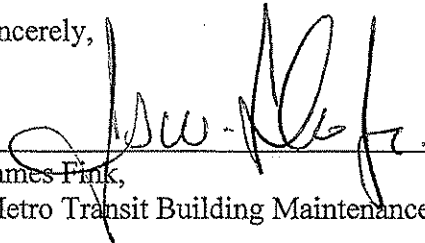


CITY OF MADISON
DEPARTMENT OF PUBLIC WORKS
CERTIFICATE OF COMPLETION

Public Works Contract: Metro Maintenance Lighting Retrofit
Contract Number: 6460
Contractor: H & H Electric Company, Inc.
Date: 9/20/11

The work on the above contract has been inspected by the director of the sponsoring agency and has been determined to be complete subject to the conditions of Section 105.16, "Guarantee of the Standard Specifications."

Sincerely,


James Fink,
Metro Transit Building Maintenance Foreman

JF:klm


cc: Chuck Kamp, Transit General Manager
Norman Davis, Affirmative Action Office
Kathleen Rideout, City Engineering Division
Lori Janusz, Engineering Division
Steve Danner-Rivers, Engineering Division
Janet Pien, Engineering Division
Newspaper

WAIVER OF LIEN

For value received, the undersigned hereby waives ALL of his/her/its rights and claims for construction lien for its labor, material or services performed on or provided to land and improvements located on property located at 1101 East Washington Ave., Madison, Wisconsin, owned by City of Madison/Metro Transit regarding a project on which H & H Electric, Inc. acted as general contractor.

Dated this 21st day of September, 2011.

Name: Elden L. Sellin-H & H Electric Co., Inc.

By: 

Its: Controller

Agent or Subcontractor Affidavit of Compliance with Prevailing Wage Rate Determination

This form must ONLY be filed with the Awarding Contractor indicated below.
Personally identifiable information may be used for secondary purposes. See S. 15.04(1)(m), Stats. for details.

Project Name Metro Maintenance Lighting Retrofit 2010

STATE OF Wisconsin _____) Project # 6460 Determination # 2010000116
 _____) SS. Date Determination Issued January 14, 2010
 COUNTY OF Dane _____) Awarding Contractor H & H Electric Company, Inc.
 Date of Subcontract October 3, 2010
 Date Work Completed September 14, 2011

After being duly sworn, the person whose name and signature appears below hereby states under penalty of perjury that:

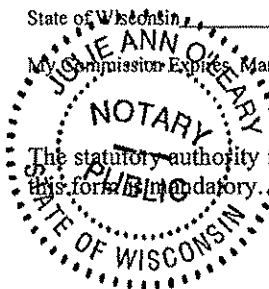
1. I am the duly authorized officer of the corporation, partnership, sole proprietorship or business indicated below and have recently completed all of the work required under the terms and conditions of a subcontract with the above-named awarding contractor and make this affidavit in accordance with the requirements set forth in Section 23.01 of the Madison General Ordinances, ss. 66.0903(9)(b) or 103.49(4r)(b), Stats. and Ch. DWD 290 of the Wisconsin Administrative Code in order to obtain FINAL PAYMENT from such awarding contractor.
2. I have fully complied with all of the wage and hour requirements applicable to this project, including all of the requirements set forth in the prevailing wage rate determination indicated above which was issued for such project by the Department of Workforce Development on the date indicated above.
3. I have received the required affidavit of compliance from each of my agents and subcontractors that performed work on this project and have listed each of their names and addresses on the reverse side of this affidavit.
4. I have full and accurate records which clearly indicate the name and trade or occupation of every worker(s) that I employed on this project, including an accurate record of the hours worked and actual wages paid to such worker(s).
5. I will retain the records and affidavit(s) described in 3. and 4. above and make them available for inspection for a period of at least three (3) years from the completion date indicated above at the address indicated below and shall not remove such records or affidavit(s) without prior notification to the awarding contractor indicated above.

SUBSCRIBED AND SWORN
BEFORE ME ON THIS

21st _____ day of September,
2011

Julie Ann O'Leary
Signature of Notary Public

State of Wisconsin _____
My Commission Expires March 25, 2012



The statutory authority for the use of this form is prescribed in ss. 66.0903(9)(b) and 103.49(4r)(b), Stats. The use of this form is mandatory. The penalty for failing to complete this form is prescribed in s. 103.005(12), Stats.

H & H Electric Co., Inc.
Name of Corporation, Partnership, Sole Proprietorship or Business

818 Post Road, Madison, WI 53713-3261
Address (include Street or P.O. Box, City, State and Zip Code)

Elden L. Sellin, Controller September 21, 2011
PRINT Name of Authorized Officer Date Signed

Elden L. Sellin (608) 273-4464
Signature of Authorized Officer Telephone #

List of Agents or Subcontractors

Name None _____

Address _____

City, State, Zip Code _____

Telephone _____

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Prime Contractor Affidavit of Compliance with Prevailing Wage Rate Determination

This form must ONLY be filed with the Awarding Contractor indicated below.
Personally identifiable information may be used for secondary purposes. See S. 15.04(1)(m), Stats. for details.

STATE OF Wisconsin) Project Name Metro Maintenance Lighting Retrofit 2010
) Project # 6460 Determination # 201000116
) SS. Date Determination Issued January 14, 2010
COUNTY OF Dane) Awarding Agency City of Madison / Metro Transit
) Date of Contract October 4, 2010
) Date Work Completed September 14, 2011

After being duly sworn, the person whose name and signature appears below hereby states under penalty of perjury that:

1. I am the duly authorized officer of the corporation, partnership, sole proprietorship or business indicated below and have recently completed all of the work required under the terms and conditions of a contract with the above-named awarding agency and make this affidavit in accordance with the requirements set forth in Section 23.01 of the Madison General Ordinances, ss. 66.0903(9)(c) or 103.49(4r)(c), Stats. and Ch. DWD 290 of the Wisconsin Administrative Code in order to obtain FINAL PAYMENT from such awarding agency.
2. I have fully complied with all of the wage and hour requirements applicable to this project, including all of the requirements set forth in the prevailing wage rate determination indicated above which was issued for such project by the Department of Workforce Development on the date indicated above.
3. I have received the required affidavit of compliance from each of my agents and subcontractors that performed work on this project and have listed each of their names and addresses on the reverse side of this affidavit.
4. I have full and accurate records which clearly indicate the name and trade or occupation of every worker(s) that I employed on this project, including an accurate record of the hours worked and actual wages paid to such worker(s).
5. I will retain the records and affidavit(s) described in 3. and 4. above and make them available for inspection for a period of at least three (3) years from the completion date indicated above at the address indicated below and shall not remove such records or affidavit(s) without prior notification to the awarding agency indicated above.

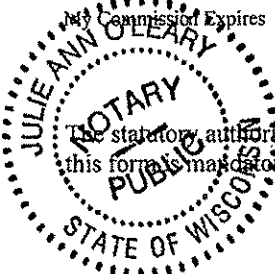
SUBSCRIBED AND SWORN BEFORE ME ON THIS

21st day of September,
2011

Julie Ann O'Leary
Signature of Notary Public

State of Wisconsin

My Commission Expires March 25, 2012



H & H Electric Co., Inc.

Name of Corporation, Partnership, Sole Proprietorship or Business

818 Post Road, Madison, WI 53713-3261

Address (include Street or P.O. Box, City, State and Zip Code)

Elden L. Sellin, Controller

PRINT Name of Authorized Officer

Elden L. Sellin
Signature of Authorized Officer

September 21, 2011

Date Signed

(608) 273-4464

Telephone #

The statutory authority for the use of this form is prescribed in ss. 66.0903(9)(c) and 103.49(4r)(c), Stats. The use of this form is mandatory. The penalty for failing to complete this form is prescribed in s. 103.005(12), Stats.

List of Agents or Subcontractors

Name None _____

Address _____

City, State, Zip Code _____

Telephone _____

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Name _____

Address _____

City, State, Zip Code _____

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City, State, Zip Code _____

Telephone _____

Name _____

Address _____

City, State, Zip Code _____

Telephone _____