywall from walls in wing 3, west Pod rooms; pulled screws from studs, swept & hauled debris to dumpster

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2	Phillip Glasser	1					
2 J	Rick Flynn	8					
3 J	Jason Collins	8					
				2 J	Scot Derby	2	
				2 A	Cale Zehr	2	

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount
MSS / TRM / MFC / REMEDIATION			
AR / CCPP			

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.
Precision Builders: Scot 2 hrs		
Removing Exterior Sheeting W3: Cale 2 hrs		

Labor Codes	
1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter
J = Journeyman	F = Foreman
	A = Apprentice

Work Authorization	
	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Supervisor Signature: Phillip Glasser

Owner/Contractor Name: PKD

Owner/Contractor: PKD



✓ T & M Work Order No. FWO 21

Date: 10/17/05

Job#: 04 909R

Charge To: PKD

Description of Work: Cut + remove drywall, Ceramic, + duro rok from walls in center rooms of wing 3 and hauled debris to dumpster. Removed screws from studs and swept floor.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 J	Jeff Laws	8					
2 J	MIKE MORRISSEY	8					
3 J	JASON COLLINS	8					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount
MJS/TRM/MFC/REMEDICATION			
ARI CCPP			

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes		
1 Superintendent	5 Ironworker	
2 Carpenter	6 Teamster/Laborer	
3 Laborer	7 Operator	
4 Cement Finisher	8 Painter	
I = Journeyman	F = Foreman	A = Apprentice

Work Authorization	
Field Order	Check
Backcharge	
Office Directed	
Owner Requested	

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

to Baum Company, Inc.
 Supervisor Signature: Philip Stoss
 Owner/Contractor Name: PKD
 Owner/Contractor: PKD

Description of Work Remove ceramic, durock, drywall + screws from walls in center rooms of wing 3 and hauled debris to dumpster. TIM w/ Precision Builders removed handrail and oak Back Rail from walls outside of 4 Private Resident Showers in both wings 2+3.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 J	Jeff Laws	5					
3 J	Jason Collins	4					
2	Phillip Glosser	1					
				2 J	Tim Thomas	2	

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount
<u>MSS/TRM/MFC/REMEDATION</u>			
<u>A R / CCPP</u>			

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.
<u>Precision Builders</u>	<u>Tim 2hrs</u>		
<u>Removing Handrail & Oak Back Rail Wings 1+3</u>			

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

Supervisor Signature: Phillip Glosser

Owner/Contractor Name: _____

Owner/Contractor Authorization Signature: [Signature]



T & M Work Order No. FWD 21

Date: 10/20/05

Job#: 04909R

Charge To: PKD

Description of Work: Cut & remove drywall from Staff restroom walls inside of exterior walls. Hauled debris to dumpster & swept up that mess & mess left at hallway side of Private Resident Showers wing.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
1	Phillip Glosser	1					
2	Jeff Laws	1					
2	Logan Glosser	2					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount
<u>MSS/TRM/MFL/REMEDIATION</u>			
<u>AR CLPP</u>			

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes			
1	Superintendent	5	Ironworker
2	Carpenter	6	Teamster/Laborer
3	Laborer	7	Operator
4	Cement Finisher	8	Painter
I = Journeyman		F = Foreman	
		A = Apprentice	

Work Authorization		Check
Field Order		
Backcharge		
Office Directed		
Owner Requested		

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

to Baum Company, Inc.
 Supervisor Signature: Phillip Glosser

Owner/Contractor Name: D. DH

Owner/Contractor: D. DH



OTTO BAUM COMPANY, INC.

C O N T R A C T O R S

DECATUR DIVISION

Aok.

1788 Hubbard Ave.
Decatur, IL 62526

(217) 876-1000
Fax (217) 876-1014
www.ottobaumdecatur.com

Champaign County
Administrative Services
1776 E. Washington
Urbana, IL. 61802

INVOICE NO. **D 3940**

DATE 1-4-06

PROJECT Champaign County
Nursing Home

JOB NO. 04909	CHARGES	CREDIT	BALANCE
FWO # 25-Billing No. 1 (10-19-05 to 12-20-05)	38,059.26		
NET AMOUNT DUE			\$38,059.26

CUSTOMER COPY

TIME & MATERIAL BILLING SUMMARY

Date: January 4, 2006

OBCI Job #: 04-909

FWO # 25 - Billing # 1 (10-19 to 12-20)

A. LABOR SUMMARY

				Amount
1	Principal	_____	Hours at \$ 84.70 per hour	\$ -
2	Estimator	_____	Hours at \$ 45.60 per hour	\$ -
3	Project Manager	4	Hours at \$ 54.36 per hour	\$ 217.44
4	Clerical	_____	Hours at \$ 28.35 per hour	\$ -
5	Superintendent	35	Hours at \$ 51.26 per hour	\$ 1,794.10
	Subcontractor supervision	4	Hours at \$ 51.26 per hour	\$ 205.04
6	Carpenter			
	Foreman	112	Hours at \$ 49.35 per hour	\$ 5,527.20
	Journeyman	229	Hours at \$ 46.57 per hour	\$ 10,664.53
7	Laborer			
	Foreman	_____	Hours at \$ 43.70 per hour	\$ -
	Journeyman	29	Hours at \$ 42.50 per hour	\$ 1,232.50
8	Teamster/Laborer	_____	Hours at \$ 45.56 per hour	\$ -
9	Cement Finisher			
	Foreman	_____	Hours at \$ 46.89 per hour	\$ -
	Journeyman	_____	Hours at \$ 45.70 per hour	\$ -
10	Ironworker			
	Foreman	_____	Hours at \$ 49.73 per hour	\$ -
	Journeyman	_____	Hours at \$ 47.35 per hour	\$ -
11	Painter			
	Foreman	_____	Hours at \$ 46.32 per hour	\$ -
	Journeyman	_____	Hours at \$ 44.73 per hour	\$ -
12	Operator	_____	Hours at \$ 48.30 per hour	\$ -
SUBTOTAL LABOR CHARGE				\$ 19,640.81
13	Equipment charges:			\$ -
14	Bonds, permits fees, other fees:			\$ 376.00
SUBTOTAL				\$ 20,016.81
CONTRACTOR FEE: 15.00%				\$ 3,002.52
MISC. SMALL TOOL ALLOWANCE: 1.5 % of above charges				\$ 345.29

TOTAL OF A.: \$ 23,364.62

B. SUBCONTRACTOR COSTS:

1	Total subcontractor billings:			\$ 3,366.00
	CONTRACTOR FEE:		5.00%	\$ 168.30

TOTAL OF B.: \$ 3,534.30

C. MATERIAL:

1	Total material billings:			\$ 9,704.64
	CONTRACTOR FEE:		15.00%	\$ 1,455.70

TOTAL OF C.: \$ 11,160.34

**TOTAL BILLING:
(A + B + C) \$ 38,059.26**

PRECISION BUILDERS&ASSOC INC

RR1 BOX 107
WINDSOR, IL 61957

Invoice

Date	Invoice #
12/20/2005	376

Bill To
OTTO BAUM COMPANY, INC. 1788 HUBBARD AVENUE DECATUR, IL 62526

P.O. No.	Terms
FWO#25	

Quantity	Description	Rate	Amount
30	FWO#25 - Carpentry Labor for re-installation of plywood, doors, etc. for Mold Remediation at W1 & W3 Project: Champaign County Nursing Home Urbana, IL	57.00	1,710.00

Total		\$1,710.00
Payments/Credits		\$0.00
Balance Due		\$1,710.00

Phone #	Fax #	E-mail	Web Site
217-459-2800	217-459-2811	precisionbldr89@aol.com	www.precisionbuilders-inc.com

4:33 PM

01/03/06

PRECISION BUILDERS&ASSOC INC
Time by Job Detail
October 15 through December 31, 2005

<u>Date</u>	<u>Name</u>	<u>Duration</u>
CHAMP CO NURSING HOME		
FWO#25		
10/24/2005	ROBBINS, CHARLES W	6.00
10/24/2005	ZEHR, CALE D	8.00
10/24/2005	THOMAS, TIMOTHY W	2.00
10/25/2005	ZEHR, CALE D	6.00
11/30/2005	THOMAS, TIMOTHY W	4.00
11/30/2005	WILLIAMS, KENNETH R	4.00
Total FWO#25		30.00
Total CHAMP CO NURSING HOME		30.00
TOTAL		30.00



U.S. Insulation Company
 919 West Mulberry
 Bloomington, IL 61701
 (309) 829-6611

INVOICE

Invoice Number
6352

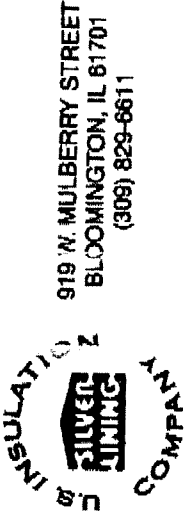
Date
1/3/2006

Bill To:
OTTO BAUM & SONS 1788 HUBBARD DECATUR, IL 62524

Project Title/Location
CHAMPAIGN CNTY NURSING HOME

Date	Charges and Credits	Balance
1/3/2006	RE: CHAMPAIGN COUNTY NURSING HOME 500 SOUTH ART BARTELL, CHAMPAIGN, IL INSULATE EXTERIOR WALLS AND EAVES ORIGINAL CONTRACT SUM NET CHANGE BY CHANGE ORDER #1 NET CHANGE BY CHANGE ORDER #2 NET CHANGE BY CHANGE ORDER #3 NET CHANGE BY CHANGE ORDER #4 CONTRACT SUM TO DATE TOTAL COMPLETED AND STORED TO DATE LESS 10% RETAINAGE @ 10% TOTAL EARNED LESS RETAINAGE LESS PREVIOUS PAYMENT REQUEST CURRENT PAYMENT NOW DUE.....	 \$ 736.00 \$ 368.00 \$ 368.00 \$ 184.00 \$ 1,656.00 \$ 1,656.00 \$ - \$ 1,656.00 \$ - \$ 1,656.00
	RE: CHAMPAIGN COUNTY NURSING HOME	\$ 1,656.00 PAY THIS AMOUNT

CHANGE ORDER



TO: OTTO BAUM
 ADDRESS: 1788 E HUBBARD AVE
 Location II 63526
 JOB NAME AND LOCATION: CHARPARD County Dressing home
 CHANGE ORDER NO.:
 DATE: 12/06/05
 PHONE: 878 876-1-00
 JOB NUMBER:
 DATE OF EXISTING CONTRACT:

KEC Lindsey and Charles Ricks 3 hr
 Each on Oct 24th For 630 Ft
 Exterior on Wing 1

Charles Ricks 5 hr 700 sq ft on
 Exterior of Wing 3
 on Oct 26th

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price \$ **736.**

Date	PREVIOUS CONTRACT AMOUNT	\$
(Authorized Signature)	REVISED CONTRACT TOTAL	\$ 736.

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date: 12/1/05
 Signature: *[Handwritten Signature]*

ORDER WORKSHEET

919 W. MULBERRY STREET
BLOOMINGTON, IL 61701
(309) 829-6611



TO	OTTO BAUM
ADDRESS	180 E Hubbard
DEALER	IL 62526
JOB NAME AND LOCATION	Champaign County Addressing Home
JOB NUMBER	
DATE OF EXISTING CONTRACT	

Brad Malcolm 4 hr
 Charles Hicks 4 hr
 Insulated EYES on Aug 2
 on 12/01/05

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereto to make changes as specified above, at this price \$ 368

PREVIOUS CONTRACT AMOUNT	\$	
REVISED CONTRACT TOTAL	\$	368

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date: 12-4-05
 Signature: [Handwritten Signature]

CHANGE ORDER



919 W. MULBERRY STREET
BLOOMINGTON, IL 61701
(309) 829-6611

TO: OTTO BAUM
ADDRESS: 1788 Hubbard
Dicator IL
Champaign County Nursing Home

CHANGE ORDER NO: 3
DATE: 11/21/05

PREVIOUS CONTRACT AMOUNT: \$ 368
REVISED CONTRACT TOTAL: \$ 368

WE AGREE hereby to make changes as specified above, at this price \$ 368

Note: This revision becomes part of, and in conformance with, the existing contract.

Date: 11/25/05 Signature: [Signature]

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

CHANGE ORDER



919 W. MULBERRY STREET
BLOOMINGTON, IL 61701
(309) 829-6611

TO: OTTO BAUM
ADDRESS: 1788 E Hubbard
Dicator IL
Champaign County Nursing Home

CHANGE ORDER NO: 4
DATE: 12/6/05
PHONE: 12/6/05

PREVIOUS CONTRACT AMOUNT: \$ 181
REVISED CONTRACT TOTAL: \$ 181

WE AGREE hereby to make changes as specified above, at this price \$ 181

Note: This revision becomes part of, and in conformance with, the existing contract.

DATE: 12-7-05 Signature: [Signature]

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Description of Work: Started putting insulation in exterior walls from outside in anticipation of OSB Sheathing + brick. Phillip showed them where to start. Got OK from PKD to start out back of wings 2 + 3 ext. Sheathing for brick to start ASAP. Phillip contacted Precision to start sheathing and U.S. Insulation to get out ahead of everybody, starting w/ wing 2 sent over work orders to date w/ Otto Baum Office.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Ken Lindsey	2		2	Phillip Glosser	2	
3 A	Charles Ricks	1					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount
MJS / TRM / MFL / REMEDIATION			
AR CCPP			

Subcontractor Name	U.S. Insulation Co.	OBCI Sub Coordination & Supervision	
		Supervisor Name	Time

Codes:

Superintendent	5	Ironworker
Carpenter	6	Teamster/Laborer
Laborer	7	Operator
Cement Finisher	8	Painter

: Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Baum Company, Inc.
 Supervisor Signature: Phillip Glosser

Contractor Name: U.S. Insulation Co.

Contractor: U.S. Insulation Co.

Charge To: PKD

Description of Work: Install R-19 insulation + 4'x9'x 1/2" OSB Sheeting @ outside walls of Wing I, North side. Placed new house wrap over sheetg.

Labor				Labor			
Code	Name	Time		Code	Name	Time	
		Reg	O.T.			Reg	O.T.
2A	Precision Builders	8		2F	U.S. Insulation	3	
2A	Cole Zehr	8		2A	Ken Lindsey	3	
2A	Charles Robbins	8		2A	Charles Ricks	3	

TOTAL WING I

Material Item Description	Source	Quantity	Unit	Price	Amount
4x9x 1/2" OSB	URC	56	ea.		
R-19 Insulation	U.S. Insulation	630	Sq.Ft.		

Equipment/Tools	Hours	Price	Amount
MBS/TRM/MFL/REMEDIATION			
AP/CCPP			

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes		
Superintendent	5	Ironworker
Carpenter	6	Teamster/Laborer
Laborer	7	Operator
Cement Finisher	8	Painter
= Journeyman	F = Foreman	A = Apprentice

Work Authorization	
	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Supervisor Signature: Philip Moss

Contractor Name: Don P. H.

T & M Work Order No. FWO 25
 Date: 10/25/05
 Job#: 04909RB

Charge To: PKD ✓

Description of Work: Install OSB Sheeting to the outside walls of Wing 1 and Wing 3, after treatment & approval.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
	Phillip Glosser	1		2A	Cole Zehr	7	
				3J	Jeremy Hall	7	

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount
<u>MSS/TRM/MPE/REMEDIATION</u>			
<u>AR/CCP</u>			

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Job Codes		
Superintendent	5	Ironworker
Carpenter	6	Teamster/Laborer
Laborer	7	Operator
Cement Finisher	8	Painter
Journeyman	F = Foreman	A = Apprentice

Work Authorization	
	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Baum Company, Inc.
 Supervisor Signature: Phillip Glosser
 Contractor Name: Doc Little
 Contractor:

T & M Work Order No. FWO 25

Date: 11/7/05

Job#: 04 909 R-E

Charge To: PKD

Description of Work Finished installing 4'x9'x 3/4 OSB sheathing @ S.W. corner of Wing 3. This should complete exterior sheathing of Wings 2 + W3.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
	<u>Precision Bldrs.</u>						
<u>2 J</u>	<u>Travis Buchanan</u>	<u>2</u>					
<u>2 J</u>	<u>Mike Lugaro</u>	<u>2</u>					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount
<u>MIS / TRM / MFC / REMEDIATION</u>			
<u>AR / CCPP</u>			

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

to Baum Company, Inc.
 Supervisor Signature Philip Glass

Owner/Contractor Name PKD

Owner/Contractor

SOLD TO

MELBY, OTTO
MEMORIAL NURSING HOME

ACCOUNT #002-20118542-002

SHIP TO

MEMORIAL NURSING HOME
69-250

19950594204

SELLING STORE #002 SHIPPING STORE #002 SALES PERSON #16 RANDALL STEWART OUR ORDER #13410 P.O. #9-250 CUSTOMER #9-250

QUANTITY ORDERED	QUANTITY SHIPPED	LOCATION	ITEM NUMBER	DESCRIPTION	UNIT EXT / UM	UNIT PRICE	DISC	EXTEND	
56	56	OK	05R0716	49X7/16 ORIENTED STRAND BOARD	5654	21.25		1,190	
		ACCT.#	CAT	C.C.#	JOB#	AMT			
DATE DELIVERED 07/13/2005	RECEIVED BY X	W	g	2062#	NET SALE	TAXABLE SALE	TAX %	TAX	TOTAL
DELIVERED BY	LOADED BY X				1150.00	.00	.00	.00	1,150.00

SEE REVERSE FOR TERMS OF SALE

Description of Work: Insulated exterior walls from outside with 6" batts (6 1/2 bags), of wing 1 + wing 3. This completes outside insulating

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
3A	Charles Ricks	5					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount
<u>MSS / TRUM / MFC / REMEDIATION</u>			
<u>A.R. / CCP</u>			

Subcontractor Name	OBCI Sub Coordination & Supervision		Time	
	Supervisor Name	Reg	O.T.	

Labor Codes		
Superintendent	5	Ironworker
Carpenter	6	Teamster/Laborer
Laborer	7	Operator
Cement Finisher	8	Painter
= Journeyman F = Foreman A = Apprentice		

Work Authorization	
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Supervisor Signature: *Philip Doss*

Contractor Name: *D. D. H.*

Contractor: *D. D. H.*



T & M Work Order No. FW025

Date: 10/27/05

Job#: 04 909R-1

Charge To: PKD

Description of Work: Install 9' OSB on outside walls of wing 3. Outside of Door 304 + mech Rm 315 + outside of Activity 355.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
3 A	Precision Builders						
3 A	Cale Zehr	7					
3 A	Charles Robbins	7					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount
MSS TRM MEC REMEDIATION			
A/R CCPP			

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes		
Superintendent	5	Ironworker
Carpenter	6	Teamster/Laborer
Laborer	7	Operator
Cement Finisher	8	Painter
= Journeyman	F = Foreman	A = Apprentice

Work Authorization	
	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Supervisor Signature: Phillip Gross

Contractor Name:

Contractor:

T & M Work Order No. FV025

Date: 11/28/05

Job#: 04909R

Charge To: PKD/CLNH

Description of Work: Started replacing wall insulation in wing 2 south pad with a mix of existing insul. batts + new insulation.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Philip Glosser	4					
2 J	Bob Wagner	3					

Material Item Description	Source	Quantity	Unit	Price	Amount
R19 unfaced Insul 96 Sft.	Negwer	4 bags			
R11 unfaced Insul 171 Sft.	"	8 bags			
DUST MASKS 20 pc BOX		1 box			
1/4" SCREWS		2 box			

Equipment/Tools	Hours	Price	Amount
MJS / TRIM / MFD REPAIR			
ART / CPP			

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Philip Glosser

Labor Codes			
1 Superintendent	5 Ironworker		
2 Carpenter	6 Teamster/Laborer		
3 Laborer	7 Operator		
4 Cement Finisher	8 Painter		
J = Journeyman	F = Foreman	A = Apprentice	

Work Authorization	
	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Supervisor Signature: Philip Glosser

Owner/Contractor Name: _____
 Owner/Contractor: _____

Description of Work: Cont. replacing wall insulation in Wing 1 South rooms with existing + New insulations. Rec'd 4 lifts of 4x12x5/8 drywall + 2 lifts of 4x12x5/8 Grn brd drywall. 156 SHTS TOTAL. Started hanging walls in far South rooms of Wing 1. Laborer cleaned up rooms of old insulation + some drywall scrap-out.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	3					
2 J	Bobby Wagner	8					
2 J	Logan Glosser	8					
3 J	John Jordan	2					

Material Item Description	Source	Quantity	Unit	Price	Amount
4x12x5/8 white	Neqwr	104			
4x12x5/8 Grn. brd		52			
1 1/4" screws		4 box			
Perf Tape 10 ctn		2 ctn			
R11 insul		4 bags			
Equipment/Tools R19 insul		8 bags	Hours	Price	Amount

MIS/TERM/MC/REPAIR

PK/CCPF

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	
Office Directed	
Owner Requested	

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: Phillip Glosser

Owner/Contractor Name: _____

Owner/Contractor: _____



Megwer Materials, Inc.

■ BELLEVILLE, IL
 ■ BLOOMINGTON/NORMAL, IL
 ■ CHAMPAIGN/URBANA, IL
 ■ CHATHAM, IL
 ■ COLUMBIA, MO

618-235-4410
 309-452-6451
 217-344-8845
 217-483-3112
 573-817-2727

■ DECATUR, IL
 ■ PEORIA, IL
 ■ SPRINGFIELD, IL
 ■ ST. LOUIS, MO
 TOLL FREE

217-875-7227
 309-692-5556
 217-544-4674
 314-522-0579
 800-456-6540

Document: Invoice

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 "FB"
 Champaign, IL

NOV 23 2005

Invoice Date 11/18/05 Order # 729249-00
 PO Date 11/17/05 PO # Tax Exempt - II Page # 1

Correspondence To: Megwer Materials, Inc.
 49 Airport Road

St. Louis, MO 63135-1998

OTTO BAUM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions Placed By:
 DEL. ANYTIME FRIDAY.
 Ship Point Via Shipped Terms
 Champaign/Urbana Yard 11/18/05 2% 10/n-EDFM

Remit to: Dept. 255, Box 790044, St. Louis 63177-0044

Product	LFC	Quantity	Quantity	Quantity	Qty.	Unit	Price	Discount	✓	Amount
Item# And Description	Item#	Ordered	B.O.	Shipped	UM	Price	UM	Multiplier		(Net)
1 R19U16JM AU395/R19 UNFACED FIBER 16"X96" 96 SF MANVILLE ITEM# AU-395		4	0	4	BDL	30.85	BDL	0.00		123.40
2 R11U16JM AU397 /R11 UNFACED FIBER 16"X96" 171 SF MANVILLE ITEM# AU-397		8	0	8	BDL	35.60	BDL	0.00		284.80
3 19L2410 1"X2'X10' USG SHAFT WALL PANELS		14	0	14	PC	11.46	PC	0.00		160.44
3 Lines Total				Qty Shipped Total 26			Total Invoice Total			568.64 568.64

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

V# _____
 AN# _____
 JOB# 04.909
 C.O# #89250
 CAT _____
 ACCT. _____
 OK Dr



- BELLEVILLE, IL 618-235-4410
- BLOOMINGTON/NORMAL, IL 309-452-6451
- CHAMPAIGN/URBANA, IL 217-344-8845
- CHATHAM, IL 217-483-3112
- COLUMBIA, MO 573-817-2727
- DECATUR, IL 217-875-7227
- PEORIA, IL 309-692-5556
- SPRINGFIELD, IL 217-544-4674
- ST. LOUIS, MO 314-522-0579
- TOLL FREE 800-456-6540

Document: Invoice

Invoice Date 11/23/05 Order # 729343-00
 PO Date 11/23/05 PO # Tax Exempt - II Page # 1

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 RE JOB
 Champaign, IL

NOV 30 2005

Correspondence To: Megger Materials, Inc.
 49 Airport Road
 St. Louis, MO 63135-1998

OTTO BALM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions Placed By:
 Tax Exempt - II
 Ship Point Via Shipped Terms
 Champaign/Urbana Yard Counter Sale 11/23/05 2% 10/n-EDFM

omit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product # And Description	UFC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	✓	Amount (Net)
1 8210-PLUS DUST MASK 3M #8210 PLUS OSHA APP. 20PC/BOX		1	0	1	BOX	18.04	BOX	0.00		18.04
2 G114W GRABBER 1-1/4 WOOD SCREW 8 P/CTN * YELLOW BOX *		2	0	2	CTN	46.00	CTN	0.00		92.00
2 Lines Total				Qty Shipped Total	3		Total Invoice Total			110.04

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

V# 14253
 AM# 110.04
 JOB# 04.909
 C.O# 9250
 CAT 19
 ACCT. 504
 CK DD



Megwer Materials, Inc.

- BELLEVILLE, IL
- BLOOMINGTON/NORMAL, IL
- CHAMPAIGN/URBANA, IL
- CHATHAM, IL
- COLUMBIA, MO

618-235-4410
309-452-6451
217-344-8845
217-483-3112
573-817-2727

- DECATUR, IL
- PEORIA, IL
- SPRINGFIELD, IL
- ST. LOUIS, MO
- TOLL FREE

217-875-7227
309-692-5556
217-544-4674
314-522-0579
800-456-6540

Document: Invoice

Cust #: 20943
Ship To: Champaign County Nursing Home
1701 East Main
REBUILT
Champaign, IL

Invoice Date 11/29/05 Order # 729385-00
Page # 1
PO Date 11/29/05 PO # Tax Exempt - II

Correspondence To: Megwer Materials, Inc.
49 Airport Road

St. Louis, MO 63135-1998

OTTO BALM & SONS INC
1788 HUBBARD AVENUE
P O BOX 3488
DECATUR IL 62524-3488

Instructions Tax Exempt - II
Ship Point Champaign/Urbana Yard
Placed By:
Via Form Truck
Shipped 11/29/05
Terms 2% 10/n-FOEM

Remit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product	UFC	Quantity	Quantity	Quantity	Qty.	Unit	Price	Discount	✓	Amount
Item# And Description	Item#	Ordered	E.O.	Shipped	UM	Price	UM	Multiplier		(Net)
1 58FC12 5/8X4X12 FC GYPSUM BOARD TAPERED EDGE		104	0	104	FC	12.48	FC	0.00		1297.92
2 58FCUR12 5/8X4X12 F/C WATER BOARD TAPERED EDGE 12'		52	0	52	FC	14.88	FC	0.00		773.76
3 6114W GRABBER 1-1/4 WOOD SCREW 8 M/CTN * YELLOW BOX *		4	0	4	CTN	46.00	CTN	0.00		184.00
4 PAT500 PERF-A-TAPE 500' ROLL 10/CTN		2	0	2	CTN	37.04060	CTN	0.00		74.08
5 R11U16JM AUS97 /R11 UNFACED FIBER 16"X96" 171 SF MANVILLE ITEM# AU-397		4	0	4	BDL	35.60	BDL	0.00		142.40
6 R19U16JM AUS95/R19 UNFACED FIBER 16"X96" 96 SF MANVILLE ITEM# AU-395		8	0	8	BDL	30.85	BDL	0.00		246.80
6 Lines Total				174						2718.96
										Invoice Total 2718.96

Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

✓# _____
AM: _____
JOB# 04-909
C.O.# 89250
SAT _____
ACCT. _____
OK DWP

Charge To: PKD

Description of Work: Install R11 + R19 insulation in walls of W2 South Pod, then to West Pod, after west pod approval. 10 bags of R19 + 10 bags of R11

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	3					
3 J	Logan Glosser	7					

Material Item Description	Source	Quantity	Unit	Price	Amount
R11 unfaced Insul (171 sq bag)	Mequar	12	bags		
R19 " " (96 SF bag)	"	12	bags		
Staple 5/16 Arrow 4 Pak	"	1	4 PK		
Dewalt Drywall bits (10 Pak)	"	2	10 PK		
Poly Film	"	2	rolls		

Equipment/Tools	Hours	Price	Amount
<u>MIS. / TRIM / MISC. / REMEDIATION</u>			
<u>AR / CCPP</u>			

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: Phillip Glosser

Owner/Contractor Name: _____
 Owner/Contractor: [Signature]



Megger Materials, Inc.

■ BELLEVILLE, IL 618-235-4410
 ■ BLOOMINGTON/NORMAL, IL 309-452-6451
 ■ CHAMPAIGN/URBANA, IL 217-344-8845
 ■ CHATHAM, IL 217-483-3112
 ■ COLUMBIA, MO 573-817-2727

■ DECATUR, IL
 ■ PEORIA, IL
 ■ SPRINGFIELD, IL
 ■ ST. LOUIS, MO
 TOLL FREE

217-875-7227
 309-692-5556
 217-544-4674
 314-522-0579
 800-456-6540

Document: Invoice

2 2 2005

Invoice Date	Order #
11/16/05	729229-00
PO Date	PO #
11/16/05	Tax Exempt - II
	Page #
	1

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 "RS"
 Champaign, IL

Correspondence To: Megger Materials, Inc.
 49 Airport Road

St. Louis, MO 63135-1998

OTTO BALM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions	Placed By:
Tax Exempt - II	
Ship Point	Via
Champaign/Urbana Yard	
Shipped	Terms
11/16/05	2% 10/n-EOFM

omit to Dept. 255, Box 790044, St. Louis 63179-0044

Product # And Description	UFC Item#	Quantity Ordered	Quantity E.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	✓	Amount (Net)
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SALES TAX IS FOR LINE 1 ONLY. TOOLS AND ACCESSORIES ARE TAXABLE.

1	DW6603	2	0	2	PACK	7.82	PACK	0.00		15.64
DEWALT DRYWALL/CUTOUT BIT 3 FLUTE (10 PACK)										
2	R11U16JM	4	0	4	BDL	35.60	BDL	0.00		142.40
AL397 /R11 UNFACED FIBER 16"X96" 171 SF MANVILLE										
ITEM# AU-397										
3	R19U16JM	4	0	4	BDL	30.85	BDL	0.00		123.40
AL395/R19 UNFACED FIBER 16"X96" 96 SF MANVILLE										
ITEM# AU-395										
4	2094	2	0	2	EACH	20.82	EACH	0.00		41.64
POLY FILM 2 MIL CLEAR 8'4"X200'										

4 Lines Total	Qty Shipped Total	12 ✓#	Total	323.08
			Taxes	1.02
			Invoice Total	324.10

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

AM: _____
 JOB# 04.909
 C.C.# 89250
 CAT _____
 ACCT. _____
 OK DWS



Egger Materials, Inc.

■ BELLEVILLE, IL 618-235-4410
 ■ BLOOMINGTON/NORMAL, IL 309-452-6451
 ■ CHAMPAIGN/URBANA, IL 217-344-8845
 ■ CHATHAM, IL 217-483-3112
 ■ COLUMBIA, MO 573-817-2727

■ DECATUR, IL 217-875-7227
 ■ PEORIA, IL 309-692-5556
 ■ SPRINGFIELD, IL 217-544-4674
 ■ ST. LOUIS, MO 314-522-0579
 TOLL FREE 800-456-6540

Document: Invoice

NOV 22 2005

Invoice Date 11/17/05 Order # 729239-00
 PO Date 11/17/05 PO # Tax Exempt - II Page # 1

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 04-909RB
 Champaign, IL

Correspondence To: Egger Materials, Inc.
 49 Airport Road

St. Louis, MO 63135-1998

OTTO BALM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

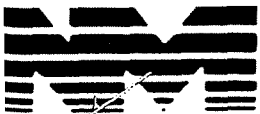
Instructions Tax Exempt - II
 Ship Point Champaign/Urbana Yard
 Placed By:
 Via
 Shipped 11/17/05
 Terms 2% 10/n-EOFM

Unit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product n# And Description	UPC Item#	Quantity Ordered	Quantity R.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	✓	Amount (Net)
1 T50516 ARROW 5/16" STAPLES 4 PACKS OF 1250 = 1 EO		1	0	1	EACH	9.45	EACH	0.00		9.45
2 R11U16JM AUS97 /R11 UNFACED FIBER 16"X96" 171 SF MANVILLE ITEM# AU-397		8	0	8	BDL	35.60	BDL	0.00		284.80
2 Lines Total				9			Total Invoice Total			294.25 294.25

 Terms- 2% discount available on a month's invoices until the
 10th of the following month; net payment is due at the end
 of that month. Discount amount is at bottom of invoice.

V# _____
 AM# _____
 IOB# 04.909
 C.C# 89250
 CAT _____
 ACCT# _____
 OK DM



Megwer Materials, Inc.

- BELLEVILLE, IL
- BLOOMINGTON/NORMAL, IL
- CHAMPAIGN/URBANA, IL
- CHATHAM, IL
- COLUMBIA, MO

- 618-235-4410
- 309-452-6451
- 217-344-8845
- 217-483-3112
- 573-817-2727

- DECATUR, IL
- PEORIA, IL
- SPRINGFIELD, IL
- ST. LOUIS, MO
- TOLL FREE

- 217-875-7227
- 309-692-5556
- 217-544-4674
- 314-522-0579
- 800-456-6540

Document: Invoice

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 "RB"
 Champaign, IL

NOV 22 2005

Invoice Date 11/17/05 Order # 729248-00
 PO Date 11/17/05 PO # Tax Exempt - II Page # 1

Correspondence To: Megwer Materials, Inc.
 49 Airport Road
 St. Louis, MO 63135-1998

OTTO BAUM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions Tax Exempt - II Ship Point Champaign/Urbana Yard Placed By: Via Shipped 11/17/05 Terms 2% 10/n-EOFM

Remit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product n# And Description	UFC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	✓	Amount (Net)
1 R19U16JM ALG95/R19 UNFACED FIBER 16"X96" 96 SF MANVILLE ITEM# AU-395		8	0	8	BDL	30.85	BDL	0.00		246.80
1 Lines Total			Qty Shipped Total	8			Total			246.80
							Invoice Total			246.80

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

✓# _____
 AM# _____
 JOB# 05/909
 C.O.# 89250
 CAT _____
 ACCT. _____
 OK DW

T & M Work Order No. FWO 25

Date: 11/30/05

Job#: 04909R

Charge To: PKD/CLNH

Description of Work 2 carpenters hanging drywall on walls in W1 South Pod Rms W121 + W122

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 J	Bob Wagner	8					
2 J	Mike Morrissey	8					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

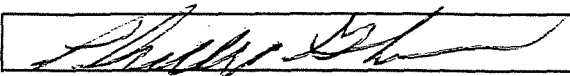
Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes	
1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter
J = Journeyman	F = Foreman
	A = Apprentice

Work Authorization	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature



Owner/Contractor Name

Owner/Contractor

Description of Work: 4 carpenters hung drywall on walls in wing 9 south pod - rooms 117, 118, part of 116, & 123, 124, 125. (exterior walls of all rooms are not done, waiting for Vapor Barrier)
 1 carpenter 2 hrs stocking drywall & working on insulation of next set of rooms. 1 laborer on clean up.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	2		3 J	John Jordan	2	
2 J	Bab Wagner	8					
2 J	Rick Allison	8					
2 J	Mike Morrissey	8					
2 J	Logan Glesser	8					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature Phillip Glosser

Owner/Contractor Name _____
 Owner/Contractor _____

T & M Work Order No. FWD 25
 Date: 12/2/05
 Job#: 04909RB
 Charge To: CCNH

Description of Work: 2 carpenters hanging drywall in wing 1 south central rooms & moved into west pod, Rm W132. 2 carpenters insulated walls in 4 rooms of North pod, 2 hrs ea.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Philip Blosser	2					
2 J	Bob Wagner	8					
2 J	Mike Morrissey	8					
2 J	Rick Allison	2					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: Philip Blosser

Owner/Contractor Name: Ad...
 Owner/Contractor: 171

T & M Work Order No. FWO 25

Date: 12/5/05

Job#: 04909RB

Charge To: CCNH ✓

Description of Work: Completed insulation in Rms W133, 141, 142 + wheelchair 143, then proceeded to hang the drywall in these areas of Wing 1. Moved drywall from C3 corridor into wing 1. Received 58 durack for bathing rooms + continued insulating walls in W1 North rooms. Scrapped out + swept up in wing 1 South area.

Code	Name	Time		Labor		Time	
		Reg	O.T.	Code	Name	Reg	O.T.
F	Phillip Glosser	3					
J	Bob Wagner	8					
J	Mike Morrissey	8					
J	Chuck Duer	5					
J	John Jordan	2					

Material Item Description	Source	Quantity	Unit	Price	Amount
58 Durack	Negwer	16	Shts		

Equipment/Tools	Hours	Price	Amount

Contractor Name	OBCI Sub Coordination & Supervision		Time	
	Supervisor Name	Reg	O.T.	

Codes

Superintendent	5	Ironworker
Carpenter	6	Teamster/Laborer
Laborer	7	Operator
Cement Finisher	8	Painter

Foreman: F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Contractor Signature: Phillip Glosser

Contractor Name: Alan Reinhart

Contractor: _____

T & M Work Order No. FWO 25

Date: 12/6/05

Job#: 04909 RE

Charge To: CCNH

Description of Work: 4 carpenters in wing 2 North Pod installing insulation in walls & hanging drywall. Rms. 150, 151, 152, & 153
2 laborer 4 hrs cleanup & helping haul drywall from corridor into wing 2.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 J	Bobwagner	8					
2 J	Mike Morrissey	8					
2 J	Chuck Duetz	8					
2 J	Loran Glosser	8					
3 J	John Jordan	4					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes	
1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter
J = Journeyman	F = Foreman
	A = Apprentice

Work Authorization	
	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature *Phillip Choo*

Owner/Contractor Name _____
 Owner/Contractor *P. P.*



Megwer Materials, Inc.

- BELLEVILLE, IL
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- 217-483-3112
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- ST. LOUIS, MO
- TOLL FREE

- 217-875-7227
- 309-692-5556
- 217-544-4674
- 314-522-0579
- 800-456-6540

Document: Invoice

DEC - 7 2005

Invoice Date	12/05/05	Order #	729513-00
PO Date	12/02/05	PO #	
Tax Exempt - II		Page #	1

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 04-909-RB
 Champaign, IL

Correspondence To: Megwer Materials, Inc.
 49 Airport Road

St. Louis, MO 63135-1999

OTTO BAUM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions	Placed By:		
Tax Exempt - II			
Ship Point	Via	Shipped	Terms
Champaign/Urbana Yard		12/05/05	2% 10/n-EOEM

Remit to Dept. 255, Box 790044, St. Louis 63179-0044

Product	UFC	Quantity	Quantity	Quantity	Qty.	Unit	Price	Discount	✓	Amount
Ln# And Description	Item#	Ordered	B.O.	Shipped	UM	Price	UM	Multiplier		(Net)
1 58DR4XB 5/8X4XB DUROCK CEMENT BD 24 IN A LIFT		16	0	16	FC	28.16	FC	0.00		450.56
2 58fwr12 5/8X4X12 F/C WATER BOARD TAPERED EDGE 12'		6	0	6	FC	14.88	FC	0.00		89.28
2 Lines Total		Qty Shipped Total		22			Total			539.84
							Invoice Total			539.84

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

✓# _____
 A.M.I. _____
 JOB# 04.909
 C.C.# 89250
 CAT _____
 ACCT. _____
 OR 3 rd

Description of Work: 2 carpenters hung drywall in remainder of rooms in wing 1 N. pod (excluding exterior walls; No vapor barrier yet). Then into Rm W1416 to hang walls. 2 carpenter moved drywall from stock pile in corridor 107 into wing 1, then replaced temporary plywood sash's w/ original window sash. Ordered more drywall.
 Received 5/8 Drywall

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	8					
2 J	Rob Wagner	8					
2 J	MIKE MORRISSEY	8					

Material Item Description	Source	Quantity	Unit	Price	Amount
4x12x5/8 Drywall	Nequaw	104	SHTS		

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: Phillip Glosser
 Owner/Contractor Name: _____
 Owner/Contractor: _____

Description of Work: Received vapor barrier & started installing it in Wing 1 South rooms (2cc.) Then started hanging drywall on those exterior walls. Moved drywall from Core hallways into Wing 1 for hangars

Labor			Time		Labor			Time	
Code	Name		Reg	O.T.	Code	Name	Reg	O.T.	
2 F	Phillip Glosser		2						
2 J	Mike Morrissey		5						
2 J	Bob Long		5						

Material Item Description	Source	Quantity	Unit	Price	Amount
<u>Certaainteed MemBrain Barrier</u>	<u>Home Depot</u>	<u>8</u>	<u>RLS.</u>		
	<u>200 Sft. Per Roll</u>				

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: Phillip Glosser
 Owner/Contractor Name: _____
 Owner/Contractor: _____

T & M Work Order No. FWO 25

Date: 12/13/05

Job#: 0499 RR

Charge To: CCNH

Description of Work Install insulation & Vapor barrier in exterior walls of Resident Rooms in South Pod of Wing 1. Followed vapor barrier with 5/8 drywall. Complete 4 rooms in South Pod of Wing 1

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 J	Robert Long	8					
2 J	Mike Morrisey	8					
2 J	Chuck Quetz	8					
2 J	Logan Giossey	8					

Material Item Description	Source	Quantity	Unit	Price	Amount
Arrow Staples 4 Pack	Nequor	2	4PK		

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature Philip Moses

Owner/Contractor Name 12-15-05

Owner/Contractor [Signature]



Neqwer Materials, Inc.

- BELLEVILLE, IL 618-235-4410
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- COLUMBIA, MO 573-817-2727
- DECATUR, IL 217-875-7227
- PEORIA, IL 309-692-5556
- SPRINGFIELD, IL 217-544-4674
- ST. LOUIS, MO 314-522-0579
- TOLL FREE 800-456-6540

Document: Invoice

DEC 13 2005

Invoice Date 12/08/05 Order # 729585-00
 PO Date 12/07/05 PO # Tax Exempt - II Page # 1

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 "R.B."
 Champaign, IL

Correspondence To: Neqwer Materials, Inc.
 49 Airport Road

St. Louis, MO 63135-1998

OTTO BALM & SONS INC
 1798 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions Placed By:
 Tax Exempt - II
 Ship Point Via Shipped Terms
 Champaign/Urbana Yard 12/08/05 2% 10/n-EDFM

mit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product # And Description	UPC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	Amount (Net)
1 58fc12 5/8X4X12 FC GYPSUM BOARD TAPERED EDGE		104	0	104	FC	12.48	FC	0.00	1297.92
1 Lines Total				Qty Shipped Total 104			Total Invoice Total		1297.92 1297.92

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

✓* _____
 A.M. _____
 JOB# 04-909
 C.C. # 89250
 CAT _____
 ACCT. _____
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Hegwer Materials, Inc.

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- 800-456-6540

Document: Invoice

DEC 15 2005

Invoice Date	12/13/05	Order #	729705-00
PO Date	12/13/05	Page #	1
PO #		Tax Exempt - II	

Dust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 04-909RB
 Champaign, IL

Correspondence To: Hegwer Materials, Inc.
 49 Airport Road
 St. Louis, MO 63135-1998

OTTO BAUM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions	Placed By:	Shipped	Terms
Tax Exempt - II		12/13/05	2% 10/n-EDFM
Ship Point	Via		
Champaign/Urbana Yard			

Remit to: Dept. 255, Box 790044, St. Louis 63179-0044

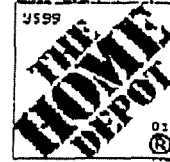
Product n# And Description	UFC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	✓	Amount (Net)
1 T50916 ARROW 9/16" STAPLES 5 4 PACKS OF 1250 PCS. =		1	0	1	EACH	13.05	EACH	0.00		13.05
2 R19U16JM AUG95/R19 UNFACED FIBER 16"X96" 96 SF MANVILLE ITEM# AU-395		4	0	4	BDL	30.84700	BDL	0.00		123.39
3 CRA112X112-20-10 GALVANIZED ANGLE 10' 1-1/2" X 1-1/2" 20 GA.		10	0	10	EACH	3.26	EACH	0.00		32.60
3 Lines Total				Qty Shipped Total	15		Total Invoice Total			169.04 169.04

 Terms- 2% discount available on a month's invoices until the
 10th of the following month; net payment is due at the end
 of that month. Discount amount is at bottom of invoice.

✓# _____
 AM# _____
 JOB# 04.909
 C.O.# 89250
 CAT _____
 ACCT. _____
 OK 35

THE HOME DEPOT 1984
820 BLOOMINGTON RD
CHAMPAIGN, IL 61820 (217)356-2629

SALE 1984 00002 11342 12/01/05
71 LR94SB 09:10 AM



CUSTOMER AGREEMENT # 9539
RECALL AMOUNT 1343.96
SALES TAX 0.00
TAX EXEMPT ID # E9986284005
TOTAL \$1343.96
XXXXXXXXXXXX3579 VISA 1343.96
AUTH CODE 039322/1024105 TA



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User ID:
24957 22975

Password:
5601 22973

Entries must be entered by 12/31/2005.
Entrants must be 18 or older to enter.
See complete rules on website. No
purchase necessary.

(Esta encuesta también se encuentra en
español en la página del Internet.)

T & M Work Order No. FWD 25

Date: 12/14/05

Job#: 04909 RB

Charge To: CCNH ✓

Description of Work: Install vapor barrier + drywall in rest of Residential Rms of Wing 2, South Pod. Then to North Pod rooms + Rm W145 to install vapor barrier + 5/8 drywall. Hauled drywall + Duro rock from stock pile in above hallways, into Wing 2 + Wing 3

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glasser	3					
2 J	Robert Long	8					
2 J	Mike Morrissey	4					
2 J	Chuck Overt	8					

Material Item Description	Source	Quantity	Unit	Price	Amount
Box of 250 Perf. Tape	Nequor	2	Box		
3 5/8 20ga. 8' metal studs	"	40	ea.		

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes			
1 Superintendent	5 Ironworker	2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator	4 Cement Finisher	8 Painter
J = Journeyman	F = Foreman	A = Apprentice	

Work Authorization	
Field Order	Check
Backcharge	
Office Directed	
Owner Requested	

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Supervisor Signature: Phillip Glasser
 Owner/Contractor Name: 12-15-05
 Owner/Contractor: [Signature]

Description of Work 2 men hanging drywall in wing 1 North rooms exterior walls then into west rooms. 1 carp. stayed ahead of them doing vapor barrier. 1 carpenter in wing 3 east pod insulating walls. 2 labor on clean up & helping Phil move drywall, dumpsk. & taking down temporary plywood doors.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	4		3 J	John Jordan	8	
2 J	Bob Warrant Long	8					
2 J	Mike Morrissey	8					
2 J	Chuck Duet	8					
2 J	Logan Glosser	8					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: Phillip Glosser
 Owner/Contractor Name: R. A. G. [Signature]
 Owner/Contractor: _____

T & M Work Order No. FWD25

Date: 12/16/05

Job#: 04909RE

Charge To: CCNH ✓

Description of Work Completed hanging drywall in North rooms of Wing 1, then moved to West Pod to hang drywall on the exterior window wall of those rooms. Insulated Rm W112 & hung drywall in hall W101 near Rm W112. Started vapor barrier in Wing 3 east rooms. 2 laborer cleanup ahead of drywallers moving gtr. bats from room + then completely sweep North & South rooms of Wing 4.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	2		3 V	John Jordan	8	
2 J	Bob Long	5					
2 J	Mike Morrissey	8					
2 J	Chuck Duetz	5					
2 J	Rick Allison	2					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Contractor	OBCI Sub Coordination & Supervision	Time
Contractor Name	Supervisor Name	Reg O.T.

Codes

Superintendent	5	Ironworker
Carpenter	6	Teamster/Laborer
Laborer	7	Operator
Cement Finisher	8	Painter

Turneyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	
Office Directed	
Owner Requested	

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Contractor Signature: Phillip Glosser
 Contractor Name: Phillip Glosser
 Date: 12-19-05

Description of Work: Hung durock in Bathing W144, drywall on walls in W112 & hall W101 outside of W112, removed temporary plywood wall & door at Wing 2. Continued insulation in wing 3 east, then to North, & Vapor Barrier in the east rooms. Some clean up, bagging out scrap insulation in wing 2. Went to Neqwer for material.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	1		2 J	Rick Allison	2	
2 J	Bob Long	8		2 J	Bob Wagner	2	
2 J	Mike Mornisey	8		3 J	John Jordan	3	
2 J	Chuck Duer	8					
2 J	Logan Glosser	8					

Material Item Description	Source	Quantity	Unit	Price	Amount
Poly Spray Glue	Neqwer	1	can		
20ga. Utility angle		20	pcs		
3 5/8 25ga. Studs 8'		20	pcs		
R19 Insulation		4	bags		
1/8" ceramic bit		3	ea.		
Equipment/Tools: 1/4" cement brd bit		1	ea.		

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Supervisor Signature: Phillip Glosser

Owner/Contractor Name: R. A. [Signature]

Owner/Contractor: _____

T & M Work Order No. FWO 25

Date: 12/20/05

Job#: 04 909123

Charge To: CCNH

Description of Work 2 Carpenters finished hanging Drylock in Bathing W113 2-
 Carpenters hung drywall in W111, W112 - on corr. W102 Wall. 1 Carpenter in
 Wing 3 Insulating wall in center area rooms & towards the North rooms.
 Went to Neqwer for Bag of Insulation

Labor			Time		Labor			Time	
Code	Name		Reg	O.T.	Code	Name	Reg	O.T.	
2 F	Phillip Glosser		1		2 J	Rick Allison	3		
2 J	Mike Morrissey		8		2 J	Bob Wagner	3		
2 J	Chuck Duez		8						
2 J	Logan Glosser		8						

Material Item Description	Source	Quantity	Unit	Price	Amount
R19 Unfaced Insul.	Neqwer	8	bags		
R11 Unfaced Insul.	"	4	bags		

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

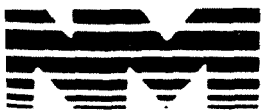
Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Supervisor Signature Phillip Glosser

Owner/Contractor Name _____

Owner/Contractor _____



Meqwer Materials, Inc.

■ BELLEVILLE, IL 618-235-4410
 ■ BLOOMINGTON/NORMAL, IL 309-452-6451
 ■ CHAMPAIGN/URBANA, IL 217-344-8845
 ■ CHATHAM, IL 217-483-3112
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 217-544-4674
 314-522-0579
 800-456-6540

Document: Invoice

DEC 22 2005

Invoice Date 12/14/05 Order # 729721-00
 PO Date 12/14/05 PO # Tax Exempt - II Page # 1

Dust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 04-909 RB
 Champaign, IL

Correspondence To: Meqwer Materials, Inc.
 49 Airport Road
 St. Louis, MO 63135-1998

OTTO BALM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

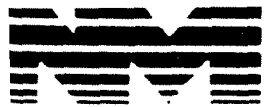
Instructions Tax Exempt - II Ship Point Champaign/Urbana Yard
 Placed By: Via Shipped 12/14/05 Terms 2% 10/n-EOFM

omit to Dept. 255, Box 790044, St. Louis 63179-0044

Product # And Description	UFC Item#	Quantity Ordered	Quantity E.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	Amount (Net)
1 PAT PERF-A-TAPE 20/CTN 2-1/16" X 250'		1	0	1	CTN	37.04060	CTN	0.00	37.04
2 358-206-06-00 358 DRYWALL STUD 20 GA. 8'-		40	0	40	EACH	3.47	EACH	0.00	138.80
3 1352-01 DWC OUTSIDE CORNER FOR 7/8" 3/4" RADIUS 75/CTN		12	0	12	PC	0.70	PC	0.00	8.40
3 Lines Total		Qty Shipped Total		53	Total		Invoice Total		184.24

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

✓# _____
 AM: _____
 IOB# 04-909
 C.O.: 89250
 DAT _____
 ACCT. _____
 OK DWD



Hegwer Materials, Inc.

■ BELLEVILLE, IL
 ■ BLOOMINGTON/NORMAL, IL
 ■ CHAMPAIGN/URBANA, IL
 ■ CHATHAM, IL
 ■ COLUMBIA, MO

618-235-4410
 309-452-6451
 217-344-8845
 217-483-3112
 573-817-2727

■ DECATUR, IL
 ■ PEORIA, IL
 ■ SPRINGFIELD, IL
 ■ ST. LOUIS, MO
 TOLL FREE

217-875-7227
 309-692-5556
 217-544-4674
 314-522-0579
 800-456-6540

Document: Invoice

Cust # 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 909 RB
 Champaign, IL

DEC 23 2005

P-01 I-02

Invoice Date 12/19/05 Order # 729800-00
 PO Date 12/19/05 PO # Tax Exempt - I1 Page # 1

Correspondence To: Hegwer Materials, Inc.
 49 Airport Road
 St. Louis, MO 63135-1998

OTTO BAUM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions Tax Exempt - I1 Ship Point Champaign/Urbana Yard Placed By: Via Counter Sale Shipped 12/19/05 Terms 2% 10/n-EDFM

Unit test Dept 255 Box 790044, St. Louis 63179-0044

Product #	UFC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	Amount (Net)
-----------	-----------	------------------	---------------	------------------	---------	------------	----------	---------------------	--------------

SALES TAX IS FOR LINE 7 ONLY. TOOLS AND ACCESSORIES ARE TAXABLE.

1	847	1	0	1	CAN	7.95	CAN	0.00	7.95
PLASTIC TRIM ADH SPRAY APPLIED 16.5 OZ CAN #847									
2	CRA112X112-20-10	20	0	20	EACH	3.26	EACH	0.00	65.20
GALVANIZED ANGLE 10' 1-1/2" X 1-1/2" 20 GA.									
3	212-20S-10-00	10	0	10	EACH	4.09	EACH	0.00	40.90
212 DRYWALL STUD 20 GA. 10'									
4	212-20R-10	10	0	10	EACH	4.03	EACH	0.00	40.30
2-1/2 DRYWALL RUNNER 20 GA. 1" LEG 10'									
6	R19U16JM	4	0	4	BDL	30.84700	BDL	0.00	123.39
AUC395/R19 UNFACED FIBER 16"X96" 96 SF MANVILLE ITEM# AU-395									
7	ZBT	1	0	1	PC	5.94	PC	0.00	5.94
ZIP BIT FOR 1/8" TILE & DUROCK ITEM # RZ125									
8	358-25S-08-00	20	0	20	EACH	2.18	EACH	0.00	43.60
358 DRYWALL STUD 25 GA. 8'									

7 Lines Total	Qty Shipped Total	66	Total	327.28
			Taxes	0.38
			Invoice Total	327.66

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

AM: _____
 JOB# 04.929
 C.O.D. 89250
 CAT _____
 ACCT. _____

Page _____ Cash Discount 0.55 If Paid By 01/10/06



Megger Materials, Inc.

■ BELLEVILLE, IL
 ■ BLOOMINGTON/NORMAL, IL
 ■ CHAMPAIGN/URBANA, IL
 ■ CHATHAM, IL
 ■ COLUMBIA, MO

618-235-4410
 309-452-6451
 217-344-8845
 217-483-3112
 573-817-2727

■ DECATUR, IL
 ■ PEORIA, IL
 ■ SPRINGFIELD, IL
 ■ ST. LOUIS, MO
 TOLL FREE

217-875-7227
 309-692-5556
 217-544-4674
 314-522-0579
 800-456-6540

Document: Invoice

DEC 23 2005

Invoice Date	Order #
12/20/05	729837-00
PO Date	Page #
12/20/05	1
PO #	Tax Exempt - II

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 909 RB
 Champaign, IL

Correspondence To: Megger Materials, Inc.
 49 Airport Road
 St. Louis, MO 63135-1998

OTTO BAUM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3489
 DECATUR IL 62524-3489

Instructions	Placed By:		
Tax Exempt - II			
Ship Point	Via	Shipped	Terms
Champaign/Urbana Yard		12/20/05	2% 10/n-EDFM

Ship to: Dept. 255, Box 790044, St. Louis 63179-0044

Product Part And Description	UFC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	✓	Amount (Net)
1 R19U16JM AUG95/R19 UNFACED FIBER 16"X96" 96 SF MANVILLE ITEM# AU-395		8	0	8	BDL	30.84700	BDL	0.00		246.78
2 R11U16JM AUG97 /R11 UNFACED FIBER 16"X96" 171 SF MANVILLE ITEM# AU-397		4	0	4	BDL	35.60200	BDL	0.00		142.41
2 Lines Total				Qty Shipped Total	12		Total Invoice Total			389.19 389.19

 Terms- 2% discount available on a month's invoices until the
 10th of the following month; net payment is due at the end
 of that month. Discount amount is at bottom of invoice.

*# _____
 AM# _____
 JOB# 04-909
 C.C# 89250
 CAT _____
 ACCT# _____
 OK DW



**OTTO BAUM
COMPANY, INC.**
C O N T R A C T O R S
DECATUR DIVISION

1788 Hubbard Ave.
Decatur, IL 62526

(217) 876-1000
Fax (217) 876-1014
www.ottobaumdecatur.com

Champaign County
Administrative Services
1776 E. Washington
Urbana, IL 61802

INVOICE NO. **D 3941**

DATE 1-4-06

PROJECT Champaign County
Nursing Home

B NO. 04909	CHARGES	CREDIT	BALANCE
Re-insulation of Attics Billing No. 1	23,210.62		
NET AMOUNT DUE			\$23,210.62

CUSTOMER COPY

TIME & MATERIAL BILLING SUMMARY

Date: January 4, 2006

OBCI Job #: 04-909

Re-Insulation of attics - Billing No. 1

A. LABOR SUMMARY

					<u>Amount</u>
1	Principal	_____	Hours at \$ 84.70	per hour	\$ -
2	Estimator	_____	Hours at \$ 45.60	per hour	\$ -
3	Project Manager	_____	Hours at \$ 54.36	per hour	\$ -
4	Clerical	_____	Hours at \$ 28.35	per hour	\$ -
5	Superintendent	_____	Hours at \$ 51.26	per hour	\$ -
	Subcontractor supervision	21	Hours at \$ 51.26	per hour	\$ 1,076.46
6	Carpenter				
	Foreman	_____	Hours at \$ 49.35	per hour	\$ -
	Journeyman	_____	Hours at \$ 46.57	per hour	\$ -
7	Laborer				
	Foreman	_____	Hours at \$ 43.70	per hour	\$ -
	Journeyman	_____	Hours at \$ 42.50	per hour	\$ -
8	Teamster/Laborer	_____	Hours at \$ 45.56	per hour	\$ -
9	Cement Finisher				
	Foreman	_____	Hours at \$ 46.89	per hour	\$ -
	Journeyman	_____	Hours at \$ 45.70	per hour	\$ -
10	Ironworker				
	Foreman	_____	Hours at \$ 49.73	per hour	\$ -
	Journeyman	_____	Hours at \$ 47.35	per hour	\$ -
11	Painter				
	Foreman	_____	Hours at \$ 46.32	per hour	\$ -
	Journeyman	_____	Hours at \$ 44.73	per hour	\$ -
12	Operator	_____	Hours at \$ 48.30	per hour	\$ -
SUBTOTAL LABOR CHARGE					\$ 1,076.46
13	Equipment charges:				\$ -
14	Bonds, permits fees, other fees:				\$ 230.00
SUBTOTAL					\$ 1,306.46
CONTRACTOR FEE:			15.00%		\$ 195.97
MISC. SMALL TOOL ALLOWANCE:			1.5 % of above charges		\$ 22.54

TOTAL OF A.: \$ 1,524.97

B. SUBCONTRACTOR COSTS:

1	Total subcontractor billings:				\$ 20,653.00
	CONTRACTOR FEE:		5.00%		\$ 1,032.65

TOTAL OF B.: \$ 21,685.65

C. MATERIAL:

1	Total material billings:				\$ -
	CONTRACTOR FEE:		15.00%		\$ -

TOTAL OF C.: \$ -

**TOTAL BILLING:
(A + B + C)** \$ 23,210.62



U.S. Insulation Company
 919 West Mulberry
 Bloomington, IL 61701
 (309) 829-6611

INVOICE

Invoice Number
6351

Date
1/3/2006

Bill To:
OTTO BAUM & SONS 1788 HUBBARD DECATUR, IL 62524

Project Title/Location
CHAMPAIGN CNTY NURSING HOME

Date	Charges and Credits	Balance
1/3/2006	RE: CHAMPAIGN COUNTY NURSING HOME 500 SOUTH ART BARTELL, CHAMPAIGN, IL Extra Work Order Reblow/Attics ORIGINAL CONTRACT SUM NET CHANGE BY CHANGE ORDER CONTRACT SUM TO DATE TOTAL COMPLETED AND STORED TO DATE LESS 10% RETAINAGE @ 10% TOTAL EARNED LESS RETAINAGE LESS PREVIOUS PAYMENT REQUEST CURRENT PAYMENT NOW DUE.....	\$ 41,307.00 \$ - \$ 41,307.00 \$ 20,653.00 \$ - \$ 20,653.00 \$ - \$ 20,653.00
	RE: CHAMPAIGN COUNTY NURSING HOME	\$ 20,653.00 PAY THIS AMOUNT

CHANGE ORDER



919 W. MULBERRY STREET
BLOOMINGTON, IL 61701
(309) 825-6611

TO: OTTO BAUM

ADDRESS: 1758 E Hubbard Ave
Deaferre IL
Champaign Morsing Home

CHANGE ORDER NO: 5

DATE: 12-7-05

JOB NAME AND LOCATION: Champaign Morsing Home

JOB NUMBER: _____

DATE OF EXISTING CONTRACT: _____

Brnd makepla This
 Ken Lindsay This
 Charles Ricks This
 Insulating Patch on wiring 2
 on 12-7-05

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price \$

Date	PREVIOUS CONTRACT AMOUNT	REVISED CONTRACT TOTAL
12-7-05	\$	\$

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date _____ Signature _____

CHANGE ORDER



919 W. MULBERRY STREET
BLOOMINGTON, IL 61701
(309) 825-6611

TO: OTTO BAUM

ADDRESS: 1758 Hubbard Ave
Deaferre IL 62522
Champaign Morsing Home

CHANGE ORDER NO: 6

DATE: 12-8-05

JOB NAME AND LOCATION: Champaign Morsing Home

JOB NUMBER: _____

DATE OF EXISTING CONTRACT: _____

Ken Lindsay 4.5
 Brnd makepla 4.5
 Charles Ricks 4.5
 Insulating Patch on wiring 2
 on 12-08-05

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price \$

Date	PREVIOUS CONTRACT AMOUNT	REVISED CONTRACT TOTAL
12-8-05	\$	\$

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date _____ Signature _____

CHANGE ORDER



919 W. MULBERRY STREET
BLOOMINGTON, IL 61701
(309) 829-6611 • (800) 874-6785
Fax (309) 829-9622

TO OTTO BAUM	CHANGE ORDER NO. 7
ADDRESS 1788 E Hubbard	DATE 12/9/05
Decatur IL	PHONE
JOB NAME AND LOCATION Champaign County Nursing home	JOB NUMBER
	DATE OF EXISTING CONTRACT

Ken Lindsay 5 hr
 Brad Malcolm 5 hr
 Charles Ricks 5 hr
 Insulating Notch on Wing 2
 ON 12-9-05

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price <input type="checkbox"/> \$	
Date _____	PREVIOUS CONTRACT AMOUNT \$
(Authorized Signature) _____	REVISED CONTRACT TOTAL \$

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date 12-13-05 Signature [Handwritten Signature]

CHANGE ORDER



919 W. MULBERRY STREET
BLOOMINGTON, IL 61701
(309) 829-6611 • (800) 874-6785
Fax (309) 829-9622

TO OTTO BAUM	CHANGE ORDER NO. 8
ADDRESS 1788 E Hubbard	DATE 12-13-05
Decatur IL	PHONE
JOB NAME AND LOCATION Champaign County Nursing home	JOB NUMBER
	DATE OF EXISTING CONTRACT

Ken Lindsay 7 hr
 Charles Ricks 7 hr
 Elva Pate 7 hr
 Arnon Harper 7 hr
 Robert Coyne 7 hr
 Debbi Coyne 7 hr
 Insulating of Notch on Wing 2
 And Blowing Insulation on Wing 2
 ON 12-13-05
 Blew 150 bags

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price <input type="checkbox"/> \$	
Date _____	PREVIOUS CONTRACT AMOUNT \$
(Authorized Signature) _____	REVISED CONTRACT TOTAL \$

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date 12-13-05 Signature [Handwritten Signature]

103

CHANGE ORDER



919 W. MULBERRY STREET
BLOOMINGTON, IL 61701
(309) 829-6611 • (800) 874-6785
Fax (309) 829-9622

TO OTTO BAUM	CHANGE ORDER NO. 9
ADDRESS 1788 E Hubbard	DATE 12/14/05
DECATUR IL	PHONE
JOB NAME AND LOCATION CHAMPAIGN County Nursing home	JOB NUMBER
	DATE OF EXISTING CONTRACT

KEN Lindsey 4 hr
 Elen Pate 8.8 hr
 Aaron HARPER 8.00 hr
 Charles Ricks 8.0 hr
 Roger Coyne 8.0 hr
 DERECK COYNE 8.0 hr
 Blows 140 bags
 Insulated Notch 100% ON 12-14-05
 ON Wing Z

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price \$

Date 12-15-05	PREVIOUS CONTRACT AMOUNT	\$
<i>[Signature]</i> (Authorized Signature)	REVISED CONTRACT TOTAL	\$

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date _____ Signature _____

CHANGE ORDER



919 W. MULBERRY STREET
BLOOMINGTON, IL 61701
(309) 829-6611 • (800) 874-6785
Fax (309) 829-9622

TO OTTO BAUM	CHANGE ORDER NO. 10
ADDRESS 1788 E Hubbard	DATE 12/15/05
DECATUR IL	PHONE
JOB NAME AND LOCATION CHAMPAIGN County Nursing home	JOB NUMBER
	DATE OF EXISTING CONTRACT

KEN Lindsey 5 hr
 Elen Pate 7 hr
 DERECK COYNE 7 hr
 Roger Coyne 7 hr
 Aaron HARPER 7 hr
 Blows 144 bags ON
 12-15-05

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price \$

Date 12-15-05	PREVIOUS CONTRACT AMOUNT	\$
<i>[Signature]</i> (Authorized Signature)	REVISED CONTRACT TOTAL	\$

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date _____ Signature *[Signature]*

CHANGE ORDER



919 W. MULBERRY STREET
 BLOOMINGTON, IL 61701
 (309) 829-6611 • (800) 874-6785
 Fax (309) 829-9622

TO OTTO BAUM	CHANGE ORDER NO. 1127
ADDRESS 1788 E Hubbard	DATE 12/20/05
Decatur IL	PHONE
JOB NAME AND LOCATION CHAMPAIGN County Nursing home	JOB NUMBER
	DATE OF EXISTING CONTRACT

KEW Lindsay 8
Brad Malcolm 8
Charles Ricks 8
Scott LEMAR 8
 Stocking and Insulating of notch
 on wing 1 ON 12-20-05

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price <input checked="" type="checkbox"/> \$		
Date _____	PREVIOUS CONTRACT AMOUNT \$	
(Authorized Signature) _____	REVISED CONTRACT TOTAL \$	

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date **12-20-05** Signature *[Signature]*

CHANGE ORDER



919 W. MULBERRY STREET
 BLOOMINGTON, IL 61701
 (309) 829-6611 • (800) 874-6785
 Fax (309) 829-9622

TO OTTO BAUM	CHANGE ORDER NO. 11
ADDRESS 1788 E Hubbard	DATE 12/19/05
Decatur IL	PHONE
JOB NAME AND LOCATION CHAMPAIGN County Nursing home	JOB NUMBER
	DATE OF EXISTING CONTRACT

KEW Lindsay 3 hr
Elee Pate 4 hr
DERECK COYNE 4 hr
 Blew WD bags ON 12-19-05

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price <input checked="" type="checkbox"/> \$		
Date _____	PREVIOUS CONTRACT AMOUNT \$	
(Authorized Signature) _____	REVISED CONTRACT TOTAL \$	

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date _____ Signature *[Signature]*

CHANGE ORDER



919 W. MULBERRY STREET
 BLOOMINGTON, IL 61701
 (309) 829-6611 • (800) 874-6785
 Fax (309) 829-9622

TO OTTO Baum	CHANGE ORDER NO. 14
ADDRESS 1788 E Hubbard	DATE 12-22-05
Decatur IL	PHONE
JOB NAME AND LOCATION Champaign County Nursing home	JOB NUMBER
	DATE OF EXISTING CONTRACT

Scott Levine 8
 Charles Ricks 8
 Insulating Notch on Wing 1
 ON 12-22-05

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price \blacktriangleright \$	
Date _____	PREVIOUS CONTRACT AMOUNT \$
(Authorized Signature) _____	REVISED CONTRACT TOTAL \$

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date _____ Signature *[Signature]*

CHANGE ORDER



919 W. MULBERRY STREET
 BLOOMINGTON, IL 61701
 (309) 829-6611 • (800) 874-6785
 Fax (309) 829-9622

TO OTTO BAUM	CHANGE ORDER NO. 13
ADDRESS 1788 E Hubbard	DATE 12/21/05
Decatur IL	PHONE
JOB NAME AND LOCATION Champaign County Nursing home	JOB NUMBER
	DATE OF EXISTING CONTRACT

Scott Levine 8 hr
 Charles Ricks 8 hr
 Insulating Notch on Wing 1
 ON 12-21-05

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price \blacktriangleright \$	
Date _____	PREVIOUS CONTRACT AMOUNT \$
(Authorized Signature) _____	REVISED CONTRACT TOTAL \$

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date _____ Signature *[Signature]*

TIME & MATERIAL BILLING SUMMARY

Date: January 27, 2006

OBCI Job #: 04-909

Re-Insulation of attics - Billing No. 2

A. LABOR SUMMARY

			Amount
1 Principal	Hours at \$ 84.70	per hour	\$ -
2 Estimator	Hours at \$ 45.60	per hour	\$ -
3 Project Manager	Hours at \$ 54.36	per hour	\$ -
4 Clerical	Hours at \$ 28.35	per hour	\$ -
5 Superintendent	Hours at \$ 51.26	per hour	\$ -
Subcontractor supervision	21 Hours at \$ 51.26	per hour	\$ 1,076.46
6 Carpenter			
Foreman	Hours at \$ 49.35	per hour	\$ -
Journeyman	Hours at \$ 46.57	per hour	\$ -
7 Laborer			
Foreman	Hours at \$ 43.70	per hour	\$ -
Journeyman	Hours at \$ 42.50	per hour	\$ -
8 Teamster/Laborer	Hours at \$ 45.56	per hour	\$ -
9 Cement Finisher			
Foreman	Hours at \$ 46.89	per hour	\$ -
Journeyman	Hours at \$ 45.70	per hour	\$ -
10 Ironworker			
Foreman	Hours at \$ 49.73	per hour	\$ -
Journeyman	Hours at \$ 47.35	per hour	\$ -
11 Painter			
Foreman	Hours at \$ 46.32	per hour	\$ -
Journeyman	Hours at \$ 44.73	per hour	\$ -
12 Operator	Hours at \$ 48.30	per hour	\$ -

SUBTOTAL LABOR CHARGE \$ 1,076.46

- 13 Equipment charges:
- 14 Bonds, permits fees, other fees:

\$ 230.00

SUBTOTAL \$ 1,306.46

CONTRACTOR FEE: 15.00% \$ 195.97
MISC. SMALL TOOL ALLOWANCE: 1.5 % of above charges \$ 22.54

TOTAL OF A.: \$ 1,524.97

B. SUBCONTRACTOR COSTS

1 Total subcontractor billings: \$ 20,654.00
CONTRACTOR FEE: 5.00% \$ 1,032.70

TOTAL OF B.: \$ 21,686.70

C. MATERIAL

1 Total material billings: \$ -
CONTRACTOR FEE: 15.00% \$ -

TOTAL OF C.: \$ -

TOTAL BILLING: (A+B+C) \$ 21,211.67



U.S. Insulation Company
 919 West Mulberry
 Bloomington, IL 61701
 (309) 829-6611
 (309) 829-9622 Fax

INVOICE

Invoice Number
6388

Date
1/24/2006

Bill To:
OTTO BAUM & SONS 1788 HUBBARD DECATUR, IL 62524

Project Title/Location
CHAMPAIGN CNTY NURSING HOME

Date	Charges and Credits	Balance
1/24/2006	RE: CHAMPAIGN COUNTY NURSING HOME 500 SOUTH ART BARTELL, CHAMPAIGN, IL Extra Work Order Reblow/Attics ORIGINAL CONTRACT SUM NET CHANGE BY CHANGE ORDER CONTRACT SUM TO DATE TOTAL COMPLETED AND STORED TO DATE LESS 10% RETAINAGE @ 10% TOTAL EARNED LESS RETAINAGE LESS PREVIOUS PAYMENT REQUEST CURRENT PAYMENT NOW DUE.....	\$ 41,307.00 \$ - \$ 41,307.00 \$ 41,307.00 \$ - \$ 41,307.00 \$ 20,653.00 \$ 20,654.00
	RE: CHAMPAIGN COUNTY NURSING HOME	\$ 20,654.00 PAY THIS AMOUNT

CHANGE ORDER



919 W. MULBERRY STREET
 BLOOMINGTON, IL 61701
 (309) 829-6611 • (800) 874-6785
 Fax (309) 829-9622

01/26/2006 05:57 3098299622

TO OTTO BAUM	CHANGE ORDER NO. 15
ADDRESS 1788 E HOBBOARD	DATE 12/28/05
Decatur IL	PHONE
JOB NAME AND LOCATION	JOB NUMBER
	DATE OF EXISTING CONTRACT

Kew Lindsey 5 hr
Charles Ricks 5 hr
Brad Makolm 5 hr
Elva Pate 8 hr
Derrick Coyne 8 hr

**Insulating of Notch and Blow in
 of Ceiling Blow 150 bags
 on 12-28-05**

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price \$

Date _____	PREVIOUS CONTRACT AMOUNT	\$
(Authorized Signature) _____	REVISED CONTRACT TOTAL	\$

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

12 29 05 *[Signature]*

U.S. INSULATION

PAGE 12

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CHANGE ORDER



919 W. MULBERRY STREET
 BLOOMINGTON, IL 61701
 (309) 829-6611 • (800) 874-6785
 Fax (309) 829-9622

01/26/2006 05:57 3098299622

U.S. INSULATION

PAGE 11

TO OTTO BAUM	CHANGE ORDER NO. 16
ADDRESS 1788 E Hubbard	DATE 12/29/05
Decatur IL	PHONE
JOB NAME AND LOCATION CHAMPAIGN County Nursing home	JOB NUMBER
	DATE OF EXISTING CONTRACT

KEO Lindsay 3 hr
 Brad MALCOLM 3 hr
 Charles Kicks 3 hr
 ROYER COYNE 5 hr
 DEREK COYNE 5 hr
 KENNY VANCE 5 hr
 ELEX PATE 8 hr
 Insulating of notch on Wing 1
 Blow in Insulation 90 Bags
 ON 12-29-05

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price ➔ \$		
Date _____	PREVIOUS CONTRACT AMOUNT	\$
(Authorized Signature) _____	REVISED CONTRACT TOTAL	\$

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date 1-3-06 Signature [Signature]

200

CHANGE ORDER



919 W. MULBERRY STREET
 BLOOMINGTON, IL 61701
 (309) 829-6611 • (800) 874-6785
 Fax (309) 829-9622

01/26/2006 05:57 3098299622

TO OTTO BAUM	CHANGE ORDER NO. 17
ADDRESS 1188 ETTOBAUM E Hubbard	DATE 1-3-06
Decatur IL	PHONE
JOB NAME AND LOCATION Champaign County Nursing home	JOB NUMBER
	DATE OF EXISTING CONTRACT

Ken Lindsey 2 hr
Roger Cape 8 hr
Rock Cape 8 hr

Stacking of Wing 3
on 1-3-06

US INSULATION

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price **\$**

Date _____	PREVIOUS CONTRACT AMOUNT	\$	
(Authorized Signature) _____	REVISED CONTRACT TOTAL	\$	

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date **1-3-06** Signature **[Signature]**

PAGE 10

201



919 W. MULBERRY STREET
BLOOMINGTON, IL 61701
(309) 829-6611 • (800) 874-6785
Fax (309) 829-9622

01/26/2006 05:57 3098299622

U.S. INSULATION

PAGE 09

TO	OTTO BAUM	CHANGE ORDER NO.	18
ADDRESS	1788 E Hubbard	DATE	1-4-06
JOB NAME AND LOCATION	Ducatur II Champaign County Nursing Home	PHONE	
		JOB NUMBER	
		DATE OF EXISTING CONTRACT	

- KEW Lindsey 8
- Charles Kicks 8
- BRAD Malcolm 8
- Elex Pate 8

Stocking & Blowing of Wing 1
blew 130 bags

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price \$

Date _____	PREVIOUS CONTRACT AMOUNT	\$	
(Authorized Signature) _____	REVISED CONTRACT TOTAL	\$	

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date: 1-13-06 Signature: *[Handwritten Signature]*

202

919 W. MULBERRY STREET
 BLOOMINGTON, IL 61701
 (309) 829-6611 • (800) 874-6785
 Fax (309) 829-9622



TO	OTTO BAUM
ADDRESS	1788 E HOBARD
JOB NAME AND LOCATION	Deerfield IL
DATE	1-5-06
PHONE	
JOB NUMBER	
DATE OF EXISTING CONTRACT	

LED Lumber 6 hr
 Eky Pate 6 hr
 Brad Maholin 6 hr
 Charles Ricks 6 hr
 Blues West 6 hr
 Blue 80 bags
 Ubbaded Blue Material
 Insulated Nook W/ing 1
 06 1-5-06

WE AGREE hereby to make changes as specified above, at this price \$

Note: This revision becomes part of, and in performance with, the existing contract.

Date		(Authorized Signature)
PREVIOUS CONTRACT AMOUNT	\$	
REVISED CONTRACT TOTAL	\$	

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date 1-3-06
 Signature *[Handwritten Signature]*

CHANGE ORDER



919 W. MULBERRY STREET
 BLOOMINGTON, IL 61701
 (309) 829-6611 • (800) 874-6785
 Fax (309) 829-9622

01/26/2006 05:57 3098299622

TO OTTO BAUM	CHANGE ORDER NO. 20
ADDRESS 1788 E Hubbard	DATE 1-6-06
Decatur IL	PHONE
JOB NAME AND LOCATION CHAMPAIGN COUNTY NURSING HOME	JOB NUMBER
	DATE OF EXISTING CONTRACT

Elex Pate	7 hr
Brad Malcolm	7 hr
Charles Ricks	7 hr
Russ West	7 hr
Insulation of Wing 3 Hatch	
ON 1-6-06	

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price **\$**

Date _____	PREVIOUS CONTRACT AMOUNT	\$	
(Authorized Signature) _____	REVISED CONTRACT TOTAL	\$	

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date **1-3-06** Signature **[Handwritten Signature]**

US INSULATION

204

ORDER

919 W. MULBERRY STREET
 BLOOMINGTON, IL 61701
 (309) 829-6611 • (800) 874-6785
 Fax (309) 829-9622



TO OTTO BAUM
 ADDRESS 1788 E Hubbard
 Decatur IL

CHANGE ORDER NO. 21

DATE 1-9-06
 PHONE

JOB NUMBER

DATE OF EXISTING CONTRACT

FLOX PATE 2 WF
 BRAD MALCOLM 2 WF
 CHARLES RICKS 2 WF
 ROGER CAYNE 2 WF

Blowing 20 bags
 Insulated on Notch on Wing 3
 1-9-06

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price \$

PREVIOUS CONTRACT AMOUNT	\$
REVISED CONTRACT TOTAL	\$

(Authorized Signature)

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

1-13-06
 Signature: *[Handwritten Signature]*

CHANGE ORDER



919 W. MULBERRY STREET
 BLOOMINGTON, IL 61701
 (309) 829-6611 • (800) 874-6785
 Fax (309) 829-9622

01/26/2006 05:57 3098299622

TO OTTO BAUM	CHANGE ORDER NO. 22
ADDRESS 1788 E Hubbard	DATE 1-13-06
Decorative	PHONE
JOB NAME AND LOCATION Champaign County Nursing home	JOB NUMBER
	DATE OF EXISTING CONTRACT

KEV Lindsay 5 hr
Brad Malcolm 5 hr
Charles Ricks 5 hr
Insulating Notch on Wing 3
on 1-13-06

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price \$

Date _____	PREVIOUS CONTRACT AMOUNT	\$	
(Authorized Signature) _____	REVISED CONTRACT TOTAL	\$	

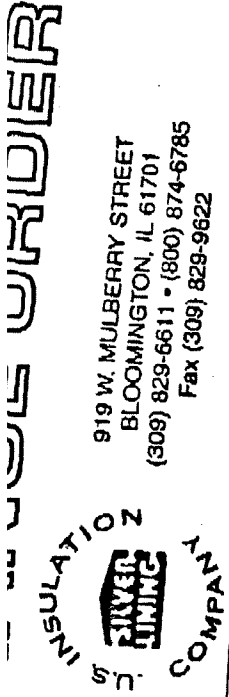
ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date **1-19-06** Signature **[Handwritten Signature]**

US INSULATION

PAGE 05

206



919 W. MULBERRY STREET
 BLOOMINGTON, IL 61701
 (309) 829-6611 • (800) 874-6785
 Fax (309) 829-9622

TO: OTTO BAUM
 ADDRESS: 1788 E Hubbard
 DECATUR IL
 JOB NAME AND LOCATION: CHAMPAIGN County Nursing home

CHANGE ORDER NO. 23
 DATE 1-17-06
 PHONE
 JOB NUMBER
 DATE OF EXISTING CONTRACT

Ken Lindsey 8
 Brad Malcolm 8
 Elva Pate 8
 Russ West 8

Insulating on Notch & Blow in
 on wing 3
 Blow 80 bags on 1-17-06

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price \$

PREVIOUS CONTRACT AMOUNT	\$
REVISED CONTRACT TOTAL	\$

(Authorized Signature)

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date: 1-19-06
 Signature: [Handwritten Signature]



919 W. MULBERRY STREET
 BLOOMINGTON, IL 61701
 (309) 829-6611 • (800) 874-6785
 Fax (309) 829-9622

01/26/2006 05:57 3098299622

US INSULATION

PAGE 03

TO OTTO BAUM	CHANGE ORDER NO. 24
ADDRESS 1788 E Hubbard	DATE 1-18-06
Decatur IL	PHONE
JOB NAME AND LOCATION CHAMPAIN County Nursing home	JOB NUMBER
	DATE OF EXISTING CONTRACT

KEN Lindsey 5 hr
 Ed Peppers 5 hr
 Elek Pate 8 hr
 Russ West 8 hr
 Insulating Notch and Blowing
 ON Wing 3 Blw 50 BAGS

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price \$

Date _____	PREVIOUS CONTRACT AMOUNT	\$	
(Authorized Signature) _____	REVISED CONTRACT TOTAL	\$	

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date 1-19-06 Signature *[Handwritten Signature]*

208

209



TO OTTO BAUM
 ADDRESS 1788 E Hubbard
 Decatur IL
 JOB NAME AND LOCATION CHAMPAIN County

Ken Lindsey 1
 Ed Peppers 8
 Elva Pate 8
 Russ Wert 8
 Insulating of
 100%
 Blw IN

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price

Date _____

(Authorized Signature)

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date 1/19/06 Signature [Signature]



919 W. MULBERRY STREET
 BLOOMINGTON, IL 61701
 (309) 829-6611 • (800) 874-6785
 Fax (309) 829-9622

ORDER

TO OTTO BAUM
 ADDRESS 1788 E Hubbard
 Decatur IL
 JOB NAME AND LOCATION CHAMPAIN County Nursing home

CHANGE ORDER NO.	26
DATE	1-20-06
PHONE	
JOB NUMBER	
DATE OF EXISTING CONTRACT	

Elva Pate 8 hr
 Russ Wert 8 hr
 Blowing on Wings 3 100%
 Blw 97 bags

NOTE: soffit not complete on wings 3 not responsible for wind damage

Note: This revision becomes part of, and in conformance with, the existing contract.

WE AGREE hereby to make changes as specified above, at this price \$

Date _____

(Authorized Signature)

ACCEPTED: The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under same terms and conditions as specified in the original contract unless otherwise stipulated.

Date 1-23-06 Signature [Signature]

01/26/2006 05:57 3098299622 US INSULATION PAGE 02

TIME & MATERIAL BILLING SUMMARY

Date: February 1, 2006

OBCI Job #: 04-909

FWO # 25-Billing # 2 (12-21-05 to 1-24-06)

A. LABOR SUMMARY

		Amount
1 Principal	Hours at \$ 84.70 per hour	\$ -
2 Estimator	Hours at \$ 45.60 per hour	\$ -
3 Project Manager	8 Hours at \$ 54.36 per hour	\$ 434.88
4 Clerical	Hours at \$ 28.35 per hour	\$ -
5 Superintendent	42 Hours at \$ 51.26 per hour	\$ 2,152.92
Subcontractor supervision	Hours at \$ 51.26 per hour	\$ -
6 Carpenter		
Foreman	106 Hours at \$ 49.35 per hour	\$ 5,231.10
Journeyman	330 Hours at \$ 46.57 per hour	\$ 15,368.10
7 Laborer		
Foreman	7 Hours at \$ 43.70 per hour	\$ 305.90
Journeyman	38 Hours at \$ 42.50 per hour	\$ 1,615.00
8 Teamster/Laborer	Hours at \$ 45.56 per hour	\$ -
9 Cement Finisher		
Foreman	Hours at \$ 46.89 per hour	\$ -
Journeyman	Hours at \$ 45.70 per hour	\$ -
10 Ironworker		
Foreman	Hours at \$ 49.73 per hour	\$ -
Journeyman	Hours at \$ 47.35 per hour	\$ -
11 Painter		
Foreman	160 Hours at \$ 46.32 per hour	\$ 7,411.20
Journeyman	398 Hours at \$ 44.73 per hour	\$ 17,802.54
12 Operator	Hours at \$ 48.30 per hour	\$ -
SUBTOTAL LABOR CHARGE		\$ 50,321.64
13 Equipment charges:		\$ -
14 Bonds, permits fees, other fees:		\$ 376.00
SUBTOTAL		\$ 50,697.64
CONTRACTOR FEE:	15.00%	\$ 7,604.65
MISC. SMALL TOOL ALLOWANCE:	1.5 % of above charges	\$ 874.53

TOTAL OF A.: \$ 59,176.82

B. SUBCONTRACTOR COSTS:

1 Total subcontractor billings:		
CONTRACTOR FEE:	5.00%	\$ -

TOTAL OF B.: \$ -

C. MATERIAL:

1 Total material billings:		\$ 7,476.21
CONTRACTOR FEE:	15.00%	\$ 1,121.43

TOTAL OF C.: \$ 8,597.64

**TOTAL BILLING:
(A + B + C) \$ 67,774.46**



T & M Work Order No. Fwo 25

Date: 12/21/05

Job#: 04909RB

Charge To: CCNH

Description of Work: 2 men in rooms behind Nurse Station, of wing 3 hanging drywall. 2 men in East rms of wing 3 hanging drywall. 1 man install the insulation in w3 - North rooms & 1 man following installing nailers & Jap Barrier. Mound excess drywall from w4 to wing 3. Rec'd Durock & Mud.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	1		2 J	Logan Glosser	8	
2 J	Mike Morrisoy	8		2 J	Chuck Duce	8	
2 J	Rob Long	8					
2 J	Rick Allison	8					
2 J	Bob Wagner	8					

Material Item Description	Source	Quantity	Unit	Price	Amount
<u>5/8 Durock</u>	<u>Xlegwov</u>	<u>10</u>	<u>Slits</u>		
<u>All Purpose Mud</u>	<u>✓</u>	<u>21</u>	<u>Pails</u>		
<u>PLUS 3 mud</u>	<u>✓</u>	<u>28</u>	<u>Pails</u>		
<u>ROTO BIT for tile</u>	<u>✓</u>	<u>2</u>	<u>EA</u>		

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes			
1 Superintendent	5 Ironworker	2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator	4 Cement Finisher	8 Painter
J = Journeyman F = Foreman A = Apprentice			

Work Authorization	
	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
Supervisor Signature Phillip Glosser

Owner/Contractor Name
Owner/Contractor

Description of Work: 2 men hanging Durock in W313 Bathing, 2 men hanging drywa in East rooms of wing 3, 1 man Cont. Vapor Barrier + nails @ exterior walls of Res. Rms in W3 North Pod. 1 laborer cleaned up Insul. + drywa scraps in wing 3. 2 TAPERS taped Bathing + Comm. Closets in Wing 1, + Comm. Closet in wing 3 (Incl: pre-filling joints). 1 man to wholesaler to rent tools for wings 1 + 3 + purchase angle bead.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	2		2 J	Chuck Duer	4	
2 J	Bob Long	8		2 J	Chuck Miezio	7	
2 J	Mike Marrissey	8		2 J	Greg Kaman	7	
2 J	Rick Allison	8		2 F	Delvan Bowman	2	
2 J	Bob Wagner	8		3 J	John Jordan	5	

Material Item Description	Source	Quantity	Unit	Price	Amount
10' Rope Bead	Tool World	20	ea		
Set of Box Tools w/ pump handles	✓ ✓	1	work		
EASYSAND 90	Neqwer	10	bags		

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.
U.S. Insul: 2 men in W1 Attic. Precision 2 Corps re-installing 2x2 on overhangs		

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature Phillip Glosser

Owner/Contractor Name _____
 Owner/Contractor _____

Description of Work: 2 carps on W313 Darock Wing 3 east room drywall had 2
Carpenters wing 4 N. 2 carps insul. & vapor barrier. 1 laborer clean up.
4 tapers bedding/coating joints in wing 1 Bathing + Comm. Closets + Wing 3
Comm. Closets

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	4		2 J	Chuck Duetz	5	
2 J	Rick Allison	5		3 J	John Jordan	2	
2 J	Bob Wagner	5		8 F	Delvan Bowman	1 1/2	
2 J	Mike Morrissey	5		8 J	Brandon Johnson	3	
2 J	Bob Long	4		8 J	Heather Thompson	1 1/2	
				8 J	Greg Rainey	3	

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes		
1 Superintendent	5 Ironworker	
2 Carpenter	6 Teamster/Laborer	
3 Laborer	7 Operator	
4 Cement Finisher	8 Painter	
J = Journeyman	F = Foreman	A = Apprentice

Work Authorization		Check
Field Order		<input type="checkbox"/>
Backcharge		<input type="checkbox"/>
Office Directed		<input type="checkbox"/>
Owner Requested		<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature Phillip Glosser

Owner/Contractor Name _____
 Owner/Contractor _____

Charge To: CCNH

Description of Work: 2 men hanging drywall in East rooms of wing 3, 2 men remove durock in W344, adding durock in W113, installing durock in W344 & hang drywall @ wheel chair W343. 1 carp. installing insulation in wing 3 North pod & another carp doing vapor-barrier & metal blocking. 1 taper in wing 1 Bathing & Comm. Closet Rooms, coating joints.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Philip Glosser	4		2 J	Logan Glosser	8	
2 J	Rick Allison	8		2 J	Chuck Durr	8	
2 J	Bob Wagner	8		2 J	Chuck Mierlo	4	
2 J	Mike Morrisot	8					
2 J	Bob Long	8					

Material Item Description	Source	Quantity	Unit	Price	Amount
358 25ga. Studs 8'0	Neguer	30	ea.		

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: *Philip Glosser*

Owner/Contractor Name: _____
 Owner/Contractor: *[Signature]*



T & M Work Order No. FWO 25

Date: 12/28/05

Job#: 04909R

Charge To: CCNH

Description of Work 2 cars repaired damaged c/a grid + borders in Wing 1 So. + Center areas. 1 tape coated joints in W2 + W3 Bathing + Comm. Closets + started pre-filling in So. rooms of Wing 1. 6 cars in Wing 3 hanging sg. roc. in rooms w/ 205 wall + Private Rm. phases (2 cars). 2 cars on Durlock in W344 + 2 cars in W3 West Insul. + paper barrier + metal blocking in Rooms. 1 laborer clean up in W3. Rec'd drywall + Insul. + Picked up mat'l from Negwer

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glasser	4		2 J	Logan Glasser	5	
2 J	Rick Allison	8		2 J	Chucks Duer	8	
2 J	Bob Wagner	8		2 J	Brian Plank - C/a.	4	
2 J	Bob Long	8		2 J	Rex King - C/a.	4	
2 J	Mike Morison	8		3 J	John Jordan	3	
				8 J	Chuck Miller	8	

Material Item Description	Source	Quantity	Unit	Price	Amount
Sanding Sponges	Negwer	10	ea		
Perf. Tape 250'		2	CTN.		
Sandpaper (micro)		25	ea.		
" " (GRIT)		90	ea.		
DUST MASKS / Spray Glue / Mesh Tape		2	ea.		
Equipment/Tools		Quantity	Unit	Price	Amount
R11 Insul.		8	bags		
R19 Insul.		4	bags		
5/8 x 4 x 12' drywall		208	SHTS.		

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	
Office Directed	
Owner Requested	

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature
 Owner/Contractor Name

T & M Work Order No. FWO 25

Date: 12/29/05

Job#: 09909R1

Charge To: CCNH

Description of Work: Moved drywall from tie-in hallways, into wings 1 + W3. Con-
tinuing drywall in wing 3 North Rms. Clean-up + debris load-outs as
needed. 1 tapir in wing 9 final coating Bathing + Comm. Closets

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	2		2 J	Bob Long	8	
2 J	Brian Plank	3		2 J	Mike Mamis	8	
2 J	Logan Glosser	3		8 J	Chuck Mierlo	8	
2 J	Rick Allison	8		3 J	John Jordan	4	
2 J	Bob Wagner	8					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes			
1 Superintendent	5 Ironworker	6 Teamster/Laborer	7 Operator
2 Carpenter	8 Painter		
3 Laborer			
4 Cement Finisher			
J = Journeyman	F = Foreman	A = Apprentice	

Work Authorization	
Field Order	Check
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature Phillip Glosser

Owner/Contractor Name 12-30-05 D.A. G. H. J.
 Owner/Contractor

Description of Work: Hung drywall on walls in Wing 3, North Pod Rooms, Cont install insul. & vapor barrier in wing 3 west pod rooms, 3 tapes in wing 1 South rooms pre-filing joints & 1 carp. adjusting corner bead

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glasser	2		2 J	Chuck Dyer	5	
2 J	Rick Allison	8		8 F	Chuck Mierza	8	
2 J	Bob Wagner	8		8 J	Roger Reynolds	8	
2 J	Bob Lonley	8		8 J	Greg Rainey	8	
2 J	MIKE MORRISSEY	8					

Material

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature

Phillip Glasser

Owner/Contractor Name

Ralph

Owner/Contractor

T & M Work Order No. FWO 25
 Date: 1/3/06
 Job#: 04909K
 Charge To: CCNH

Description of Work: Hanging drywall in W3 North rooms then to west rooms to hang drywall. A laborer cleaned up behind the carpenters. 4 Tapers in Wing 4 South rooms Taping & Spotting Screws

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Philip Blosser	2		2 E	Chuck Muzio	8	
2 J	Bob Long	8		8 J	Greg Rainey	8	
2 J	Mike Morrissey	8		8 J	Roger Reynolds	8	
2 J	Chuck Duetz	4		8 J	Bill Smith	8	
3 J	Augustus Johnson	8					

Material Item Description	Source	Quantity	Unit	Price	Amount
<u>R11 unfaced Insul.</u>	<u>Nequer</u>	<u>4</u>	<u>bags</u>		

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBC: Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.
<u>U.S. Insul 2 men moving batts from W4 TO W3.</u>			

Labor Codes:

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization:

Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only:

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Supervisor Signature: Philip Blosser

Owner/Contractor Name: _____

Owner/Contractor Authorization Signature: _____



T & M Work Order No. FWO 25

Date: 1/5/06

Job#: 01909R

Charge To: CCNH

Description of Work: Continue hanging drywall on walls in Wing 3 West room. Tapers coated joints of walls in South pod of Wing 2 then pre-filled joints in North rooms of Wing 2. U.S. Insulation had 3 men on W2 attic Blow-in + W3 attic Batts.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2F	Phillip Glosser	2		8J	Chuck Mizzio	8	
2J	Rick Allison	8		8J	Greg Rainel	8	
2J	Bob Long	8		8J	Roger Reynolds	8	
				8J	Bill Smith	8	

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.
<u>U.S. Insul 3 men Blow-in, 2 men Batts</u>			

Labor Codes:

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: [Signature]
 Owner/Contractor Name: [Signature] 1-5-06

T & M Work Order No. FW025
 Date: 1/5/06
 Job#: 04909K
 Charge To: CCNH

Description of Work: Continue hanging wall drywall in wing 3 west rooms, then insulated & vapor barrier on remaining walls in west end. Picked up 90 2x2's to replace the ones that were removed by mold crew. Tapers in Wing 2 South Pod Skimming walls & Wing 3 bathing tapin walls.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Philip Glasser	2		2 J	Chuck Miezio	8	
2 J	Rick Allison	7		8 J	Greg Kaine	8	
2 J	Bob Long	7		8 J	Reggie Reynolds	8	
2 J	Logan Glasser	2		8 J	Bill Smith	8	

Material Item Description	Source	Quantity	Unit	Price	Amount
<u>R19 unfaced Insul.</u>	<u>Nequa</u>	<u>1</u>	<u>bag</u>		
<u>2x2's 8'</u>	<u>Armstrong</u>	<u>90</u>	<u>ea.</u>		

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes:

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization:

Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: *Philip Glasser*
 Owner/Contractor Name: *T.A. G... 1-6-02*
 Owner/Contractor: _____

T & M Work Order No. Fw02²

Date: 1/6/06

Job#: 04909K

Charge To: CCNH

Description of Work: 2 men cont. Insulation + Vapor barrier, before hanging drywall in Wing 2 far west rooms. 2 men started late morning in Wing 3 west rooms hanging drywall. 4 Tapers in W2 south rooms SKI coating walls

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 J	Logan Glosser	8		8 J	Chuck Miezio	8	
2 J	Chuck Duetz	8		8 J	Greg Rainy	3	
2 J	Rick Allison	5		8 J	Bill Smith	8	
2 J	Bob Long	5		8 J	Roger Reynolds	8	

Material Item Description	Source	Quantity	Unit	Price	Amount
<u>54 4x12 Drywall</u>	<u>Hequer</u>	<u>18</u>			
<u>58 4x8 brown board</u>	<u>"</u>	<u>28</u>			

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes		
1 Superintendent	5 Ironworker	
2 Carpenter	6 Teamster/Laborer	
3 Laborer	7 Operator	
4 Cement Finisher	8 Painter	
J = Journeyman	F = Foreman	A = Apprentice

Work Authorization	
Field Order	Check
Backcharge	
Office Directed	
Owner Requested	

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature [Signature]
 Owner/Contractor Name [Signature]

Charge To: CCNH

Description of Work: 2 carpenters in wing 1 west rooms hanging wall drywall after insulation & vapor barrier. 4 tapers in wing 2 South rooms SKIM COATING walls. 2 carpenters in wing 3 west rooms hanging wall drywall

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.
2F	Phillip Glosser	3		8J	Chuck Miezio	8	
2J	Logan Glosser	8		8J	Greg Rainey	8	
2J	Mike Morrissey	8		8J	Roger Reynolds	5	
2J	Rick Allison	5		8J	Bill Smith	5	
2V	Bob Long	5					

Material Item Description	Source	Quantity	Unit	Price	Amount
- Ultra Flex Corner Tape	Xlegwer	3	CTN.		
- Dura bond 90		6	bags		
- Plus 3 Mud		56	PKTS		
- Perforated Tape 250' rolls		1	CASE		

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes			
1	Superintendent	5	Ironworker
2	Carpenter	6	Teamster/Laborer
3	Laborer	7	Operator
4	Cement Finisher	8	Painter
J = Journeyman		F = Foreman	
		A = Apprentice	

Work Authorization	
	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: *Phillip Glosser*
 Owner/Contractor Name: 1-10-06

Description of Work: 2 carpenters in wing 2 finish insulation, barrier, + drywall in west rooms. 3 Tappers in W2 South rooms sanding + Touching up ahead of painters thru to North rooms to continue pre-filling joints. 2 carpenters in wing 3 finishing hang drywall in west rooms + center area walls. 1 laborer cleaned out insulation scraps + general clean of both wings.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	2		3 J	Denny Nichols	8	
2 J	Logan Glosser	8		8 J	Chuck Miezio	8	
2 J	Mike Morrisset	8		8 J	Roger Reynolds	8	
2 J	Rick Allison	8		8 J	Bill Smith	8	
2 J	Bob Long	8					

Material Item Description	Source	Quantity	Unit	Price	Amount
R19 unfaced insulation	Neguer	1	bag		
Compact Quartz tiles	Blocks	4	ea		

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	
Office Directed	
Owner Requested	

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature Phillip Glosser

Owner/Contractor Name 1-13-06 P. J. [Signature]

T & M Work Order No. FWO 25

Date: 1/11/06

Job#: 04909R

Charge To: CCNH

Description of Work: 2 Carpenters in wing 3 finishing hanging west rooms & then the knee walls in the center area. 4 Tapers in wing 1 North pad taping & bedding joints in the rooms. Assembled Quarte lites for taping & painting (2)

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	2		8 J	Chuck Mierio	8	
2 J	Rick Allison	6		8 J	Roger Reynolds	8	
2 J	Bob Long	6		8 J	Bill Smith	8	
				8 J	Dave Bialeschki	8	

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes	
1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter
J = Journeyman	F = Foreman
	A = Apprentice

Work Authorization	
	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature Phillip Glosser

Owner/Contractor Name 1-13-06 R. Allison
 Owner/Contractor

T & M Work Order No. FWD 25
 Date: 1/12/06
 Job#: 04909K

Charge To: CCNH

Description of Work: 4 Tapers bedding joints in wing 1 north pod. 1 Laborer Heavy Sweep South rooms + hallway of wing 1. Moved stacked casework + wood trim for painters in W1 south pod

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glasser	1		3 J	Denny Nichols	4	
8 J	Chuck Mizio	8					
8 J	Roger Reynolds	8					
8 J	Craig Kainer	8					
8 J	Dave Bialeschki	8					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes:

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	
Office Directed	
Owner Requested	

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature Phillip Glasser

Owner/Contractor Name 1-13-06 [Signature]



T & M Work Order No. FWO25

Date: 1/18/06

Job#: 04909

Charge To: CCNH

Description of Work: 4 Tapers in W1 North pod mudding joints

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
8 J	Chuck Miezio	8					
8 J	Roger Reynolds	8					
8 J	Greg Rainey	8					
8 J	Dave Bialeschki	8					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes		
1 Superintendent	5 Ironworker	
2 Carpenter	6 Teamster/Laborer	
3 Laborer	7 Operator	
4 Cement Finisher	8 Painter	
J = Journeyman	F = Foreman	A = Apprentice

Work Authorization	
	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
Supervisor Signature

Owner/Contractor Name David J. ... 1-19-06

T & M Work Order No. FW025

Date: 1/16/05

Job#: 04909K

Charge To: CCNH

Description of Work: 4 Tapers, final coating walls in wing 9 North Pod room. Incl: some of the center area walls.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
8J	Chuck Miezio	8					
8J	Roger Reynolds	8					
8J	Greg Rainey	8					
8J	Dave Bialeschki	8					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes		
1 Superintendent	5 Ironworker	
2 Carpenter	6 Teamster/Laborer	
3 Laborer	7 Operator	
4 Cement Finisher	8 Painter	
J = Journeyman	F = Foreman	A = Apprentice

Work Authorization	
	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature *Phillip Glass*

Owner/Contractor Name *Ray Jones* 1-19-06

Charge To: CCNN

Description of Work: 2 Tapers in Wing 1 sanding walk of North pod rooms.
2 Tapers in Wing 3 east rooms rasping joints + prefilling joints
Picked up stand up Quartz lites from Black+Co. + Assembled them. Removed
excess mat from WING 1. Picked up paper tape, Dara bond, + mixing paddle to
start new crew in wing 3.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2	F Philip Glosser	4					
8	J Chuck Miozio	8					
8	J Greg Rainey	8					
8	J Dave Bialeschki	8					
8	J Bill Smith	6					

Material Item Description	Source	Quantity	Unit	Price	Amount
Coleman Quad Head Quartz	Black+Co	2	ea		
Purf. Tape 250' Rolls	Negwer	2	CTN.		
Easy Sand 90 min.		10	bags		
Mixing Paddle		1	ea		

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	
Office Directed	
Owner Requested	

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: Philip Glosser
 Owner/Contractor Name: E. J. ... 1-19-06
 Owner/Contractor: _____



T & M Work Order No. FWO 25

Date: 1/18/06

Job#: 04909R

Charge To: CCNH

Description of Work: 3 Tapers in Wing 1 north rooms sanding, then moved to west rooms to start prefilling. 1 taper in Wing 3 east rooms prefilling

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	2					
8 J	Chuck Mielio	8					
8 J	Greg Rainy	8					
8 J	Bill Smith	8					
8 J	Dave Bialeschki	8					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes			
1	Superintendent	5	Ironworker
2	Carpenter	6	Teamster/Laborer
3	Laborer	7	Operator
4	Cement Finisher	8	Painter
J = Journeyman		F = Foreman	
		A = Apprentice	

Work Authorization	
	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
Supervisor Signature *Phillip Glosser*

Owner/Contractor Name *D. J. ... 1-19-06*



T & M Work Order No. FWO 25

Date: 1/19/06

Job#: 049091

Charge To: CCNH

Description of Work: 2 Tapers in Wing 1 West rooms Prefilling + Taping joints
3 Tapers in Wing 3 east rooms prefilling joints.

Labor			Time		Labor			Time	
Code	Name		Reg	O.T.	Code	Name	Reg	O.T.	
8J	Chuck Mizzi		8						
8J	Greg Rainey		8						
8J	Roger Reynolds		8						
8J	Dave Bialeschki		8						
8J	Bill Smith		1						

Material Item Description	Source	Quantity	Unit	Price	Amount
Easy Sand Durabond 90	Neqwer	15	bags		

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.
U.S. Insul. 4 men doing blow-in @ Wing 3 attic		

Labor Codes		
1 Superintendent	5 Ironworker	
2 Carpenter	6 Teamster/Laborer	
3 Laborer	7 Operator	
4 Cement Finisher	8 Painter	
J = Journeyman F = Foreman A = Apprentice		

Work Authorization	
	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature

Owner/Contractor Name _____

Owner/Contractor _____

T & M Work Order No. FW025
 Date: 1/20/06
 Job#: 09909R
 Charge To: CCNH

Description of Work: 3 Tapers all day + 2 tapers part day taping in wing 1, west pod, + wing 3 east pod

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
8J	Chuck Miecio	8					
8J	Greg Ramey	8					
8J	Roger Reynolds	8					
8J	Bill Smith	8					
8J	Dave Bialeschki	2					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.
<u>U.S. Insulation 2 men finished w3 blow-in</u>			

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	
Office Directed	
Owner Requested	

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
 Supervisor Signature: [Signature]

Owner/Contractor Name: _____



T & M Work Order No. FWO 25

Date: 1/23/06

Job#: 04 909R

Charge To: CLNN

Description of Work: 4 Tapers in W1 West rooms coating walls + catch up on work orders + coordination strategies for performing in wing 1 + wing 3

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.
2 F	Philip Glasser	2					
8 J	Chuck Muzio	8					
8 J	Roger Raymond	8					
8 J	Bill Smith	7					
8 J	Dave Bialeschki	7					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes			
1	Superintendent	5	Ironworker
2	Carpenter	6	Teamster/Laborer
3	Laborer	7	Operator
4	Cement Finisher	8	Painter
J = Journeyman		F = Foreman	
		A = Apprentice	

Work Authorization	
	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Otto Baum Company, Inc.
Supervisor Signature: *Philip Glasser*

Owner/Contractor Name: _____

Owner/Contractor: _____

T & M Work Order No. FWD 25

Date: 1/24/06

Job#: 04909RB

Charge To: CCNH

Description of Work: 4 Tapers in Wing 1 West, Coating joints of room walls, 1 taper in Wing 3 pre-filling in North pod, 2 carpenter checked screws, in wing 1 west beams, for being counter sunk! 1 laborer swept + scraped floors in wing 1 South + North pods

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	2		8 J	Dave Bialeschki	8	
8 J	Chuck Miezio	8		2 J	Bob Long	1	
8 J	Greg Rainey	8		3 J	Denny Nichols	5	
8 J	Roger Reynolds	8					
8 J	Bill Smith	8					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	
Office Directed	
Owner Requested	

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$

Supervisor Signature: Phillip Glosser

Owner/Contractor Name: 1-25-06 Rainey



- BELLEVILLE, IL 618-235-4410
- BLOOMINGTON/NORMAL, IL 309-452-6451
- CHAMPAIGN/URBANA, IL 217-344-8845
- CHATHAM, IL 217-483-3112
- COLUMBIA, MO 573-817-2727
- DECATUR, IL 217-875-7227
- PEORIA, IL 309-692-5556
- SPRINGFIELD, IL 217-544-4674
- ST. LOUIS, MO 314-522-0579
- TOLL FREE 800-456-6540

Document: Invoice

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 Champaign, IL

DEC 23 2005 P-01 I-02

Invoice Date 12/19/05 Order # 729821-00
 PO Date 12/19/05 PO # Tax Exempt - II Page # 1

Correspondence To: Megwer Materials, Inc.
 49 Airport Road
 St. Louis, MO 63135-1998

OTTO BAUM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions: Tax Exempt - II, Ship Point: Champaign/Urbana Yard
 Placed By: Counter Sale
 Shipped: 12/19/05 Terms: 2% 10/n-EDFN

Ship to: Dept 255 Box 790044, St. Louis 63179-0044

Product n# And Description	LFC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	Amount (Net)
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SALES TAX IS FOR LINES 1 AND 2 ONLY. TOOLS AND ACCESSORIES ARE TAXABLE.

1 zbt ZIP BIT FOR 1/8" TILE & DUROCK	ITEM # RZ125	2	0	2	PC	5.94	PC	0.00	11.88
2 43229 1/4" BURR FIBERGLASS & CEMENT BD BIT SC 1/4" SH		1	0	1	EACH	9.97	EACH	0.00	9.97
3 osi38 OSI DRYWALL ADHESIVE F38 28 OZ TUBE	12/CTN	3	0	3	TUBE	1.61	TUBE	0.00	4.83
3 Lines Total				Qty Shipped Total	6		Total		26.68
							Taxes		1.41
							Invoice Total		28.09

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

*** 14253
 AM: 28.09
 JOB# 04909
 C.C.I. 9253
 CAT M
 ACCT. 504
 OK 22



Megger Materials, Inc.

■ BELLEVILLE, IL 618-235-4410
 ■ BLOOMINGTON/NORMAL, IL 309-452-6451
 ■ CHAMPAIGN/URBANA, IL 217-344-8845
 ■ CHATHAM, IL 217-483-3112
 ■ COLUMBIA, MO 573-817-2727

■ DECATUR, IL 217-875-7227
 ■ PEORIA, IL 309-692-5556
 ■ SPRINGFIELD, IL 217-544-4674
 ■ ST. LOUIS, MO 314-522-0579
 TOLL FREE 800-456-6540

Document: Invoice

DEC 23 2005

Invoice Date 12/21/05 Order # 729854-00
 PO Date 12/20/05 PO # Tax Exempt - II Page # 1

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 509 RB
 Champaign, IL

Correspondence To: Megger Materials, Inc.
 49 Airport Road

St. Louis, MO 63135-1990

OTTO BAUM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions Placed By:
 Tax Exempt - II
 Ship Point Via Shipped Terms
 Champaign/Urbana Yard Boom Truck 12/21/05 2% 10/n-EPH

Ship to: Dept.255, Box 790044, St.Louis 63179-0044

Product # And Description	UPC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	Amount (Net)
1 58DR4X8 5/8X4X8 DUROCK CEMENT BD 24 IN A LIFT		10	0	10	PC	28.16	PC	0.00	281.60
2 USGAP USG RM ALL PURPOSE 62 LB PAIL		21	0	21	PAIL	10.92792	PAIL	0.00	229.49
3 USG3 USG PLUS 3 READY MIX 4.5 GAL/PAIL		28	0	28	PAIL	13.06576	PAIL	0.00	365.84
3 Lines Total				Qty Shipped Total	59		Total Invoice Total		876.93

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

V# _____
 AM# _____
 JOB# 04.909
 C.C.# 89250
 CAT _____
 ACCT. _____

OK DA
 17.54 If Paid By 01/10/06



Megwer Materials, Inc.

■ BELLEVILLE, IL
■ BLOOMINGTON/NORMAL, IL
■ CHAMPAIGN/URBANA, IL
■ CHATHAM, IL
■ COLUMBIA, MO

618-235-4410
309-452-6451
217-344-8845
217-483-3112
573-817-2727

■ DECATUR, IL
■ PEORIA, IL
■ SPRINGFIELD, IL
■ ST. LOUIS, MO
TOLL FREE

217-875-7227
309-692-5556
217-544-4674
314-522-0579
800-456-6540

Document: Invoice

DEC 27 2005

Invoice Date 12/22/05 Order # 72983-00
PO Date 12/22/05 PO # Tax Exempt - II Page # 1

Cust #: 20943
Ship To: Champaign County Nursing Home
1701 East Main
RB 909
Champaign, IL

Correspondence To: Megwer Materials, Inc.
49 Airport Road

St. Louis, MO 63135-1998

OTTO BAUM & SONS INC
1788 HUBBARD AVENUE
P O BOX 3488
DECATUR IL 62524-3488

Instructions Tax Exempt - II
Ship Point Champaign/Urbana Yard
Placed By:
Via Counter Sale
Shipped 12/22/05
Terms 2% 10/n EOPM

mit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product # And Description	LFC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	Amount (Net)
1 ES90 EASY SAND 90 COHP LIGHT 18 LB BAG		10	0	10	EACH	7.87113	EACH	0.00	78.71
1 Lines Total			Qty Shipped Total	10			Total Invoice Total		78.71 78.71

Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

✓# _____
AMT. _____
JOB# 04.909
C.O.# 89250
CAT _____
ACCT. _____
OK D.V.

(217) - 562-2484
 (217) - 543-2101
 (217) - 543-2529
 P.O. BOX 258

ROUTE 133 EAST



ARTHUR, IL 61911

INVOICE NO. 137619

JAN 26 2006

SOLD TO Otto Baumgart

SHIP TO 1 Nam Jones Building

DATE	SALESMAN	OUR ORDER NO.	YOUR ORDER NO.	F.O.B. TERMS	SHIP VIA
12-22-05	<u>[Signature]</u>				
QUANTITY ORDERED	QUANTITY SHIPPED	DESCRIPTION		UNIT PRICE	AMOUNT
	20	PC Rope Band X10		220	4400
					275
					4675
				AMT.	
		C/C N H 04909RB		JOB# 04-909	
				C.C.H 89250	
				CAT	
		<u>Web Bawman</u>		ACCT.	

OK [Signature]

DUPLICATE

* NOTE: RENTAL TO BE BILLED UPON COMPLETION



Negwer Materials, Inc.

■ BELLEVILLE, IL
 ■ BLOOMINGTON/NORMAL, IL
 ■ CHAMPAIGN/URBANA, IL
 ■ CHATHAM, IL
 ■ COLUMBIA, MO

618-235-4410
 309-452-6451
 217-344-8845
 217-483-3112
 573-817-2727

■ DECATUR, IL
 ■ PEORIA, IL
 ■ SPRINGFIELD, IL
 ■ ST. LOUIS, MO
 TOLL FREE

217-875-7227
 309-692-5556
 217-544-4674
 314-522-0579
 800-456-6540

Document: Invoice

JAN 5 2006

Invoice Date	12/27/05	Order #	729946-00
PO Date	12/27/05	Page #	1
PO #			
Tax Exempt - II			

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 Champaign, IL

Correspondence To: Negwer Materials, Inc.
 49 Airport Road
 St. Louis, MO 63135-1998

OTTD BALM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

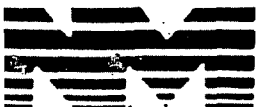
Instructions	Placed By:		
Tax Exempt - II			
Ship Point	Via	Shipped	Terms
Champaign/Urbana Yard	Counter Sale	12/27/05	2% 10/n-EDFN

mit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product # And Description	UPC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	✓	Amount (Net)
1 358-25s-08-00 358 DRYWALL STUD 25 GA. 8'		20	0	20	EACH	2.18	EACH	0.00		43.60
1 Lines Total			Qty Shipped Total	20			Total			43.60
							Invoice Total			43.60

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

J* 14253
 AMT: 43.60
 JOB# 04909
 C.O# 9250
 CAT M
 ACCT. 504
 OK 212



Negwer Materials, Inc.

■ BELLEVILLE, IL
 ■ BLOOMINGTON/NORMAL, IL
 ■ CHAMPAIGN/URBANA, IL
 ■ CHATHAM, IL
 ■ COLUMBIA, MO

618-235-4410
 309-452-6451
 217-344-8845
 217-483-3112
 573-817-2727

■ DECATUR, IL
 ■ PEORIA, IL
 ■ SPRINGFIELD, IL
 ■ ST. LOUIS, MO
 TOLL FREE

217-875-7227
 309-692-5556
 217-544-4674
 314-522-0579
 800-456-6540

Document: Invoice

JAN 5 2006

Invoice Date 12/28/05 Order # 72928-00
 PO Date 12/27/05 PO # Tax Exempt - II Page # 1

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 04-909-RR PHIL 201-3340
 Champaign, IL

Correspondence To: Negwer Materials, Inc.
 49 Airport Road

St. Louis, MO 63135-1998

OTTO BAUM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions Placed By:
 Tax Exempt - II
 Ship Point Via Shipped Terms
 Champaign/Urbana Yard 12/28/05 2% 10/n-EDFM

Remit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product Ln# And Description	LFC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. IM	Unit Price	Price IM	Discount Multiplier	Amount (Net)
1 58FC12 5/BX4X12 FC GYPSUM BOARD TAPERED EDGE		208	0	208	FC	12.48	FC	0.00	2595.84
2 R11U16TM ALB97 /R11 UNFACED FIBER 16"X96" 171 SF MANVILLE ITEM# AU-397		4	0	4	BDL	35.60200	BDL	0.00	142.41
4 R19U16TM ALB95/R19 UNFACED FIBER 16"X96" 96 SF MANVILLE ITEM# AU-395		4	0	4	BDL	30.84700	BDL	0.00	123.39
3 Lines Total			Qty Shipped Total	216			Total Invoice Total		2861.64 2861.64

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

V# _____
 AM# _____
 JOB# 04.909
 C.O.# Y9250
 CAT _____
 ACCT. _____
 OK 2/5



Megwer Materials, Inc.

- BELLEVILLE, IL
- BLOOMINGTON/NORMAL, IL
- CHAMPAIGN/URBANA, IL
- CHATHAM, IL
- COLUMBIA, MO

- 618-235-4410
- 309-452-6451
- 217-344-8845
- 217-483-3112
- 573-817-2727

- DECATUR, IL
- PEORIA, IL
- SPRINGFIELD, IL
- ST. LOUIS, MO
- TOLL FREE

- 217-875-7227
- 309-692-5556
- 217-544-4674
- 314-522-0579
- 800-456-6540

Document: Invoice

JAN 5 2006

Invoice Date 12/28/05 Order # 72961-00
 PO Date 12/28/05 PO # Tax Exempt - II Page # 1

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 RB
 Champaign, IL

Correspondence To: Megwer Materials, Inc.
 49 Airport Road
 St. Louis, MO 63135-1998

OTTO BAUM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions Tax Exempt - II Ship Point Champaign/Urbana Yard Placed By: Via Counter Sale Shipped 12/28/05 Terms 2% 10/n-EDFM

Remit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product #	And Description	UFC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	Amount (Net)
SALES TAX IS FOR LINES 2,4 & 7 ONLY. TOOLS AND ACCESSORIES ARE TAXABLE. ONLY (2) CTN Purchased for REBUILT Inv. 729385. 11-28-05										
1	PAT500				3	CTN	37.04060	CTN	0.00	111.12
<i>(1) CONTRACT MATERIAL CREDIT 74.08</i>										
2	885		10	0	10	EACH	1.40	EACH	0.00	14.00
TRIM-TEX ANGLED SAND SPONGE FINE/MED 24PC/CTN										
3	PAT		2	0	2	CTN	37.04060	CTN	0.00	74.08
PERF-A TAPE 20/CTN 2-1/16" X 250'										
4	SPF150		25	0	25	PC	0.90	PC	0.00	22.50
SANDPAPER FILM BACKED 3-5/16" X 11" 80 MICRON										
5	SP153		90	0	90	EACH	0.25	EACH	0.00	22.50
150 GRIT SAND PAPER 3-5/16" X 12" 100 /CTN										
6	8210-PLUS		1	0	1	BOX	18.04	BOX	0.00	18.04
DUST MASK 3M #8210 PLUS OSHA APP. 20PC/BOX										
7	ALL-4		1	0	1	CAN	2.94	CAN	0.00	2.94
MULTI-PURPOSE SPRAY 29OZ CAN #7340										
8	GS-GHT250		1	0	1	ROLL	3.63	ROLL	0.00	3.63
GRABBER 2-1/2" SELF ADH MESH TAPE 300'/RL 24/CTN										
8 Lines Total			Qty Shipped Total		130					
								JOB# 04-909		
								Total		46.57
								Taxes		2.58
								C.G. Invoice Total		49.15

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

CAT _____
 ACCT. _____
 OK
 1100.27
 86.19



Mequer Materials, Inc.

■ BELLEVILLE, IL
 ■ BLOOMINGTON/NORMAL, IL
 ■ CHAMPAIGN/URBANA, IL
 ■ CHATHAM, IL
 ■ COLUMBIA, MO

618-235-4410
 309-452-6451
 217-344-8845
 217-483-3112
 573-817-2727

■ DECATUR, IL
 ■ PEORIA, IL
 ■ SPRINGFIELD, IL
 ■ ST. LOUIS, MO
 TOLL FREE

217-875-7227
 309-692-5556
 217-544-4674
 314-522-0579
 800-456-6540

Document: Invoice

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 909 rb
 Champaign, IL

JAN 10 2006

Invoice Date 01/03/06 Order # 730130-00
 PO Date 01/03/06 PO # Tax Exempt - II Page # 1

Correspondence To: Mequer Materials, Inc.
 49 Airport Road
 St. Louis, MO 63135-1998

OTTO BAUM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions Tax Exempt - II Ship Point Champaign/Urbana Yard
 Placed By: Via Counter Sale
 Shipped 01/03/06 Terms 2% 10/n-EDPM

mit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product # And Description	UPC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	Amount (Net)
1 r11u16jm AL397 /R11 UNFACED FIBER 16"X96" 171 SF MANVILLE ITEM# AU-397		4	0	4	BDL	29.66850	BDL	0.00	118.67
1 Lines Total			Qty Shipped Total	4			Total Invoice Total		118.67

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

V# _____
 AM# _____
 JOB# 04-909
 C.C# 89250
 CAT _____
 ACCT# _____
 OK DW



Megger Materials, Inc.

- BELLEVILLE, IL
- BLOOMINGTON/NORMAL, IL
- CHAMPAIGN/URBANA, IL
- CHATHAM, IL
- COLUMBIA, MO

- 618-235-4410
- 309-452-6451
- 217-344-8845
- 217-483-3112
- 573-817-2727

- DECATUR, IL
- PEORIA, IL
- SPRINGFIELD, IL
- ST. LOUIS, MO
- TOLL FREE

- 217-875-7227
- 309-692-5556
- 217-544-4674
- 314-522-0579
- 800-456-6540

Document: Invoice

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 04-909RB
 Champaign, IL

JAN 12 2006

Correspondence To: Megger Materials, Inc.
 49 Airport Road

Invoice Date	Order #
01/05/06	730104-00
PO Date	Page #
01/05/06	1
PO #	
Tax Exempt - II	

St. Louis, MO 63135-1998

OTTO BALM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions	Placed By:
Tax Exempt - II	
Ship Point	Via
Champaign/Urbana Yard	
Shipped	Terms
01/05/06	2% 10/n-EDFM

emit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product	UPC	Quantity	Quantity	Quantity	Qty.	Unit	Price	Discount	✓	Amount
no# And Description	Item#	Ordered	B.O.	Shipped	UM	Price	UM	Multiplier		(Net)
1 R19U16JM		1	0	1	BDL	30.84700	BDL	0.00		30.85
ALG395/R19 UNFACED FIBER 16"X96" 96 SF MANVILLE										
ITEM# AL-395										
1 Lines Total			Qty Shipped Total	1			Total			30.85
							Invoice Total			30.85

 Terms- 2% discount available on a month's invoices until the
 10th of the following month; net payment is due at the end
 of that month. Discount amount is at bottom of invoice.

✓# _____
 AM# _____
 JOB# 04.909
 C.O# 89250
 CAT _____
 ACCT. _____
 OK DW



Megwer Materials, Inc.

■ BELLEVILLE, IL
 ■ BLOOMINGTON/NORMAL, IL
 ■ CHAMPAIGN/URBANA, IL
 ■ CHATHAM, IL
 ■ COLUMBIA, MO

618-235-4410
 309-452-6451
 217-344-8845
 217-483-3112
 573-817-2727

■ DECATUR, IL
 ■ PEORIA, IL
 ■ SPRINGFIELD, IL
 ■ ST. LOUIS, MO
 TOLL FREE

217-875-7227
 309-692-5556
 217-544-4674
 314-522-0579
 800-456-6540

Document: Invoice

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 Champaign, IL

JAN 12 2006

Invoice Date: 01/06/06
 Order #: 730101-00
 Page #: 1
 PO Date: 01/05/06
 PO #: Tax Exempt - II

Correspondence To: Megwer Materials, Inc.
 49 Airport Road
 St. Louis, MO 63135-1998

OTTO BALM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

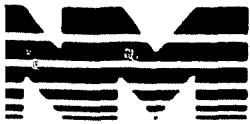
Instructions: Tax Exempt - II
 Ship Point: Champaign/Urbana Yard
 Placed By:
 Via:
 Shipped: 01/06/06
 Terms: 2% 10/n-EDFM

Remit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product Ln# And Description	UFC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	Amount (Net)
1 58FC12 5/8X4X12 FC GYPSUM BOARD TAPERED EDGE		18	0	18	FC	12.48	FC	0.00	224.64
2 58FCSS8 5/8X4X8 FC GYP SHEATHING SQUARE EDGE		28	0	28	FC	13.05600	FC	0.00	365.57
2 Lines Total				Qty Shipped Total 46			Total Invoice Total		590.21 590.21

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

*# 14253
 AMT: 590.21
 JOB# 04909
 C.C# 89250
 CAT M
 ACCT. 504
 OK DW



Megger Materials, Inc.

- BELLEVILLE, IL
- BLOOMINGTON/NORMAL, IL
- CHAMPAIGN/URBANA, IL
- CHATHAM, IL
- COLUMBIA, MO

- 618-235-4410
- 309-452-6451
- 217-344-8845
- 217-483-3112
- 573-817-2727

- DECATUR, IL
- PEORIA, IL
- SPRINGFIELD, IL
- ST. LOUIS, MO
- TOLL FREE

- 217-875-7227
- 309-692-5556
- 217-544-4674
- 314-522-0579
- 800-456-6540

Document: Invoice

JAN 12 2006

Invoice Date 01/06/06 Order # 730062-00
 PO Date 01/05/06 PO # Tax Exempt - II Page # 1

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 04-909RB
 Champaign, IL

Correspondence To: Megger Materials, Inc.
 49 Airport Road
 St. Louis, MO 63135-1998

OTTO BAUM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

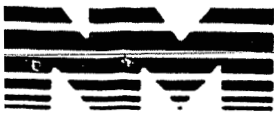
Instructions Tax Exempt - II Ship Point Champaign/Urbana Yard Placed By: Via Shipped 01/06/06 Terms 2% 10/n-EOFM

emit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product # And Description	UFC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	Amount (Net)
1 58FC12 5/8X4X12 FC GYPSUM BOARD TAPERED EDGE		52	0	52	PC	12.48	PC	0.00	648.96
2 G114W GRABBER 1-1/4 WOOD SCREW 8 M/CTN * YELLOW BOX *		1	0	1	CTN	46.00	CTN	0.00	46.00
2 Lines Total				Qty Shipped Total 53			Total Invoice Total		694.96 694.96

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

✓# _____
 AMT. _____
 JOB# 04-909
 C.O.# 89250
 CAT _____
 ACCT. _____
 OK DLP



Nogwer Materials, Inc.

■ BELLEVILLE, IL
 ■ BLOOMINGTON/NORMAL, IL
 ■ CHAMPAIGN/URBANA, IL
 ■ CHATHAM, IL
 ■ COLUMBIA, MO

618-235-4410
 309-452-6451
 217-344-8845
 217-483-3112
 573-817-2727

■ DECATUR, IL
 ■ PEORIA, IL
 ■ SPRINGFIELD, IL
 ■ ST. LOUIS, MO
 TOLL FREE

217-875-7227
 309-692-5556
 217-544-4674
 314-522-0579
 800-456-6540

Document: Invoice

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 909 RB JOB
 Champaign, IL

JAN 17 2006

Invoice Date: 01/09/06
 Order #: 730137-00
 Page #: 1
 PO Date: 01/09/06
 PO #: Tax Exempt - II

Correspondence To: Nogwer Materials, Inc.
 49 Airport Road

St. Louis, MO 63135-1998

OTTO BALM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

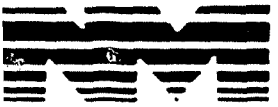
Instructions: Tax Exempt - II
 Ship Point: Champaign/Urbana Yard
 Placed By:
 Via: Counter Sale
 Shipped: 01/09/06
 Terms: 2% 10/n-EDFM

Remit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product L# and Description	UPC Item#	Quantity Ordered	Quantity P.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	✓	Amount (Net)
1 r19u16jm AUS95/R19 UNFACED FIBER 16"X96" 96 SF MANVILLE ITEM# AU-395		3	0	3	BDL	30.84700	BDL	0.00		92.54
2 2084 POLY FILM 2 MIL CLEAR 8'4"X200'		1	0	1	EACH	20.82	EACH	0.00		20.82
2 Lines Total				Qty Shipped Total	4		Total Invoice Total			113.36 113.36

 Terms- 2% discount available on a month's invoices until the
 10th of the following month; net payment is due at the end
 of that month. Discount amount is at bottom of invoice.

✓# _____
 AM# _____
 JOB# 04-905
 C.C# 89250
 CAT _____
 ACCT# _____
 OK YWP



Yegwer Materials, Inc.

■ BELLEVILLE, IL
■ BLOOMINGTON/NORMAL, IL
■ CHAMPAIGN/URBANA, IL
■ CHATHAM, IL
■ COLUMBIA, MO

618-235-4410
309-452-6451
217-344-8845
217-483-3112
573-817-2727

■ DECATUR, IL
■ PEORIA, IL
■ SPRINGFIELD, IL
■ ST. LOUIS, MO
TOLL FREE

217-875-7227
309-692-5556
217-544-4674
314-522-0579
800-456-6540

Document: Invoice

JAN 17 2006

Invoice Date 01/09/06 Order # 730153-00
PO Date 01/09/06 PO # Tax Exempt - II Page # 1

Cust #: 20943
Ship To: Champaign County Nursing Home
1701 East Main
RB JOB
Champaign, IL

Correspondence To: Yegwer Materials, Inc.
49 Airport Road
St. Louis, MO 63135-1998

OTTO BAUM & SONS INC
1788 HUBBARD AVENUE
P O BOX 3488
DECATUR IL 62524-3488

Instructions Tax Exempt - II Ship Point Champaign/Urbana Yard
Placed By: Via Counter Sale
Shipped 01/09/06 Terms 2% 10/n-EDFM

Remit to Dept. 255, Box 790044, St. Louis 63179-0044

Product Ln# And Description	UFC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	✓	Amount (Net)
1 GS-ULT325 GRABBER ULTRA FLEX 325 CORNER TAPE 100' ROLL		3	0	3	ROLL	16.00	ROLL	0.00		48.00
2 ES90 EASY SAND 90 COMP LIGHT 18 LB BAG		6	0	6	EACH	7.87113	EACH	0.00		47.23
3 PAT PERF-A-TAPE 20/CTN 2-1/16" X 250'		1	0	1	CTN	37.04060	CTN	0.00		37.04
3 Lines Total				Qty Shipped Total	10		Total Invoice Total			132.27 132.27

Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

✓# _____
AM# _____
JOB# 04-909
C.C.# 89250
CAT _____
ACCT. _____
OK DJP



Hegwer Materials, Inc.

■ BELLEVILLE, IL	618-235-4410	■ DECATUR, IL	217-875-7227
■ BLOOMINGTON/NORMAL, IL	309-452-6451	■ PEORIA, IL	309-692-5556
■ CHAMPAIGN/URBANA, IL	217-344-8845	■ SPRINGFIELD, IL	217-544-4674
■ CHATHAM, IL	217-483-3112	■ ST. LOUIS, MO	314-522-0579
■ COLUMBIA, MO	573-817-2727	TOLL FREE	800-456-6540

Document: Invoice

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 909RB
 Champaign, IL

JAN 17 2006

Invoice Date	01/09/06	Order #	730138-00
PO Date	01/09/06	Page #	1
PO #	Tax Exempt - II		

Correspondence To: Hegwer Materials, Inc.
 49 Airport Road

St. Louis, MO 63135-1998

OTTO BALM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions	Placed By:		
Tax Exempt - II			
Ship Point	Via	Shipped	Terms
Champaign/Urbana Yard		01/09/06	2% 10/n-EDFM

Remit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product Ln# And Description	UFC Item#	Quantity Ordered	Quantity R.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	✓	Amount (Net)
1 USGG USG PLUS 3 READY MIX 4.5 GAL/PAIL		1	0	1	FLT	731.68256	FLT	0.00		731.68
1 Lines Total			Qty Shipped Total	1			Total Invoice Total			731.68 731.68

 Terms- 2% discount available on a month's invoices until the
 10th of the following month; net payment is due at the end
 of that month. Discount amount is at bottom of invoice.

✓# _____
 AM# _____
 JOB# 04-909
 C.O# 89250
 CAT _____
 ACCT. _____
 OK DW



Megwer Materials, Inc.

- BELLEVILLE, IL
- BLOOMINGTON/NORMAL, IL
- CHAMPAIGN/URBANA, IL
- CHATHAM, IL
- COLUMBIA, MO

618-235-4410
309-452-6451
217-344-8845
217-483-3112
573-817-2727

- DECATUR, IL
- PEORIA, IL
- SPRINGFIELD, IL
- ST. LOUIS, MO
- TOLL FREE

217-875-7227
309-692-5556
217-544-4674
314-522-0579
800-456-6540

Document: Invoice

Invoice Date: 01/10/06 Order #: 730161-00
 PO Date: 01/10/06 PO #: Page #: 1
 Tax Exempt - II

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 RB JOB
 Champaign, IL

JAN 18 2006

Correspondence To: Megwer Materials, Inc.
 49 Airport Road

St. Louis, MO 63135-1998

OTTO BAUM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions: Tax Exempt - II
 Ship Point: Champaign/Urbana Yard
 Placed By:
 Via: Counter Sale
 Shipped: 01/10/06
 Terms: 2% 10/n-EDFM

Remit to: Dept. 255, Box 790044, St. Louis 63179 0044

Product Part And Description	UPC Item#	Quantity Ordered	Quantity P.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	✓	Amount (Net)
2 R19U16JM AL395/R19 UNFACED FIBER 16"X96" 96 SF MANVILLE ITEM# AU-395		1	0	1	BDL	30.84700	BDL	0.00		30.85
1 Lines Total				Qty Shipped Total	1		Total Invoice Total			30.85 30.85

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

✓
 AMT. _____
 JOB# 04.909
 C.O# 89250
 CAT _____
 ACCT. _____
 OK JD



INDUSTRIAL SUPPLIES

802 N COUNTRY FAIR DR (61821)
PO BOX 3067
CHAMPAIGN, IL 61826-3067
217-352-5167 FAX:217-359-6362

Invoice

Invoice# 06216816
Date 01/11/06
Page 1 OF 1



001320
OTTO BAUM AND SON, INC
ATTN: DONALD K. ALLEN
1718 HUBBARD STREET
PO BOX 3488
DECATUR, IL 62524-3488

JAN 17 2006

Ship To:
OTTO BAUM AND SON, INC.
ATTN: DONALD ALLEN
CHAMPAIGN, IL 61820

at P/O: Job:909RE S/D#:671441 Terms:Net 30
d-Date:01/10/06 Rel: Ship:WILL CALL

Table with columns: # Product/Description, Open, Shpd, B/O, Price U/M, Extension. Rows include CCSE-07775 COLEMAN 500W COMPACT QUARTZ WORK LIGHT, RUST-2233-838 RUSTOLEUM 2233 FLUORESCENT GREEN HARD HAT SPRAY PAINT, and SDFS-S03406 KRYLON S03406 BRILLIANT BLUE INVERTED TIP SPRAY PAINT.

* 2455
AMT. 65.31
JOB# 00/905
C.C# 1001
CAT M
ACCT. 504
OK DW

Case numbers: 671441-1

Summary table with columns: Total Handling Misc Chg, Tax, Freight, Dep-amt, Dep-Appld, Invoice Total. Values: 60.61, 0.00, 0.00, 4.70, 0.00, 0.00, 0.00, 65.31

REMIT TO:BLACK & CO #06
251

ATTN DAVE

ARMSTRONG CASH AND CARRY LUMBER COMPANY

MAILING ADDRESS: P.O. BOX 17515 • URBANA, IL 61803-7515
Phone: 367-0731 & 367-0511 • 1705 E. University Ave. — Urbana, IL 61802-2803

OTTO BAKER

DELIVER TO

Date

1/5/05

NURSING HOME

P.O. # 0490925

QUANTITY	DESCRIPTION	FEET	PRICE	AMOUNT
90	2 x 2 — 8' CW			193.50
1	ANNIVERSARY CALENDAR			NK
				@CMT EST 9998 5942 05

SUB TOTAL 193.50

TAX (No)

DELIVERY CHARGE

EVERY	SOLD BY	WRITTEN BY	PRICED BY	LOADED BY	DEL BY	CHECK #	CASH	C.O.D.	MOSE. RET	Total	193.50
-------	---------	------------	-----------	-----------	--------	---------	------	--------	-----------	-------	--------

ALL RETURNS MUST BE ACCOMPANIED BY THIS RECEIPT.

TERMS: Net Cash DUE UPON RECEIPT OF INVOICE. A FINANCE CHARGE OF 1 1/2% per month (which is 18% ANNUAL RATE) will be added to all past due accounts.

PLEASE PAY FROM THIS INVOICE. NO STATEMENT WILL BE SENT.



INDUSTRIAL SUPPLIES

802 N COUNTRY FAIR DR (61821)
PO BOX 3067
CHAMPAIGN, IL 61826-3067
217-352-5167 FAX:217-359-6362

****Invoice****
Invoice# 06216517
Date 01/05/06
Page 1 OF 1



001320
OTTO BAUM AND SON, INC
ATTN: DONALD K. ALLEN
1718 HUBBARD STREET
PO BOX 3488
DECATUR, IL 62524-3488

JAN 10 2006

Ship To:
OTTO BAUM AND SON, INC.
ATTN: DONALD ALLEN
CHAMPAIGN, IL 61820

Job P/O:SHOP Job:SHOP S/O#:671138 Terms:Net 30
Date:01/04/06 Rel: Ship:WILL CALL

#	Product/Description	Open	Shpd	B/O	Price U/M	Extension
1	CCSE-07775 COLEMAN 500W COMPACT QUARTZ WORK LIGHT	2	2	0	12.9300 EA	25.86
		B&C:301226				

V# 2456
AMT 27.87
JOB# 04.909
C.C# 1001
CAT M
ACCT. 504
OK DV

Case numbers: 671138-1

Total	Handling	Misc Chg	Tax	Freight	Dep-amt	Dep-Appld	Invoice Total
25.86	0.00	0.00	2.01	0.00	0.00	0.00	27.87

REMIT TO:BLACK & CO #06
253



Megwer Materials, Inc.

■ BELLEVILLE, IL
 ■ BLOOMINGTON/NORMAL, IL
 ■ CHAMPAIGN/URBANA, IL
 ■ CHATHAM, IL
 ■ COLUMBIA, MO

618-235-4410
 309-452-6451
 217-344-8845
 217-483-3112
 573-817-2727

■ DECATUR, IL
 ■ PEORIA, IL
 ■ SPRINGFIELD, IL
 ■ ST. LOUIS, MO
 TOLL FREE

217-875-7227
 309-692-5556
 217-544-4674
 314-522-0579
 800-456-6540

Documents: Invoice

JAN 20 2006

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 58 708
 Champaign, IL

Invoice Date: 01/17/06
 Order #: 730277-00
 Page #: 1
 PO Date: 01/17/06
 PO #: Tax Exempt - II

Correspondence To: Megwer Materials, Inc.
 49 Airport Road

St. Louis, MO 63135-1998

OTTO BALM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions: Tax Exempt - II
 Ship Point: Champaign/Urbana Yard
 Placed By:
 Via: Counter Sale
 Shipped: 01/17/06
 Terms: 2% 10/n-EDFM

Remit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product	LFC	Quantity	Quantity	Quantity	Qty.	Unit	Price	Discount	Amount
Ln# And Description	Item#	Ordered	B.O.	Shipped	UM	Price	UM	Multiplier	(Net)
1 USGAP USG RM ALL PURPOSE 62 LB PAIL		1	0	1	PLT	458.97264	PLT	0.00	458.97
1 Lines Total			Qty Shipped Total	1			Total		458.97
							Invoice Total		458.97

 Terms- 2% discount available on a month's invoices until the
 10th of the following month; net payment is due at the end
 of that month. Discount amount is at bottom of invoice.

✓# _____
 AM: _____
 JOB# 04.909
 C.O# 89253
 CAT _____
 ACCT. _____
 OK



Megger Materials, Inc.

■ BELLEVILLE, IL
 ■ BLOOMINGTON/NORMAL, IL
 ■ CHAMPAIGN/URBANA, IL
 ■ CHATHAM, IL
 ■ COLUMBIA, MO

618-235-4410
 309-452-6451
 217-344-8845
 217-483-3112
 573-817-2727

■ DECATUR, IL
 ■ PEORIA, IL
 ■ SPRINGFIELD, IL
 ■ ST. LOUIS, MO
 TOLL FREE

217-875-7227
 309-692-5556
 217-544-4674
 314-522-0579
 800-456-6540

Document: Invoice

JAN 25 2006 P-01 I-02

Invoice Date	01/18/06	Order #	73078-00
PO Date	01/17/06	Page #	1
PO #	Tax Exempt - II		

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 RB JOB
 , IL

Correspondence To: Megger Materials, Inc.
 49 Airport Road

St. Louis, MO 63135-1998

OTTO BALM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

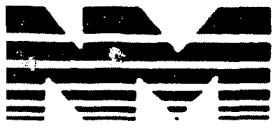
Instructions	Placed By:		
Tax Exempt - II			
Ship Point	Via	Shipped	Terms
Champaign/Urbana Yard	Counter Sale	01/18/06	2% 10/n-EDFM

Remit to: Dept 255 Box 790044, St. Louis 63179-0044

Product n# And Description	LFC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	✓	Amount (Net)
SALES TAX IS FOR LINE 3 ONLY. TOOLS AND ACCESSORIES ARE TAXABLE.										
1 PAT PERF-A TAPE 20/CTN 2-1/16" X 250'		2	0	2	CTN	37.04060	CTN	0.00		74.08
2 ES90 EASY SAND 90 COMP LIGHT 18 LB BAG		10	0	10	EACH	7.87113	EACH	0.00		78.71
3 CM QUICK MIXER		1	0	1	EACH	13.05	EACH	0.00		13.05
3 Lines Total				Qty Shipped Total	13		Total Taxes Invoice Total			165.84 0.85 166.69

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

✓# _____
 AM# _____
 IOB# 04.909
 C.C# 89250
 CAT _____
 ACCT# _____
 OK DW



Negwer Materials, Inc.

■ BELLEVILLE, IL
■ BLOOMINGTON/NORMAL, IL
■ CHAMPAIGN/URBANA, IL
■ CHATHAM, IL
■ COLUMBIA, MO

618-235-4410
309-452-6451
217-344-8845
217-483-3112
573-817-2727

■ DECATUR, IL
■ PEORIA, IL
■ SPRINGFIELD, IL
■ ST. LOUIS, MO
TOLL FREE

217-875-7227
309-692-5556
217-544-4674
314-522-0579
800-456-6540

Document: Invoice

Cust #: 20943
Ship To: Champaign County Nursing Home
1701 East Main

Champaign, IL

JAN 25 2006

Correspondence To: Negwer Materials, Inc.
49 Airport Road

St. Louis, MO 63135-1998

Invoice Date: 01/19/06
Order #: 730320-00
Page #: 1
FO Date: 01/19/06
FO #: Tax Exempt - II

OTTO BALM & SONS INC
1788 HUBBARD AVENUE
P O BOX 3488
DECATUR IL 62524-3488

Instructions: Tax Exempt - II
Ship Point: Champaign/Urbana Yard
Placed By:
Via: Counter Sale
Shipped: 01/19/06
Terms: 2% 10/n-EDFM

Remit to: Dept. 255, Box 790044, St. Louis 63177 0044

Product Ln# And Description	UFC Item#	Quantity Ordered	Quantity B.G.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	✓	Amount (Net)
1 es90 EASY SAND 90 COMP LIGHT 18 LB BAG		15	0	15	EACH	7.87113	EACH	0.00		118.07
1 Lines Total				Qty Shipped Total	15		Total Invoice Total			118.07 118.07

Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

✓# 14253
AMT. 118.07
JOB# 04.909
C.C.# 9250
CAT M
ACCT. 504
OK DWS

Coleman Electrical Service

311 North Street, P.O. Box 179, Mansfield, IL 61854
 Phone: 217-489-2611 Fax: 217-489-9313

ok A
RECEIVED
 SEP 20 2005
PKD, Inc.

TO: PKD, Inc.
2110 Clearlake Blvd Ste #100
Champaign, IL 61826
Attn: Tim Mininger

DATE: 9/19/2005 PROJECT: Champaign County Nursing Home
 REFERENCE: _____
 FWO _____

Gentlemen / Ladies:

We are sending you:

- | | | |
|--|--|---|
| <input type="checkbox"/> Copy of Letter | <input checked="" type="checkbox"/> Attached | <input type="checkbox"/> Shop Drawings |
| <input checked="" type="checkbox"/> Change Order | <input type="checkbox"/> Prints | <input type="checkbox"/> Product Data |
| <input type="checkbox"/> Other | <input type="checkbox"/> Plans | <input type="checkbox"/> Specifications |
| <input type="checkbox"/> Pay Request | <input type="checkbox"/> Submittals | <input type="checkbox"/> Under separate cover via the following |


Copies	Date	No.	Description
1	08/26/05		Contractor Request for Proposal Breakdown FWO 19

These are Transmitted as Marked Below:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> For Approval | <input type="checkbox"/> For Quote | <input type="checkbox"/> For Review and Comment |
| <input checked="" type="checkbox"/> For Your Use | <input type="checkbox"/> For Bids Due | <input type="checkbox"/> Resubmit _____ copies for approval |
| <input checked="" type="checkbox"/> As Requested | <input type="checkbox"/> For Return of Deposit | <input type="checkbox"/> Submit _____ copies for distribution |
| <input type="checkbox"/> Returned for Corrections | <input type="checkbox"/> Approved as Noted | <input type="checkbox"/> Other |

Comments:

Copy / Copies to:

Michelle Nordman 
 Signature

Contractor/ Subcontractor Request for Proposal Breakdown Summary

FWO INFORMATION

PROJECT: Champaign County Nursing Home
 RFP #: FWO #019
 RFP DATE: 08/19/05
 CONTRACTOR: Coleman Electrical Service, Inc.

DESCRIPTION OF CHANGE

Remove Drywall and electrical Cover plates as directed by owner.

SUMMARY OF DETAILED BREAKDOWN

		<u>ADDITIONS</u>		<u>DELETIONS</u>		<u>NET TOTAL</u>
A. MATERIAL	\$	-	\$	-	\$	-
B. LABOR	\$	102.88	\$	-	\$	102.88
C. OTHER	\$	-	\$	-	\$	-
D. NET TOTAL		(Lines A + B + C)			\$	102.88
E. OVERHEAD AND PROFIT		(Line D X 15%; If Net Total Is Credit, Then 5%)			\$	15.43
F. SUBTOTAL, CONTRACTOR		(Lines D + E)			\$	118.31

CONTRACTOR'S MARKUP ON WORK OF SUBCONTRACTORS

<u>SUBCONTRACTOR: Firm Name</u>	<u>CONTRACT WORK: Description</u>	<u>PROPOSAL</u>
1		\$ -
2		\$ -
3		\$ -
4		\$ -
5		\$ -
6. SUBTOTAL (of all work performed by the contractor's subcontractors)		\$ -
7. CONTRACTOR'S MARK-UP (on work of subcontractor's)(Line G X 5%; If Subtotal Is Credit, Then 0%)		\$ -
I. SUBTOTAL, SUBCONTRACTORS	(Lines G + H)	\$ -

PROPOSAL

I. WORK PERFORMED BY CONTRACTOR AND SUBCONTRACTORS (Lines F + I)	\$	118.31
K. INSURANCE, BOND AND TAXES (enter % here) 2.00%	\$	2.37
J. TOTAL, REQUEST FOR PROPOSAL (Lines I + J)	\$	120.68

The request for proposal will **Increase** (decrease) the contract amount.

This work to be accomplished in _____ calendar days.

This work will increase (decrease) the contract completion date by _____ calendar days.

CONTRACTORS SIGNATURE _____

TITLE: RESIDENT

DATE: August 26, 2005

**CHANGE ORDER PROPOSAL
SUMMARY COMPUTATIONS**

PROJECT NAME Champaign County Nursing Home

CONTRACTOR Coleman Electrical Service, Inc.

DATE August 26, 2005 PROJECT NO. 203035 RFP NO. FWO 019

A. MATERIAL

1. Rough Material	\$	-	+ Freight	\$	-	=	\$	-	
2. Purchased Equipment (Quotations must be attached)									
a.				\$	-				
b.				\$	-				
c.				\$	-				
d.				\$	-				
							Total Equipment Costs	\$	-
							TOTAL MATERIAL COSTS	\$	-

3. LABOR

			HOURS		RATE			
1. TRADE	<u>Electrical</u>	Journeyman	<u>0</u>	x	<u>\$48.84</u>	=	<u>\$ -</u>	
		Foreman	<u>2</u>	x	<u>\$51.44</u>	=	<u>\$ 102.88</u>	
		Gen. Foreman	<u>0</u>	x	<u>\$54.03</u>	=	<u>\$ -</u>	
2. TRADE		Journeyman		x		=	<u>\$ -</u>	
		Foreman		x		=	<u>\$ -</u>	
		Gen. Foreman		x		=	<u>\$ -</u>	
3. TRADE		Journeyman		x		=	<u>\$ -</u>	
		Foreman		x		=	<u>\$ -</u>	
		Gen. Foreman		x		=	<u>\$ -</u>	
							TOTAL LABOR COSTS	\$ 102.88

D. OTHER COSTS

1. Bonds	\$ 2.37	6	
2. Builder's Risk Insurance		7	
3. Expendable Tools		8	
4. Rental Tools		9	
5. Coordination / Shop Drawings		10	
			TOTAL OTHER COSTS
			\$ 2.37

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemans@net66.com

Co/Ewa/Tm Record

Date/Number
8-19-05

Electrician	Project / Job	Hours	Overtime	Authorization
Burton	CCNH	2		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description REMOVE DEVICES + LIGHT TRIM IN ROOMS
 DIRECTED BY PKD IN WINGS 1+3

Address FWO #19 De f... (signature)

Counter Materials		
Date	Vendor	Ticket No. or P.O. Number

Additional Materials	
Quantity	Material

MSS/TRIM MRC/MOLD

**FIELD WORK ORDER
PKD INC.
CONSTRUCTION MANAGERS**

2110 Clearlake Blvd., Suite 100
P. O. Box 3698
Champaign, IL 61826
217/356-8424 217/356-8448 (FAX)

FWO# 19

OWNER'S NAME: Champaign Co. Nursing Home		CONTRACTOR'S NAME: COLEMAN / OTTO	
STREET:		STREET:	
CITY	STATE	CITY	STATE
PROJECT: Champaign Co. Nursing Home - 275		BID GROUP:	DATE: 8-19-05

You are authorized to perform the following specifically described additional work:

REMOVE DRYWALL AND ELECTRICAL COVER PLATES
AS DIRECTED BY OWNER

Post-it® Fax Note 7671	Date 8-19-05	# of pages 1
To DAVE DOTY	From DOC	
Co./Dept. OTTO	Co. PKD	
Phone #	Phone #	
Fax #	Fax #	

Post-it® Fax Note 7671	Date 8-19-05	# of pages 1
To MIKE COLEMAN	From DOC	
Co./Dept. COLEMAN	Co. PKD	
Phone #	Phone #	
Fax #	Fax #	

PAYMENT WILL BE MADE AS FOLLOWS:

INVOICE TO PKD, INC WITH SIGNED T&M TICKETS (OUTSIDE THE CONTRACT)
 UPON COMPLETION OF WORK PROVIDE T&M QUOTE WITH SIGNED T&M
TICKETS TO ALLOW PROCESS OF C.O. TO CONTRACT

CONTRACTOR INCLUDE THIS FWO# 19 ON INVOICE FOR THIS WORK

Date: 8-19-05 Authorizing Signature Doc Rille
(CM Signs Here)

cc: MJS/TRM/MFC/FWO

COLEMAN / FAX / FIELD
OTTO / FAX / FIELD



P.O. Box 7950 • Champaign, Illinois 61826-7950
Phone 217-359-1765 • Fax 217-359-1772

January 31, 2006

Champaign Co. Administrative Services
Attn: Alan Reinhart

Re: Champaign Co. Nursing Home Remediation

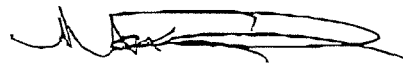
Mr. Reinhart:

Below please find a cost recap for work related to the mold remediation at the Champaign Co. Nursing Home for the period 12/14/05 to 1/13/06.

Materials:		\$ 2,967.00
Labor:	246 hrs. @ \$ 50.45	<u>12,411.00</u>
	Sum of:	\$ 15,378.00
	Mark-up @ 15%:	<u>2,307.00</u>
	Total sum of:	\$ 17,685.00

I have attached a copy of the applicable work order tickets for your use. If you have any questions or need further information, please call.

Sincerely,



Martin K. Smith

MKS:dnik

Attachments (8)

JOB WORK ORDER

27498
EXTRA

DATE OF ORDER

STARTING DATE	1/11/06
ORDER TAKEN BY	
MECHANIC	JE
PHONE	356-8424
MECHANIC	RD
BILL TO	PK DENNIS (PKD INC)
ADDRESS	500 E. BARRELL RD
CITY	URBANA IL
JOB NAME AND LOCATION	CHAMPION CO. NURSING HOME
JOB PHONE	

- DAY WORK
- CONTRACT
- EXTRA

DESCRIPTION OF WORK

PUT BACK 2X2 BASE AND FLOOR TREE
GAPS WHERE WALLS GOT TORN OUT
(MADE ISSUE)

FILL TRENCHES ALONG WALLS FOR
BASE TIES AND GROUT TIE

16 MAN HRS.

38 - L/F 2X2 BUILT UP BASE

5 - INSIDE CMRS.

3 - OUTSIDE CMRS.

1 - 3/4 gal. BUCKET OF MASTIC

12 - 50# BAG TRAPEZ

10 - PLANI - PATZA

3 - 25# STAMPED FLOOR GRout

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
TOTAL AMOUNT \$	

DATE COMPLETED: 1 WORK ORDERED BY:

I hereby acknowledge the satisfactory completion of the above described work.

No one home Total amount due for above work; or

Total billing to be mailed when job finished

Signature: *[Signature]* 1-14-06

FORM 3868 MADE IN U.S.A.

JOB WORK ORDER

498
TRA

DATE OF ORDER

STARTING DATE	1/12/06
ORDER TAKEN BY	
MECHANIC	RD
PHONE	356-8424
MECHANIC	RD
BILL TO	PK DENNIS (PKD INC)
ADDRESS	500 E. BARRELL RD
CITY	URBANA IL
JOB NAME AND LOCATION	MAYOR Co. Nursing Home
JOB PHONE	

- DAY WORK
- CONTRACT
- EXTRA

DESCRIPTION OF WORK

BACK 2X2 BASE AND FLOOR TREE
WALLS THAT WAS TORN OUT
MADE ISSUE

TRENCHES ALONG WALLS FOR BASE

16 MAN HRS.

2X2 BUILT UP BASE

INSIDE CMRS

OUTSIDE CMRS

BUCKET OF MASTIC

10 50# THIN SET MORTAR

PLANI PATZ

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
TOTAL AMOUNT \$	

DATE COMPLETED: 1 WORK ORDERED BY:

I hereby acknowledge the satisfactory completion of the above described work.

No one home Total amount due for above work; or

Total billing to be mailed when job finished

Signature: *[Signature]* 1-14-06

FORM 3868 MADE IN U.S.A.

ORIGINAL

ORIGINAL

JOB WORK ORDER

JOB WORK ORDER

TRA
 ORDER NO. 148 PHONE 356-8424 MECHANIC HELPER STARTING DATE 1/11/06
 ORDER TAKEN BY
 DEMARS
 E. BARTZEL RD.
 BANA IL.
 CHAMPAIGN Co. Nursing Home
 JOB PHONE

EXTRA
 CUSTOMER'S ORDER NO. 27948 PHONE 356-8424 MECHANIC HELPER STARTING DATE 1/11/06
 BILL TO PK. DEMARS
 ADDRESS 500 E. BARTZEL RD.
 CITY URBANA IL.
 JOB NAME AND LOCATION CHAMPAIGN Co. Nursing Home
 JOB PHONE

DESCRIPTION OF WORK:
 REPAIR TILE IN Shower Rooms (MOLD ISSUE)
 264 MAN HRS.
 3/4 WALL TILE
 3 1/2 BUCKETS OF MASTIC
 PCS. ALMOND PN. WALL TILE
 - BN. CNRS.

DESCRIPTION OF WORK:
 REPAIR TILE IN Shower Room (MOLD ISSUE)
 16 TOTAL MAN HRS.
 225-5/8 ALMOND WALL TILE
 90-PCS ALMOND BN. TILE TRIM
 4-PCS ALMOND BN. CNRS.
 4- 3/4 gal. BUCKETS OF MASTIC
 5- 5 LB. BAGS OF ALPINE WHT. WALL GROUT

TOTAL MATERIALS		
TOTAL LABOR		
TAX		
TOTAL AMOUNT \$		

TOTAL MATERIALS		
TOTAL LABOR		
TAX		
TOTAL AMOUNT \$		

DATE COMPLETED 1/11/06
 WORK ORDERED BY
 I hereby acknowledge the satisfactory completion of the above described work.
 Signature: [Signature]
 No one home Total amount due for above work; or Total billing to be mailed when job finished
 MADE IN U.S.A.

DATE COMPLETED 1-11-06
 WORK ORDERED BY
 I hereby acknowledge the satisfactory completion of the above described work.
 Signature: [Signature]
 No one home Total amount due for above work; or Total billing to be mailed when job finished
 MADE IN U.S.A.

ORIGINAL

ORIGINAL

01/31/06 17:02 FAX 217 359 1772 TILE SPECIALIST

004

JOB WORK ORDER

DATE OF ORDER: **EXTRA**

CUSTOMER'S ORDER NO. **27948** PHONE **356-8424** MECHANIC **R.D.** STARTING DATE **1/9/06**

BILL TO **PK DENNIS** HELPER **J.E.** ORDER TAKEN BY

ADDRESS **500 E. BERTZ RD.** DAY WORK

CITY **URBANA IL.** CONTRACT

JOB NAME AND LOCATION **CHAMBERLAIN MESSING HOME** EXTRA

JOB PHONE

DESCRIPTION OF WORK

REMOVE TILE IN Shower Room (MOLD ISSUE)

14 - MAN HRS.

100 - S/F WALL TILE ALMOND

75 Pcs ALMOND BN. WALL TILE

2 - 3 1/2 gal. BOARDS MASTIC

2 - BUL. G.M.S.

3 - 5 LB. BAGS MAINT. COBALT

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
TOTAL AMOUNT	\$

DATE COMPLETED: **1/1** WORK ORDERED BY:

I hereby acknowledge the satisfactory completion of the above described work

Total amount due for above work; or

Total billing to be made when job finished

Signature: *[Signature]*

FORM 3888

MADE IN U.S.A.

ORIGINAL

JOB WORK ORDER

DATE OF ORDER: **EXTRA**

CUSTOMER'S ORDER NO. **27948** PHONE **356-8424** MECHANIC **R.D.** STARTING DATE **1/4/06**

BILL TO **PK DENNIS** HELPER **J.E.** ORDER TAKEN BY

ADDRESS **500 E. BERTZ RD.** DAY WORK

CITY **URBANA IL.** CONTRACT

JOB NAME AND LOCATION **CHAMBERLAIN MESSING HOME** EXTRA

JOB PHONE

DESCRIPTION OF WORK

REPAIR of MOLD ABATEMENT

REPAIR of FLOORS.

TOTAL HOURS: 1.5

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
TOTAL AMOUNT	\$

DATE COMPLETED: **1/1** WORK ORDERED BY:

I hereby acknowledge the satisfactory completion of the above described work

Total amount due for above work; or

Total billing to be made when job finished

Signature: *[Signature]*

FORM 3888

MADE IN U.S.A.

ORIGINAL

JOB WORK ORDER

DATE OF ORDER: 1/03/06

EXTRA

ORDER NO. 14/B

PHONE

MECHANIC

HELPER

STARTING DATE: 1/1

ORDER TAKEN BY

DAY WORK

CONTRACT

EXTRA

LOCATION: D INC.

JOB NAME AND LOCATION: ...

JOB PHONE: ...

REPAIR ON 12/19/05 (MOOD ISSUE)

32 MAN HRS.

TEAR OUT ON 12/20/05 36 MAN HRS.

REPLACE (WALL) 12/30/05 12 MAN HRS.

REPLACE (WALLS) 1/03/06 16 MAN HRS.

of ALMOND FLOOR TILE Rooms 149+ 113

of BULL MOOSE TILE TRAMA

1/2 gal. BULL MOOSE TILE ADH.

3 BAGS W/SANDED WALL TILE GRUNT

DATE COMPLETED: 1/1

WORK ORDERED BY: ...

TOTAL MATERIALS

TOTAL LABOR

TOTAL AMOUNT \$

TOTAL BILLING TO BE MAILED WHEN JOB FINISHED

Signature: ...

1/4/06

FORM 3566

MADE IN U.S.A.

ORIGINAL

JOB WORK ORDER

DATE OF ORDER: 1/4/06

EXTRA

CUSTOMERS ORDER NO. C-27948

PHONE

MECHANIC

HELPER

STARTING DATE: 1/1

ORDER TAKEN BY

DAY WORK

CONTRACT

EXTRA

LOCATION: PKD INC.

JOB NAME AND LOCATION: CHAMPAIGN CO. MESSING (HONEY)

JOB PHONE: ...

DESCRIPTION OF WORK: TILE REPLACE (ALMO. ISSUES)

WALL TILE + BASE 16 MINUTES

65% WALL TILE (ALMOND)

42 PCS BULLMOOSE

44 LF 2X2 BASE

7 INSIDE CURBS

2 OUTSIDE BASE CURBS

10 SF 2X2 FLOOR TILE

1 - 5/8" BAG THINSET

1 - 25# PORTLAND CEMENT SANDY GRUNT

1 - 3/4" GAL. WALL TILE MASTIC

1 - ROLL MESH LAINT TAPE

DATE COMPLETED: 1/1

WORK ORDERED BY: ...

TOTAL MATERIALS

TOTAL LABOR

TOTAL AMOUNT \$

TOTAL BILLING TO BE MAILED WHEN JOB FINISHED

Signature: ...

1/4/06

FORM 3566

MADE IN U.S.A.

ORIGINAL

JOB WORK ORDER

27498
DATE OF ORDER
~~27498~~ EXTRA

CUSTOMER'S ORDER NO. A1204448	PHONE	MECHANIC B.S.W.	HELPER	STARTING DATE 12/23/05
BILL TO Champaign Co. Nursing				
ADDRESS 500 E. BARTLETT				
CITY URBANA ILL.				
JOB NAME AND LOCATION				
JOB PHONE			<input type="checkbox"/> DAY WORK <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> EXTRA	

DESCRIPTION OF WORK
CORE 1

REMOVAL OF MOLD REMEDIATION MATERIALS ON FLOOR

TOTAL HOURS: 2.5

DATE COMPLETED	WORK ORDER NO.
TOTAL MATERIALS	TOTAL LABOR
TOTAL AMOUNT \$	TAX

I hereby acknowledge the work described in this order at the above described job.

Signature: *[Signature]*

NO WORK NAME Total amount due for above work, or job finished when job finished

MADE IN U.S.A.

JOB WORK ORDER

27498
DATE OF ORDER
~~27498~~ EXTRA

ORDER NO. 12/22/05	PHONE	MECHANIC B.S.W.	HELPER	STARTING DATE 12/22/05
BILL TO Champaign Co. Nursing				
ADDRESS 500 E. BARTLETT				
CITY URBANA ILL.				
JOB NAME AND LOCATION				
JOB PHONE			<input type="checkbox"/> DAY WORK <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> EXTRA	

DESCRIPTION OF WORK
CORE 1

REMOVAL OF MOLD REMEDIATION MATERIALS ON FLOORS

TOTAL HOURS: 4

DATE COMPLETED	WORK ORDER NO.
TOTAL MATERIALS	TOTAL LABOR
TOTAL AMOUNT \$	TAX

I hereby acknowledge the work described in this order at the above described job.

Signature: *[Signature]*

NO WORK NAME Total amount due for above work, or job finished when job finished

MADE IN U.S.A.

ORIGINAL

ORIGINAL

JOB WORK ORDER

27198
DATE OF ORDER
6-27-08 EXTRA

CUSTOMER'S ORDER NO. BILL TO AL KENNEDY	PHONE	MECHANIC BSW	STARTING DATE 12/21/05
ADDRESS CHAMPAIN CO. NURSING	HELPER	CITY SPRINGFIELD	ORDER TAKEN BY
CITY SPRINGFIELD	JOB NAME AND LOCATION KURNS 12/21/05	JOB PHONE	<input type="checkbox"/> DAY WORK <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> EXTRA

DESCRIPTION OF WORK:
CORE /
REMOVAL OF MOLD ABATEMENT
MATERIAL ON FLOORS.
TOTAL HOURS: 8

TOTAL MATERIALS	TOTAL LABOR	TOTAL AMOUNT \$
	TAX	

DATE COMPLETED: WORK ORDER BY:

I hereby acknowledge the satisfaction of the work in the above description.

Signature: *Alan Spudis*

No one home
 Total billing to be marked when job finished
 Total amount due for above work, or job finished

MADE IN U.S.A.

ORIGINAL

JOB WORK ORDER

27198
DATE OF ORDER
6-27-08 EXTRA

ORDER NO. 11847	PHONE	MECHANIC BSW	STARTING DATE 12/20/05
ADDRESS CHAMPAIN CO. NURSING	HELPER	CITY SPRINGFIELD	ORDER TAKEN BY
CITY SPRINGFIELD	JOB NAME AND LOCATION ES 12/20/05	JOB PHONE	<input type="checkbox"/> DAY WORK <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> EXTRA

DESCRIPTION OF WORK:
~~CORE~~ /
REMOVAL OF MOLD ABATEMENT
MATERIAL ON FLOORS.
TOTAL HOURS: 8

TOTAL MATERIALS	TOTAL LABOR	TOTAL AMOUNT \$
	TAX	

DATE COMPLETED: WORK ORDER BY:

I hereby acknowledge the satisfaction of the work in the above description.

Signature: *Alan Spudis*

No one home
 Total amount due for above work, or job finished
 Total billing to be marked when job finished

MADE IN U.S.A.

ORIGINAL

JOB WORK ORDER

DATE OF ORDER: **C-27498 EXTRA**

ORDER NO. **W HART** PHONE: _____ MECHANIC: **B.S.W** STARTING DATE: **12/16/05**

CLIENT: **AMPAIGN CO NURSING** ORDER TAKEN BY: _____

ADDRESS: **J E BARTLETT RD**

CITY: **URBANA** STATE: **IL**

JOB NAME AND LOCATION: _____

DATE: **MON. 12/16/05** JOB PHONE: _____

DESCRIPTION OF WORK: **CORE**

REMOVAL OF MOULD ABATEMENT MATERIAL ON FLOORS.

TOTAL HOURS: 8

DAY WORK
 CONTRACT
 EXTRA

DATE COMPLETED: _____ WORK ORDERED BY: _____

TOTAL MATERIALS: _____

TOTAL LABOR: _____

TAX: _____

TOTAL AMOUNT \$: _____

No one home Total amount due for above work, or Total billing to be made when job finished

Signature: *Alan Schubert*

FORM 386B MADE IN U.S.A.

ORIGINAL

JOB WORK ORDER

DATE OF ORDER: **C-27498 EXTRA**

ORDER NO. **AL REINHART** PHONE: _____ MECHANIC: **R.S.W** STARTING DATE: **12/19/05**

CLIENT: **Champion Co Nurses, Inc** ORDER TAKEN BY: _____

ADDRESS: **500 E BARTLETT**

CITY: **URBANA** STATE: **IL**

JOB NAME AND LOCATION: _____

DATE: **MON. 12/19/05** JOB PHONE: _____

DESCRIPTION OF WORK: **CORE**

REMOVAL OF MOULD ABATEMENT MATERIAL ON FLOORS.

TOTAL HOURS: 8

DAY WORK
 CONTRACT
 EXTRA

DATE COMPLETED: _____ WORK ORDERED BY: _____

TOTAL MATERIALS: _____

TOTAL LABOR: _____

TAX: _____

TOTAL AMOUNT \$: _____

No one home Total amount due for above work, or Total billing to be made when job finished

Signature: *Alan Schubert*

FORM 386B MADE IN U.S.A.

ORIGINAL

JOB WORK ORDER

DATE OF ORDER
C-27498 EXTRA

CUSTOMER'S ORDER NO. AL REN HART	PHONE	MECHANIC BSW	STARTING DATE 12/15/05
BILL TO Champ. Co. NURSING	HELPER	ORDER TAKEN BY	<input type="checkbox"/> DAY WORK <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> EXTRA
ADDRESS 500 E BARTLETT RD			
CITY URBANA, IL			
JOB NAME AND LOCATION	JOB PHONE		

DESCRIPTION OF WORK
 THURS. 12/15/05
 CORE 1
 REMOVAL OF MOLD ABATEMENT
 MATERIALS ONLY FLOOR.
 TOTAL HOURS: 8

DATE COMPLETED	WORK ORDERED BY
TOTAL MATERIALS	TOTAL LABOR
TOTAL LABOR	TAX
TOTAL AMOUNT \$	TOTAL AMOUNT \$

Signature: *Ala. Hart*

No one home
 Total amount due for above work, or Total billing to be mailed when job finished

JOB WORK ORDER

DATE OF ORDER
C-27498 EXTRA

CUSTOMER'S ORDER NO. AL REN HART	PHONE	MECHANIC BSW	STARTING DATE 12/14/05
BILL TO Champ. Co. NURSING	HELPER	ORDER TAKEN BY	<input type="checkbox"/> DAY WORK <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> EXTRA
ADDRESS E BARTLETT RD			
CITY URBANA, IL			
JOB NAME AND LOCATION	JOB PHONE		

DESCRIPTION OF WORK
 THURS. 12/14/05
 CORE 1
 REMOVAL OF MOLD ABATEMENT
 MATERIALS ONLY FLOOR.
 TOTAL HOURS: 8

DATE COMPLETED	WORK ORDERED BY
TOTAL MATERIALS	TOTAL LABOR
TOTAL LABOR	TAX
TOTAL AMOUNT \$	TOTAL AMOUNT \$

Signature: *Ala. Hart*

No one home
 Total amount due for above work, or Total billing to be mailed when job finished

270

ORIGINAL

ORIGINAL

INTERGOVERNMENTAL AGREEMENT BETWEEN
CHAMPAIGN COUNTY AND THE URBANA PARK DISTRICT
RELATING TO CURRENT DEVELOPMENT
IN THE WATERSHEDS WHICH INCLUDE PARTS
OF THE COUNTY’S EAST CAMPUS AND THE
DISTRICT’S WEAVER AND PRAIRIE PARKS

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THIS INTERGOVERNMENTAL AGREEMENT is made as of the date below the signature of the last entity to sign it (“effective date”), by and between the Urbana Park District (“Park District”), a special district organized under the laws of the State of Illinois; and the County of Champaign, Illinois, (“County”), a corporate and body politic organized under the laws of the State of Illinois.

This Intergovernmental Agreement sets forth certain agreements between Champaign County, Illinois and the Urbana Park District that developed from discussions

between the staff of Champaign County, the Urbana Park District, Unit 116 Urbana Schools, the City of Urbana, Urbana Township and St. Joseph Drainage District Number 3 concerning development issues in the area of the County's east campus area. Those current development issues including the need for either a renovated or new facility for the County Nursing Home, the need for additional athletic playing fields for Park District programs, the development of the new Weaver Park site, and surface flooding problems in Scottswood Subdivision because of the lack of sufficient infrastructure.

The staffs of the governmental units have been meeting for several years to develop comprehensive approaches to the current development issues that would maximize the benefits for the public and minimize the costs by coordinating the planning, design and construction of facilities. As a result of the discussions, the new County Nursing Home has been sited next to the new park site (Weaver Park) to minimize the distance between the Nursing Home and the Park thereby providing to the nursing home residents and employees views over park land and access to the natural areas that will be developed in the park. Minimizing the distance between the new Nursing Home and Park also will help with the collaborative approach to water issues envisioned by this intergovernmental agreement.

As a further result of the discussions, agreement has been reached that movement via paths, bike paths and roads will be coordinated between the County's east campus and the park so that citizens, nursing home residents and County employees at the various buildings on the County's east campus can access the park conveniently.

Also Unit 116 Urbana Schools and Urbana Park District will benefit from planning shared parking and access, access to park land for students and joint use of athletic facilities.

As a result of the discussions, grant applications have been made and further grant applications are planned to obtain funding assistance to develop and implement collaborative approaches to addressing current development issues in the area.

WHEREAS, pursuant to Article VII, Section 10 of the Illinois Constitution of 1970, and 5 ILCS 220/1, et seq., the parties to this contract are authorized to enter into an intergovernmental agreement;

WHEREAS, the County has the power to construct and maintain a nursing home (55 ILCS 5/5-22001; 55 ILCS 5/5-25001) and to provide necessary county buildings (55 ILCS 5/5-1106); and the Park District has the power to manage and control all property of the Park District (70 ILCS 1205/8-1(f));

WHEREAS, there are current development issues at the County's East Campus and the District's Weaver Park that it is in the public's best interest the two government entities coordinate;

NOW, THEREFORE, it is agreed as follows:

1. WEAVER PARK MASTER PLAN:

Background: The Urbana Park District acquired the Weaver Park site in 2003. The site contains 60 acres, 8 of which are wooded, a remnant of the Big Grove, 2-3 of which are low lying and periodically wet and the balance is former grain fields. The Park District named the park in honor of Stanley Weaver, a former state senator from Urbana who strongly supported education and parks as a legislator. The park district is

developing a plan for the park site and is agreeable to incorporating into the plan a permanent watershed management facility that will accept rain water flow from the area adjacent to Weaver Park on which the County is building a new nursing home and parking lots and from the North Main Street and Prairie Park areas that are currently causing periodic surface flooding problems in Scottswood Subdivision.

a. The Park District agrees to retain JJR, Inc. to develop a conceptual master plan for Weaver Park with the plan to include a watershed management facility using green design principles.

b. The county agrees to pay a portion of the cost for the preparation of a conceptual master plan for Weaver Park done by Smith Group/JJR, Inc.

c. The plan will be considered a concept plan that both agencies can use for current and future planning projects.

d. The Park District and County will strive to achieve the goals of Illinois Department of Commerce and Economic Opportunity Grant Number 04-24255 (“Grant # 04-24255”) in the Weaver Park Master Plan.

2. TEMPORARY WATERSHED MANAGEMENT FACILITY:

Background: During the construction of the new County Nursing Home, a temporary watershed management facility is needed by the County and the Park District is agreeable to the County building a temporary watershed management facility in Weaver Park with the understanding that as soon as the construction of the nursing home is completed, the temporary facility will be replaced by a permanent watershed management facility as described hereafter and the area where the temporary facility was located developed as called for in the park's master plan.

a. The Park District agrees to allow a temporary watershed management facility to be constructed in Weaver Park to serve as an interim site for water originating on the nursing home construction site and for a reasonable period of time after the completion of the construction of the new nursing home to allow for the construction of a permanent watershed management facility but not past July 1, 2007 without the future written consent of the Park District Board.

b. The Park District and the County shall each approve the location and design of the temporary watershed management facility at Weaver Park prior to any construction thereon.

c. The Park District will allow pipes to be installed in Prairie Park to facilitate runoff from the proposed County nursing home facility along the north/south boundary between County property and Prairie Park.

d. The temporary watershed management facility will be located and designed in accordance with state and federal law and City of Urbana ordinances.

e. The County will be responsible for the reasonable costs associated with planning, designing and constructing the temporary watershed management facility.

f. During construction, the County agrees to protect from erosion any disturbed soils in the park.

g. Berns, Clancy, & Associates, or a successor mutually agreed upon by the parties, shall be used as professional consultants to design the proposed temporary watershed management facility.

h. During the time the temporary watershed management facility is being used, the County agrees to establish and keep in place on the facility including the temporary swales ground cover in materials acceptable to the Park District.

3. COUNTY NURSING HOME CONSTRUCTION SOIL:

Background: Because the new nursing home is being constructed adjacent to the park site and the park site is undeveloped, it is most convenient and cheapest for the County to use the park site to store construction related soil.

a. The Urbana Park District agrees to allow the County to temporarily store County Nursing Home construction related soil on Weaver Park in a mutually agreeable location and quantities.

b. The County agrees to protect soil piles from water and wind erosion with silt fencing, plants and/or other soil conservation as required by City of Urbana Ordinances.

c. With the District's permission, high quality topsoil may be left in Weaver Park. If the District does not want the topsoil, the County agrees to remove it from Weaver Park upon completion of the nursing home project and return storage site to original condition.

d. The County agrees to remove clay, rock, gravel, hardpan soils and or construction debris from Weaver Park upon completion of the nursing home project.

4. PERMANENT WATERSHED MANAGEMENT FACILITY:

Background: The construction of the new nursing home and parking lots for the nursing home adjacent to Weaver Park will increase the rain water flow from the site which necessitates the planning and construction by the County of a facility to handle the

increased flow. In Weaver Park there are 2-3 acres that are low lying and periodically wet and that could be developed into a wetland natural wildlife habitat if more water was channeled into the area. By the Park District agreeing to allow the County to build a facility to manage the increased water flow from the new nursing home site in Weaver Park, the County will not have to devote County land to construct a retention area. By agreeing to incorporate water from the North Main street area in the City of Urbana and water from Prairie Park, the surface flooding problems in Scottswood Subdivision are being addressed. By accepting the additional water flow from the new nursing home site into Weaver Park through pipes and surface storage, a wetland environment can be created in the park to filter and clean the water and serve as a bird and wildlife sanctuary and as an educational site for the citizens of the area.

a. Berns, Clancy & Associates, JJR, LLC and AES or successors mutually agreed upon by the parties shall be hired to design the permanent watershed management area. The expenses for the work of the engineering firm of Berns, Clancy, & Associates will be paid by the County. The expenses for the services of JJR and AES will be paid by the Urbana Park District with a possible contribution from the County.

b. Sustainable design principles will be used in the design of the permanent watershed management facility and it will also be located, designed and constructed in accordance with state laws, federal laws and City of Urbana ordinances and for a large rainfall event (e.g., a 10 year flood).

c. The Park District agrees to allow a permanent watershed management facility to be constructed in Weaver Park sufficient in size and suitable in location to

meet the current runoff needs of the two identified watersheds in and around Weaver Park.

d. The County agrees to start construction of the permanent watershed management facility as soon as the design plans have been completed and approved by both the Park District and the County and the construction of the new nursing home and its parking lots have been completed and complete the permanent watershed management facility no later than July 1, 2007.

e. The County agrees to be responsible for all construction costs of the permanent watershed management facility including preparation of areas for planting watershed management plants, the costs of those plants and the planting and establishment of those plants.

f. The soil removed and moved as a result of construction of the permanent watershed management facility will be stored and re-distributed to obtain optimum distribution of soil types to support future park development.

g. As to the cost of maintaining the permanent watershed management facility, the City of Urbana will be responsible for the annual inspection and maintenance of the piping and related infrastructure within the easement area granted to the City by the Park District. The County agrees to pay to the Park District on an annual basis the Park District's costs for maintenance of plant cover, silt removal, dredging, erosion control, and removal of exotic species in the permanent watershed management facility and the Park District agrees to be responsible for said maintenance.

h. The County agrees to provide drainage improvements (including abatement for any seasonal flooding) to accommodate drainage onto Prairie Park from the existing soccer/football fields east of the Brookens Administrative Center.

5. TREES:

a. Trees in Prairie Park and Weaver Park will be protected during construction of the proposed nursing home and the temporary and permanent storm water facilities.

b. The County can request Park District permission to remove park trees and the District agrees to grant requests it finds reasonable.

c. City of Urbana ordinances establishing tree protection standards will be followed prior to and during construction and/or grading by the County on or immediately adjacent to Weaver Park.

6. BICYCLE AND PEDESTRIAN PATHS:

a. The Park District and the County agree to coordinate the planning, design, and construction, as deemed appropriate, of all roads, parking and/or bicycle/pedestrian pathways on the County's East Campus, Weaver Park, and Prairie Park, with the intent of providing mutual benefits to both agencies and the public.

b. Joint use of any roads, parking, and/or bicycle/pedestrian pathways will be encouraged.

c. Agreements reached as to right-of-way access, construction easements, construction scheduling, cost-sharing and/or other matters will be set forth in separate intergovernmental agreements between the Park District and the County.

7. LIGHTING:

The County acknowledges that various lights will need to be installed in Weaver Park to provide lighting for park features, the athletic fields, athletic events and to provide security.

8. CANADAY PARK:

Background: For a number of years, the County has leased part of the East Campus to the park district for a softball field. The parties agree as follows:

- a. The Park District will continue the use of Canaday Park pursuant to and subject to any lease agreement between the Park District and the County.
- b. The County agrees to allow parking and access to Canaday Park for Park District-related programs, events, and/or public use.
- c. Temporary parking, electric utility access, right-of-way access to/for use of Canaday Park will be provided on adjacent County property. The County will provide parking and/or site access as close as practicable to the existing Canaday Park site.

9. TECHNICAL ASSISTANCE WITH LANDSCAPING PLANS:

To blend the appearance of the new nursing home site with Weaver Park, the Park District agrees to review the County's landscaping plans for the new nursing home site and advise the County on trees and other plant materials to use with preference being given to appropriate native plants.

10. CONTACT PERSONS:

- d. The Park District's contact person will be the Executive Director of the District.
- e. The County's contact person will be the County Administrator.

f. Either party may designate some other contact person to coordinate its efforts under this agreement by a written resolution of its governing board, delivered by certified mail to the most recently designated contact person for the other party.

URBANA PARK DISTRICT

CHAMPAIGN COUNTY BOARD

By: _____
Board President

By: _____
County Board Chair

Attest: _____
Board Secretary

Attest: _____
County Clerk

Date: _____

Date: _____



Champaign County Highway Dept.
Brookens Administration Center
1776 E. Washington Street
Urbana, IL 61802
Attn: Denny Inman

December 15, 2005
Invoice No: 127122
Project No: 053015.400

Principals
L. Eugene Dillow, AIA
John R. Drayton, AIA
Michael E. Cardinal, AIA
Randall L. West, AIA
Samuel J. Johnson, AIA
Steven T. Oliver, AIA

Associates
Scott M. Likins, AIA
Bruce L. Maxey, AIA
Barbara Meek, AIA
Mark A. Ritz, AIA
Timothy J. McGrath, AIA
John S. Whitlock, AIA
R. Carson Durham, AIA

Re: Champaign Cty Fleet Maintenance Highway Facility

For professional services rendered for the period November 18, 2005 to December 11, 2005 for the referenced project.

<u>Description</u>	<u>Contract Amount</u>	<u>% Work To Date</u>	<u>Amount Billed</u>	<u>Previous Billed</u>	<u>This Inv Billed</u>
PROGRAMMING	75,000.00	100.00%	75,000.00	75,000.00	0.00
SCHEMATIC DESIG	67,500.00	30.00%	20,250.00	0.00	20,250.00
DESGN DEVELPMNT	90,000.00	0.00%	0.00	0.00	0.00
CONST DOCUMENTS	180,000.00	0.00%	0.00	0.00	0.00
BID/NEGOTIATION	22,500.00	0.00%	0.00	0.00	0.00
CONST ADMIN	90,000.00	0.00%	0.00	0.00	0.00
	<u>1,396.00</u>	<u>0.00%</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Total Fix Fee	526,396.00		95,250.00	75,000.00	20,250.00

Invoice Total \$20,250.00

Due and payable upon receipt. Subject to finance charge of 1% per month after 30 days.

Over 75 Years of Architecture

100 merchant street
 decatur, illinois 62523
 phone 217 429-5105

2104 west springfield avenue
 champaign, illinois 61821
 phone 217 356-9606

115 west jefferson, suite 103
 bloomington, illinois 61701
 phone 309 828-5025

833 west jackson, suite 100
 chicago, illinois 60607
 phone 312 829-1987



Champaign County Highway Dept.
Brookens Administration Center
 1776 E. Washington Street
 Urbana, IL 61802
 Attn: Denny Inman

January 4, 2006
 Invoice No: 217047
 Project No: 053015.400

Principals
 L. Eugene Dillow, AIA
 John R. Drayton, AIA
 Michael E. Cardinal, AIA
 Randall L. West, AIA
 Samuel J. Johnson, AIA
 Steven T. Oliver, AIA

Associates
 Scott M. Likins, AIA
 Bruce L. Maxey, AIA
 Barbara Meek, AIA
 Mark A. Ritz, AIA
 Timothy J. McGrath, AIA
 John S. Whitlock, AIA
 R. Carson Durham, AIA

Re: Champaign Cty Fleet Maintenance Highway Facility

For professional services rendered for the period December 12, 2005 to January 1, 2006 for the referenced project.

Description	Contract Amount	% Work To Date	Amount Billed	Previous Billed	This Inv Billed
PROGRAMMING	75,000.00	100.00%	75,000.00	75,000.00	0.00
SCHEMATIC DESIG	67,500.00	40.00%	27,000.00	20,250.00	6,750.00
DESIGN DEVELOPMNT	90,000.00	0.00%	0.00	0.00	0.00
CONST DOCUMENTS	180,000.00	0.00%	0.00	0.00	0.00
BID/NEGOTIATION	22,500.00	0.00%	0.00	0.00	0.00
CONST ADMIN	90,000.00	0.00%	0.00	0.00	0.00
	1,396.00	0.00%	0.00	0.00	0.00
Total Fix Fee	526,396.00		102,000.00	95,250.00	6,750.00

Vendor	Invoice #	Inv. Amt.	Memo
Parsons Brinckerhoff Quade & Douglas	0012005	2,102.58	Direct Expenses
		2,102.58	

Invoice Total \$8,852.58

Due and payable upon receipt. Subject to finance charge of 1% per month after 30 days.

Over 75 Years of Architecture

- 100 merchant street
 decatur, illinois 62523
 phone 317 420 5105
- 2104 west springfield avenue
 champaign, illinois 61821
 phone 217 356-9806
- 115 west jefferson, suite 103
 bloomington, illinois 61701
 phone 309 828-6025
- 833 west jackson, suite 100
 chicago, illinois 60607
 phone 312 829-1987



**Parsons
Brinckerhoff
Quade &
Douglas, Inc.** 11757 Katy Freeway
Suite 600
Houston, TX 77079
281-558-7273
Fax: 281-558-7282

INVOICE

December 1, 2005

Mr. Mark Ritz
BLDD Architects, Inc.
2104 W. Springfield Avenue
Champaign, IL 61820

RE: Champaign, IL - Programming, Concept Plan Development, Design Guideline Document, Quality Control Services, Equipment Specifications, Layout and Cost Estimating
PBQD Project Number 16815FFD
PBQD Invoice Number 2 (RA#283182), Period End November 25, 2005

	<u>Budget</u>	<u>% Complete</u>	<u>Cost to Date</u>	<u>Previously Invoiced</u>	<u>Cost Due This Period</u>
Task 1 - Programming	\$17,998	100%	\$17,998.00	\$17,998.00	\$0.00
Task 2 - Schematic Design	\$2,385	100%	\$2,385.00	\$2,385.00	\$0.00
Task 3 - Design Development	\$11,258	0%	\$0.00	\$0.00	\$0.00
Task 4 - Construction Documents	\$11,258	0%	\$0.00	\$0.00	\$0.00
Task 5 - Bldg & Construction	\$9,406	0%	\$0.00	\$0.00	\$0.00
Totals	\$52,305		\$20,383.00	\$20,383.00	
Direct Expenses (Actuals)	\$4,251	Actuals	\$4,251.07	\$2,148.49	\$2,102.58

Total Due This Invoice: \$2,102.58

In our continuing effort to improve efficiency and reduce and monitor cost, Parsons Brinckerhoff has instituted a "Lock Box" arrangement to receive payment of invoices. Please remit payment of this invoice in the enclosed pre-printed envelope addressed to:

Parsons Brinckerhoff
P.O. Box 51615
Los Angeles, CA 90051-5915

A duplicate copy of the invoice sheet is provided so that you may include it with our payment check. Your cooperation is appreciated. Please contact me directly at (281) 558-7273 if there are any further questions.

Sincerely,

Matthew Geyer
Project Manager

**Over a Century of
Engineering Excellence**

Champaign County Physical Plant
 Monthly Report -
 January, 2006
 (as of February 1, 2006)

	Original Budget Amount	Current Budget Amount	Year to Date Expenditures	Balance	% of Current Budget Spent	Last Month
Commodities	\$72,668.00	\$73,498.00	\$15,936.76	\$57,561.24	21.68%	
Cths R & M	\$22,716.00	\$21,886.00	\$6,299.40	\$15,586.60	28.78%	
Downtown Jail R & M	\$28,189.00	\$33,672.00	\$10,834.98	\$22,837.02	32.18%	
Satellite Jail R & M	\$29,087.00	\$29,087.00	\$5,355.41	\$23,731.59	18.41%	
1905 R & M	\$10,718.00	\$15,195.00	\$8,263.25	\$6,931.75	54.38%	
JDC R & M	\$13,503.00	\$13,503.00	\$1,976.53	\$11,526.47	14.64%	
Brookens R & M	\$26,760.00	\$26,760.00	\$2,785.59	\$23,974.41	10.41%	
Other Bldgs R & M	\$15,500.00	\$15,386.00	\$842.61	\$14,543.39	5.48%	
Gas Service	\$240,555.00	\$253,208.00	\$64,964.18	\$188,243.82	25.66%	
Electric Service	\$582,610.00	\$591,098.00	\$42,341.74	\$548,756.26	7.16%	
Water Service	\$30,972.00	\$30,972.00	\$3,295.61	\$27,676.39	10.64%	
Sewer Service	\$32,987.00	\$32,987.00	\$1,353.91	\$31,633.09	4.10%	
All other services	\$198,187.00	\$198,301.00	\$48,599.23	\$149,701.77	24.51%	
Equipment	\$0.00	\$0.00	\$0.00	\$0.00		
Brookens Remodel	\$0.00	\$75,500.00	\$80.38	\$75,419.62	0.11%	

285

Building Grounds Maintenance work hour comparison

FY2006

Weekly Period	Repair & Maintenance	Scheduled Maintenance	Nursing Home	Special Project	TOTAL	
Dec 4- 10, 2005	310.5	8.0	0.0	32.0	350.5	
Dec 11-17, 2005	297.5	16.0	3.0	44.5	361.0	
Dec 18-24, 2005*	248.0	9.5	4.0	24.0	285.5	One employee resigned effective 12/16/05
Dec 25-31, 2005*	168.0	0.0	0.0	32.0	200.0	
Jan 1-7, 2006*	195.0	16.0	0.0	28.0	239.0	
Jan 8-14, 2006	287.0	8.0	4.5	36.3	335.75	
Jan 15-21, 2006*	263.0	8.0	0.0	32.0	303.0	Full staffed effective 1/17/06
Jan 22-28, 2006	306.0	8.0	2.0	40.0	356	

289

*week includes a holiday
 One work week: 395.0 hours

There are currently 320.89 comp time hours available to the maintenance staff

Total comp time hours earned in FY06 to date- 186.0

Total spent to date on overtime in FY06 - \$615.88

Prepared by: Ranae Wolken
 2/1/2006

Electric Utilities - FY2006

Period	Courthouse	204 E Main	502 S Lierman	JDC	1905 E Main	1701 E Main	1601 E Main	Nite Lite	Brookens	Monthly Totals
December	\$10,837.64	\$4,983.26	\$5,542.84	\$2,433.56	\$2,751.89	\$49.07	\$174.83	\$119.31	\$6,826.49	\$33,718.89
January			\$6,732.53		\$2,451.06		\$181.58			\$9,365.17
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
Total to Date	\$10,837.64	\$4,983.26	\$12,275.37	\$2,433.56	\$5,202.95	\$49.07	\$356.41	\$119.31	\$6,826.49	\$43,084.06

Prepared by Ranae Wolken
2/1/2006

Gas Utilities - FY2006

Period	Courthouse	204 E Main	502 S Lierman	JDC	1905 E Main	1601 E Main	1701 E Main	Brookens	Monthly Totals
December	\$17,053.32	\$6,522.37	\$12,970.65	\$35.50	\$2,448.57	\$652.06	\$1,196.47	\$8,826.10	\$49,705.04
January			\$12,788.08		\$1,825.21	\$645.85			\$15,259.14
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
Total to date	\$17,053.32	\$6,522.37	\$25,758.73	\$35.50	\$4,273.78	\$1,297.91	\$1,196.47	\$8,826.10	\$64,964.18

2008

Prepared by Ranae Wolken
2/1/2006

**Closed Meeting Minutes Review - County Facilities Committee -
February 7, 2006**

**Is it necessary to protect the public interest or privacy of an
individual?**

Date of Minutes	Yes, Keep Confidential	No, Place in Open Files
April 26,1990 <i>Performance Appraisal Subcommittee</i>		
November 21,1991 <i>Performance Appraisal Subcommittee</i>		
November 12,1992 <i>Performance Appraisal Subcommittee</i>		
June 30,1993 <i>Search Subcommittee for Physical Plant Dir.</i>		
July 7,1993 <i>Search Subcommittee for Physical Plant Dir,</i>		
November 6, 2001-#1		
November 6, 2001 - #2		
December 10, 2002		
January 6, 2004		
May 4, 2004		
June 8, 2004		
August 25, 2004 <i>Performance Appraisal Subcommittee</i>		
September 15, 2004 <i>Performance Appraisal Subcommittee</i>		
October 5, 2004		
May 10, 2005		
*August 23, 2005 Performance Appraisal Subcommittee		
*August 31, 2005 Performance Appraisal Subcommittee		
*October 12, 2005		

***Minutes not previously approved in semi-annual review.**



CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES

AMENDED COUNTY FACILITIES COMMITTEE -
2006 MEETING SCHEDULE & PROPOSED LOCATIONS

February 2, 2006

MONTH	DATE	LOCATION	MONTH	DATE	LOCATION
<u>January</u>	10 & 24	Brookens	<u>July</u>	11th	Animal Services
<u>February</u>	7th	New CCNH	<u>August</u>	8th	CAC
<u>March</u>	7th	Current CCNH	<u>September</u>	5th	EMERGENCY OPERATIONS CENTER
<u>April</u>	4th	Courthouse	<u>October</u>	3rd	JDC
<u>May</u>	2nd	Correctional Center	<u>November</u>	14th	Brookens
<u>June</u>	6th	Satellite Jail			