



CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY
 MWBE AND SDVOB COMPLIANCE AND PAYMENT REPORT

CONTRACTOR/GRANTEE: M.A. Bengloranni, Inc.
 ADDRESS: 1400 Jamesville Ave
 TOWN/COUNTY/ZIP: Syracuse NY 13210
 CONTACT PERSON: Mitch Carmody
 TELEPHONE: 315-475-9937
 EMAIL: mcarmody@mabinc.net

SIDA REPRESENTATIVE: _____
 CONTRACT/PROJECT NAME: CODA on Crouse
 CONTRACT/PROJECT #: _____
 PROJECT START DATE: March 2023
 PERCENT COMPLETE: _____
 ACTUAL COMPLETION DATE: _____

REPORTING PERIOD: Monthly for the Month of:
 Quarterly (Check Applicable):
 Quarter 1 (4/1-6/30) | Quarter 2 (7/1-9/30) | Quarter 3 (10/1-12/31) | Quarter 4 (1/1-3/31)

Attach MWBE and SDVOB payment applications, lien waivers and canceled checks as proof of payment to the identified MWBE's and SDVOB's.

This report should be completed and signed by an officer of the Reporting Company. Attach additional sheets if necessary.

PRIME CONTRACTOR, if different from above (Name, Address, Contact Person, Title and Phone # with area code)	PRIME CONTRACT AMOUNT	MWBE or SDVOB SUBCONTRACTOR (Name, Address, Contact Person, Title and Phone # with area code)	NYS CERTIFICATION (Check One)	DESCRIPTION OF SERVICES	CONTRACT AMOUNT	PAYMENTS PREVIOUSLY REPORTED	PAYMENTS ON CURRENT REPORT	TOTAL PAYMENTS TO DATE
Heber-Brewer Construction	\$953,283	M.A. Bengloranni 1400 Jamesville Ave Syracuse, NY 13210	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$ 0	\$ 0	\$ 0	\$ 0
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$

CERTIFICATION: I, Carrie Redden (Print Name), the Assistant Controller (Title) of the Reporting Company above, do certify that (i) I have read this Compliance Report and (ii) to the best of my knowledge, information and belief, the information contained herein is complete and accurate.

SIGNATURE: [Signature] DATE: 6/28/23

Submission of this form constitutes the Contractor's acknowledgement as to the accuracy of the information contained herein. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, suspension and/or termination of the Contract.



CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY
 MWBE AND SDVOB COMPLIANCE AND PAYMENT REPORT

CONTRACTOR/GRANTEE: Huber-Breuer Const. Co. Inc.
 ADDRESS: 148 Berwyn Ave.
 TOWN/COUNTY/ZIP: Syracuse, Onondaga 13210
 CONTACT PERSON: Susan Doregan
 TELEPHONE: 315 439 4997
 EMAIL: SDoregan@HB1872.Build

SIDA REPRESENTATIVE: _____
 CONTRACT/PROJECT NAME: CODA on lease
 CONTRACT/PROJECT #: _____
 PROJECT START DATE: March 2023
 PERCENT COMPLETE: _____
 ACTUAL COMPLETION DATE: _____

REPORTING PERIOD: Monthly for the Month of:
 Quarterly (Check Applicable):
 Quarter 1 (4/1-6/30) | Quarter 2 (7/1-9/30) | Quarter 3 (10/1-12/31) | Quarter 4 (1/1-3/31)

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PRIME CONTRACTOR, if different from above (Name, Address, Contact Person, Title and Phone # with area code)	PRIME CONTRACT AMOUNT	MWBE or SDVOB SUBCONTRACTOR (Name, Address, Contact Person, Title and Phone # with area code)	NYS CERTIFICATION (Check One)	DESCRIPTION OF SERVICES	CONTRACT AMOUNT	PAYMENTS PREVIOUSLY REPORTED	PAYMENTS ON CURRENT REPORT	TOTAL PAYMENTS TO DATE
	\$ 10,712,360	Titan Roofing Inc. 200 Topley St. Springfield MA 01104	<input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB	Membrane Roofing	\$ 1,189,580.	\$ 0	\$ 0	\$ 0
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$

CERTIFICATION: I, Susan Doregan (Print Name), the Project Coordinator (Title) of the Reporting Company above, do certify that (i) I have read this Compliance Report and (ii) to the best of my knowledge, information and belief, the information contained herein is complete and accurate.

SIGNATURE: _____

DATE: 7/14/23

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CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY
 MWBE AND SDVOB COMPLIANCE AND PAYMENT REPORT

CONTRACTOR/GRANTEE: Heber Brewer Contracting Co. Inc.
 ADDRESS: 148 Berwyn Ave.
 TOWN/COUNTY/ZIP: Syracuse Onondaga 13210
 CONTACT PERSON: Susan Donegan
 TELEPHONE: 315 439-9197
 EMAIL: SDonegan@HB1872.Build

SIDA REPRESENTATIVE: _____
 CONTRACT/PROJECT NAME: CODA on CPWSE
 CONTRACT/PROJECT #: _____
 PROJECT START DATE: March 2023
 PERCENT COMPLETE: _____
 ACTUAL COMPLETION DATE: _____

REPORTING PERIOD: Monthly for the Month of:
 Quarterly (Check Applicable):
 Quarter 1 (4/1-6/30) | Quarter 2 (7/1-9/30) | Quarter 3 (10/1-12/31) | Quarter 4 (1/1-3/31)

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	\$ 10,712,360	Heather Warren Kemie Land Surveyors LLC	<input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/> SDVOB	Site & Bldg Layout	\$ 27,600	\$ 0	\$ 11,710	\$ 11,710
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$
	\$	6437 Collamer Rd. E Syracuse 13057	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$

CERTIFICATION: I, Susan Donegan (Print Name), the Project Coordinator (Title) of the Reporting Company above, do certify that (i) I have read this Compliance Report and (ii) to the best of my knowledge, information and belief, the information contained herein is complete and accurate.

SIGNATURE: _____ DATE: 7/14/23

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CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY
 MWBE AND SDVOB COMPLIANCE AND PAYMENT REPORT

CONTRACTOR/GRANTEE: Hoerber, Brewer Construction Co, Inc.
 ADDRESS: 148 Bernys Avenue
 TOWN/COUNTY/ZIP: Syracuse, Onondaga 13210
 CONTACT PERSON: Susan Donegan
 TELEPHONE: 315 439-4197
 EMAIL: SDonegan@HB1872.Build

SIDA REPRESENTATIVE: _____
 CONTRACT/PROJECT NAME: 1002 on lease
 CONTRACT/PROJECT #: _____
 PROJECT START DATE: March 2023
 PERCENT COMPLETE: _____
 ACTUAL COMPLETION DATE: _____

REPORTING PERIOD: Monthly for the Month of:
 Quarterly (Check Applicable):
 Quarter 1 (4/1-6/30) | Quarter 2 (7/1-9/30) | Quarter 3 (10/1-12/31) | Quarter 4 (1/1-3/31)

Attach MWBE and SDVOB payment applications, lien waivers and canceled checks as proof of payment to the identified MWBE's and SDVOB's.

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PRIME CONTRACTOR, if different from above (Name, Address, Contact Person, Title and Phone # with area code)	PRIME CONTRACT AMOUNT	MWBE or SDVOB SUBCONTRACTOR (Name, Address, Contact Person, Title and Phone # with area code)	NYS CERTIFICATION (Check One)	DESCRIPTION OF SERVICES	CONTRACT AMOUNT	PAYMENTS PREVIOUSLY REPORTED	PAYMENTS ON CURRENT REPORT	TOTAL PAYMENTS TO DATE
	\$ 70,712,360	Interstate Reinforcing Inc.	<input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB	Footings & Foundation	\$ 1,904,715	\$ 0	\$ 57,141.00	\$ 603,419.13
	\$	127 Blind Rd Mexico, NY	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	(see note on	\$
	\$	13114	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	check)	\$

CERTIFICATION: I, Susan Donegan (Print Name), the Project Coordinator (Title) of the Reporting Company above, do certify that (i) I have read this Compliance Report and (ii) to the best of my knowledge, information and belief, the information contained herein is complete and accurate.

SIGNATURE: _____

DATE: 7/14/23

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CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY
 MWBE AND SDVOB COMPLIANCE AND PAYMENT REPORT

CONTRACTOR/GRANTEE: Heber. Brevel Construction Co, Inc.
 ADDRESS: 148 Berwyn Ave.
 TOWN/COUNTY/ZIP: Syracuse/Onondaga 13210
 CONTACT PERSON: Susan Donegan
 TELEPHONE: 35 439.4197
 EMAIL: SDonegan@HB1872.Build

SIDA REPRESENTATIVE: _____
 CONTRACT/PROJECT NAME: COOL on course
 CONTRACT/PROJECT #: _____
 PROJECT START DATE: March 2023
 PERCENT COMPLETE: _____
 ACTUAL COMPLETION DATE: _____

REPORTING PERIOD: Monthly for the Month of:
 Quarterly (Check Applicable):
 Quarter 1 (4/1-6/30) | Quarter 2 (7/1-9/30) | Quarter 3 (10/1-12/31) | Quarter 4 (1/1-3/31)

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	\$ 70,712,360	KSP Painting of Syracuse	<input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/> SDVOB	Interior + Exterior Painting	\$ 1,091,800	\$ 0	\$ 0	\$ 0
	\$	1010 COLD Springs Rd, Liverpool NY 13088	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$

CERTIFICATION: I, Susan Donegan (Print Name), the Project Coordinator (Title) of the Reporting Company above, do certify that (i) I have read this Compliance Report and (ii) to the best of my knowledge, information and belief, the information contained herein is complete and accurate.

SIGNATURE: _____ DATE: 7/14/23

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CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY
 MWBE AND SDVOB COMPLIANCE AND PAYMENT REPORT

CONTRACTOR/GRANTEE: Hueber-Breuer Const. Co. Inc.
 ADDRESS: 148 Benwyn Avenue
 TOWN/COUNTY/ZIP: Syracuse Onondaga 13210
 CONTACT PERSON: Joselyn Doregen
 TELEPHONE: 315 439-4197
 EMAIL: SDoregen@HBI872.Build

SIDA REPRESENTATIVE: _____
 CONTRACT/PROJECT NAME: Code on Cruise
 CONTRACT/PROJECT #: _____
 PROJECT START DATE: March 2023
 PERCENT COMPLETE: _____
 ACTUAL COMPLETION DATE: _____

REPORTING PERIOD: Monthly for the Month of:
 Quarterly (Check Applicable):
 Quarter 1 (4/1-6/30) | Quarter 2 (7/1-9/30) | Quarter 3 (10/1-12/31) | Quarter 4 (1/1-3/31)

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	\$ 70,712,360	Quality Mech. Services LLC	<input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/> SDVOB	HVAC System Design	\$ 55,000	\$ 0	\$ 55,000	\$ 55,000
	\$	213 Grand Ave Syracuse, 13204	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$

CERTIFICATION: I, Joselyn Doregen (Print Name), the Project Coordinator (Title) of the Reporting Company above, do certify that (i) I have read this Compliance Report and (ii) to the best of my knowledge, information and belief, the information contained herein is complete and accurate.

SIGNATURE: _____ DATE: 7/14/23

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CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY
 MWBE AND SDVOB COMPLIANCE AND PAYMENT REPORT

CONTRACTOR/GRANTEE: Neber-Breuer Const. Co. Inc
 ADDRESS: 148 Bernyln Arc
 TOWN/COUNTY/ZIP: Syracuse Onondago 13210
 CONTACT PERSON: Susan Doregen
 TELEPHONE: 315 439 4197
 EMAIL: SDoregen@HB1872.Build

SIDA REPRESENTATIVE: _____
 CONTRACT/PROJECT NAME: Code on course
 CONTRACT/PROJECT #: _____
 PROJECT START DATE: March 2023
 PERCENT COMPLETE: _____
 ACTUAL COMPLETION DATE: _____

REPORTING PERIOD: Monthly for the Month of:
 Quarterly (Check Applicable):
 Quarter 1 (4/1-6/30) | Quarter 2 (7/1-9/30) | Quarter 3 (10/1-12/31) | Quarter 4 (1/1-3/31)

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	\$ 20,712,500	Quality Mech. Services LLC 215 Grand Ave. Syracuse NY 13204	<input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/> SDVOB	Complete HVAC System	\$ 3,087,314	\$ 0	\$	\$ 159,155.18
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$

CERTIFICATION: I, Susan Doregen (Print Name), the Project Coordinator (Title) of the Reporting Company above, do certify that (i) I have read this Compliance Report and (ii) to the best of my knowledge, information and belief, the information contained herein is complete and accurate.

SIGNATURE: _____ DATE: 7/14/23

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CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY
 MWBE AND SDVOB COMPLIANCE AND PAYMENT REPORT

CONTRACTOR/GRANTEE: Burns Bros Contractors
 ADDRESS: 400 Leavenworth Ave.,
 TOWN/COUNTY/ZIP: Syracuse, NY 13204
 CONTACT PERSON: Nichole Warner
 TELEPHONE: 315-422-0261
 EMAIL: nwarner@bbcontractors.com

SIDA REPRESENTATIVE: _____
 CONTRACT/PROJECT NAME: _____
 CONTRACT/PROJECT #: _____
 PROJECT START DATE: _____
 PERCENT COMPLETE: _____
 ACTUAL COMPLETION DATE: _____

REPORTING PERIOD: Monthly for the Month of: May
 Quarterly (Check Applicable):
 Quarter 1 (4/1-6/30) | Quarter 2 (7/1-9/30) | Quarter 3 (10/1-12/31) | Quarter 4 (1/1-3/31)

Attach MWBE and SDVOB payment applications, lien waivers and canceled checks as proof of payment to the identified MWBE's and SDVOB's. This report should be completed and signed by an officer of the Reporting Company. Attach additional sheets if necessary.

BBC JOB 230253

PRIME CONTRACTOR, if different from above (Name, Address, Contact Person, Title and Phone # with area code)	PRIME CONTRACT AMOUNT	MWBE or SDVOB SUBCONTRACTOR (Name, Address, Contact Person, Title and Phone # with area code)	NYS CERTIFICATION (Check One)	DESCRIPTION OF SERVICES	CONTRACT AMOUNT	PAYMENTS PREVIOUSLY REPORTED	PAYMENTS ON CURRENT REPORT	TOTAL PAYMENTS TO DATE
Burns Bros Contractors	\$	Warren Ramie Surveying jframie@warrenramie.com	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB	Project Surveying	\$ T&M	\$	\$	\$
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$

CERTIFICATION: I, Geoffrey Hall (Print Name), the Managing Partner (Title) of the Reporting Company above, do certify that (i) I have read this Compliance Report and (ii) to the best of my knowledge, information and belief, the information contained herein is complete and accurate.

SIGNATURE: DATE: 06/12/2023

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CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY
 MWBE AND SDVOB COMPLIANCE AND PAYMENT REPORT

CONTRACTOR/GRANTEE: Rauli & Sons, Inc
 ADDRESS: 213 Teall Ave
 TOWN/COUNTY/ZIP: Syracuse, NY 13212
 CONTACT PERSON: _____
 TELEPHONE: 315-479-6693
 EMAIL: _____

SIDA REPRESENTATIVE: _____
 CONTRACT/PROJECT NAME: _____
 CONTRACT/PROJECT #: _____
 PROJECT START DATE: _____
 PERCENT COMPLETE: _____
 ACTUAL COMPLETION DATE: _____

REPORTING PERIOD: Monthly for the Month of:
 Quarterly (Check Applicable):
 Quarter 1 (4/1-6/30) | Quarter 2 (7/1-9/30) | Quarter 3 (10/1-12/31) | Quarter 4 (1/1-3/31)

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	\$	NONE	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$

CERTIFICATION: I, Thomas Rauli (Print Name), the President (Title) of the Reporting Company above, do certify that (i) I have read this Compliance Report and (ii) to the best of my knowledge, information and belief, the information contained herein is complete and accurate.

SIGNATURE: *Thomas Rauli* DATE: 6/27/23

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CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY
 MWBE AND SDVOB COMPLIANCE AND PAYMENT REPORT

CONTRACTOR/GRANTEE: Remlap Construction Inc
 ADDRESS: 2565 Pearl Street PO Box 350
 TOWN/COUNTY/ZIP: New Woodstock NY 13122
 CONTACT PERSON: Nick Palmer
 TELEPHONE: 315-662-7035
 EMAIL: nspalmer@remlapconstruction.com

SIDA REPRESENTATIVE: _____
 CONTRACT/PROJECT NAME: CODA on Crouse
 CONTRACT/PROJECT #: _____
 PROJECT START DATE: March 2023
 PERCENT COMPLETE: _____
 ACTUAL COMPLETION DATE: _____

REPORTING PERIOD: Monthly for the Month of: June
 Quarterly (Check Applicable):
 Quarter 1 (4/1-6/30) | Quarter 2 (7/1-9/30) | Quarter 3 (10/1-12/31) | Quarter 4 (1/1-3/31)

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None	\$	None	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB	None	\$ 0	\$ 0	\$ 0	\$ 0
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$

CERTIFICATION: I, Nicholas Palmer (Print Name), the Project Manager (Title) of the Reporting Company above, do certify that (i) I have read this Compliance Report and (ii) to the best of my knowledge, information and belief, the information contained herein is complete and accurate.

SIGNATURE:

DATE: 6/29/23

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CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY
 MWBE AND SDVOB COMPLIANCE AND PAYMENT REPORT

CONTRACTOR/GRANTEE: PJ Byrne Enterprises SIDA REPRESENTATIVE: CODA on Crouse
 ADDRESS: 102 N Main St CONTRACT/PROJECT NAME: 22-720-29
 TOWN/COUNTY/ZIP: Spencer / Tioga / 14883 CONTRACT/PROJECT #: 5/17/2023
 CONTACT PERSON: Sean Byrne PROJECT START DATE: 10%
 TELEPHONE: 6075897441 PERCENT COMPLETE: Unknown
 EMAIL: PatJByrne@Frontier.com ACTUAL COMPLETION DATE:

REPORTING PERIOD: Monthly for the Month of: _____
 Quarterly (Check Applicable):
 Quarter 1 (4/1-6/30) | Quarter 2 (7/1-9/30) | Quarter 3 (10/1-12/31) | Quarter 4 (1/1-3/31)

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NONE	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$

CERTIFICATION: I, Sean Byrne (Print Name), the Operations Manager (Title) of the Reporting Company above, do certify that (i) I have read this Compliance Report and (ii) to the best of my knowledge, information and belief, the information contained herein is complete and accurate.

SIGNATURE: _____ DATE: 6/13/2023
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