

TO: Bakersfield City School District
1300 Baker Street
Bakersfield, CA, 93305

PROJECT: Bessie Owens Jr. High Modernization - #19123.00-46
AMS - Classroom Modulares

Pay Application No: RETENTION
Application Date: 1/30/2023
Period From: 1/1/2023
Period To: 1/31/2023
Contract Date: 7/29/2019
Contract No:

FROM (CONTRACTOR): American Modular Systems
787 Spreckels Ave.
Manteca, CA, 95336

SUBMIT APPLICATION TO: IBI Group
4119 Broad Street, Suite 210
San Luis Obispo, CA 93401

Distribution To: MAY 05 2023
Owner
Architect
Inspector

SENT TO ACCOUNTS PAYABLE

SENT BY Cindi

Architect's Project No:

Application is made for Payment, as shown below, in connection with the Contract.

Contractor's Schedule of Values is attached.

CONTRACTORS APPLICATION FOR PAYMENT

Table with columns: CHANGE ORDERS SUMMARY, ADDITIONS, DEDUCTIONS. Includes rows for Change Orders Approved in, Previous Months By Owner Total, and NET CHANGE by Change Orders.

Table with columns: Item Number, Description, Amount. Includes items like ORIGINAL CONTRACT SUM, Net Change by Change Orders, CONTRACT SUM TO DATE, TOTAL COMPLETED & STORED TO DATE, RETAINAGE, TOTAL EARNED LESS RETAINAGE, LESS PREVIOUS CERTIFIED PAYMENTS, and CURRENT PAYMENT DUE.

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

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the 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.

CONTRACTOR: BY: [Signature]

DATE: 4/5/23

State of: California
County of: San Joaquin
Suscribed and sworn to before me this 5th day of April 2023

Notary Public: Carol Lynn Hicks
My Commission Expires: 3/14/2024

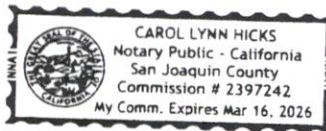


Table with columns: Item Number, Description, Amount. Includes items like CONTRACTOR'S REQUEST FOR PAYMENT, LESS: WITHHOLDING & RETENTION OF PAYMENT, AND ASSESSMENTS AGAINST THE CONTRACTOR, LESS: OWNERS CLAIMS AGAINST THE CONTRACT, and V 263680.

INSPECTOR: BY: [Signature]

DATE: 4/6/23

OWNER: BY: [Signature]

DATE: 5-4-23

RECEIVED

MAY 03 REC'D

M&O

ARCHITECT: IBI Group [Signature] DATE: 4/28/23

CONDITIONAL WAIVER AND RELEASE ON FINAL PAYMENT

Pursuant to California Civil Code § 8136

NOTICE: THIS DOCUMENT WAIVES THE CLAIMANT'S LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS EFFECTIVE ON RECEIPT OF PAYMENT. A PERSON SHOULD NOT RELY ON THIS DOCUMENT UNLESS SATISFIED THAT THE CLAIMANT HAS RECEIVED PAYMENT.

Identifying Information

Name of Claimant: American Modular Systems, Inc.

Name of Customer: Bakersfield CSD

Job Location: Bessie Owens Jr. High Modernization

Owner: Bakersfield CSD

Through Date: 1/31/2023

Conditional Waiver and Release

This document waives and releases lien, stop payment notice, and payment bond rights the claimant has for labor and service provided, and equipment and material delivered, to the customer on this job. Rights based upon labor or service provided, or equipment or material delivered, pursuant to a writtten change order that has been fully executed by the parties prior to the date that this document is signed by the claimant, are waived and released by this document, unless listed as an Exception below. This document is effective only on the claimant's receipt of payment from the financial institution on which the following check is drawn.

Maker of Check: Bessie Owens Jr. High Modernization

Amount of Check: \$ 20,483.71

Check Payable to: American Modular Systems, Inc.

Exceptions

This document does not affect any of the following:

(1) disputed claims for extras in the amount of \$ none

Signature

Claimant's Signature: 

Claimant Signatory's Name: Marcus Raposas

Claimant Signatory's Title: Controller Date of Signature: 4/5/23