

IMPORTANT REMINDERS & DEADLINES

Billed Entity Number : 125398
Name of Billed Entity: PENNS MANOR AREA SCHOOL DIST

The following information is provided to assist you throughout the application process. We recommend that you keep it in an easily accessible location and that you share it with the appropriate members of your organization.

FCC REGISTRATION NUMBERS (FCC RNs) - Effective November 1, 2004, the FCC's Fifth Order (FCC 04-190 released August 13, 2004) requires E-rate program participants to have FCC Registration Numbers. Please continue to review our web site for additional guidance.

FORM 486 DEADLINE - The Form 486 must be postmarked no later than 120 days after the Service Start Date you report on the Form 486 or no later than 120 days after the date of the Funding Commitment Decision Letter, whichever is later. If you are required to have a Technology Plan, that plan must cover all 12 months of the funding year. You must indicate the name of the SLD-Certified Technology Plan Approver (TPA) prior to the commencement of discounted services for this funding year. You must indicate the name of the SLD-Certified TPA who approved your plan in your Form 486, and you must retain your approval letter and documentation of your monitoring of the progress toward your stated goals.

CHILDREN'S INTERNET PROTECTION ACT (CIPA) - Please review the CIPA guidance in the Form 486 Instructions, Section II, "IMPACT OF CIPA REQUIREMENTS ON FORM 486."

INVOICE DEADLINE - Invoices must be postmarked no later than 120 days after the last date to receive service - including extensions - or 120 days after the date of the Form 486 Notification Letter, whichever is later. Invoices should not be submitted until the invoiced products and services are being delivered and billed, and (for BEAR Forms) the provider has been paid.

OBLIGATION TO PAY NON-DISCOUNT PORTION - Applicants are required to pay the non-discount portion of the cost of the products and/or services. Service providers are required to bill applicants for the non-discount portion. The FCC has stated that requiring applicants to pay their share ensures efficiency and accountability in the program. FCC 04-190 concluded that a presumptively reasonable timeframe for a beneficiary to pay its non-discount share is 90 days after the completion of services. If you are using a trade-in as part of your non-discount portion, please refer to the web site for more information.

DOCUMENTATION RETENTION - FCC rules require that documents demonstrating compliance with the statute and Commission rules must be retained for a period of at least five years after the last day of service delivered. See "Document Retention Requirements" in FCC 04-190 for a descriptive list of many of the documents you must retain.

SUSPENSION AND DEBARMENT - Persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the Schools and Libraries Support Mechanism are subject to suspension and debarment from the program.

FREE SERVICES ADVISORY - Applicants and service providers are prohibited from using the Schools and Libraries Support Mechanism to subsidize the procurement of ineligible or unrequested products and services, or from participating in arrangements that have the effect of providing a discount level to applicants greater than that to which applicants are entitled.

Complete program information - including more information on these reminders - is posted to the SLD section of the USAC web site at www.sl.universalservice.org. You may also contact the SLD Client Service Bureau by e-mail using the "Submit a Question" link on the web site, by fax at 1-888-276-8736 or by phone at 1-888-203-8100.

Exhibit D



Uniform Commercial Code (UCC)

[UCC](#) | [Fee Schedule](#) | [Forms](#) | [Research](#) | [Online Services](#) | [Contact UCC](#) | [Business Services](#) | [Help](#)

Filing Chain for a Debtor
Filing Type: UCC

Add To Cart	File Number	Filing Date	Documents	Lapse Date	Microfilm	Microfilm	Microfilm	Microfilm
					Number	Start	End	Pages
<input checked="" type="checkbox"/>	31570083	05/01/2000	Initial	05/01/2010	31570083			1
Record Type		Name and Address						
Secured Party		FIRST COMMONWEALTH BANK CENWEST BANK DIVISION 217 FRANKLIN ST, JOHNSTOWN, PA 15907						
Debtor		UNICOMP INC 107 SUGAR CAMP RD, VENETIA, PA 15367						
Debtor		TRAVACOM COMMUNICATIONS INC 107 SUGAR CAMP RD, VENETIA, PA 15367						
<input checked="" type="checkbox"/>	2005012703676	01/24/2005	Continuation	05/01/2010	11	18848	1	1

[Log In to Get Full Access](#)

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 Commonwealth of PA Privacy Statement

Exhibit E

Do not write in this space.

Approval by OMB

3060 - 0856

Universal Service for Schools and LibrariesEstimated Average Burden Hours Per Response: 1.5 hours
(To be completed by schools, libraries, or consortia.)

Please read instructions before completing.

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE TO INDIVIDUALS: Section 69.619 of the Federal Communications Commission's rules requires the fund administrator to review bills for services and to determine the amount of universal service support to be disbursed to service providers. All schools and libraries and consortia of these entities who have received a Funding Commitment Decisions Letter from the fund administrator and that have paid for in full the price of eligible services which are approved for discounts, and that seek reimbursement of the discounts, must file this Billed Entity Applicant Reimbursement Form. This Billed Entity Applicant Reimbursement Form informs the fund administrator of the amount of the discounts which the applicant has already paid and for which the applicant seeks reimbursement from its service provider. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this form is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your form may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. If you do not provide the information requested on the form, your form may be returned without action or your form may be delayed. The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

BLOCK 1: HEADER INFORMATION

- | | |
|---|----------------------------------|
| 1. 471 Billed Entity Applicant Name (30 characters maximum) | PENNS MANOR AREA SCHOOL DISTRICT |
| 2. 471 Billed Entity Applicant Number (10 digits maximum) | 125398 |
| 3. Service Provider Identification Number (SPIN) (9 digits maximum) | 143014028 |
| 4. Contact Name (30 characters maximum) | CURRIE A. SUTTON |
| 5. Contact Telephone Number (14 digits maximum) | 216-682-0169 |
| 6. Reimbursement Form Number (assigned by Billed Entity Applicant--25 characters maximum) | PENNSMANORYR8TRAVAW2 |
| 7. Reimbursement Form Date to SLC (mm/dd/yyyy) | 03/20/2007 |
| 8. Total Reimbursement Amount (total of Block 2, Item 15 -- 14.2 digits maximum) | 55,659.84 |

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Applicant Name PENNS MANOR AREA SCHOOL 471 Billed Entity Applicant Number 125398 Contact Name CURRIE A. SUTTON

Contact Telephone Number 216-682-0169 Reimbursement Form Number PENNSMANORYR8TRAVAW2

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(9) FCC Form 471 Application Number (10 digits) (from Funding Commitment Decisions Letter)	(10) Funding Request Number (FRN) (10 digits) (from Funding Commitment Decisions Letter)	(11) Bill Frequency	(12) Customer Billed Date (mm/yyyy)	(13) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(14) Total (Undiscounted) Amount for Service (14.2 digits max.)	(15) Discount Amount Billed to SLC (14.2 digits max.)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1	0000473054	0001303869		11/2005		69,574.80	55,659.84
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)							55,659.84

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Applicant Name PENNS MANOR AREA SCHOOL DISTRICT

471 Billed Entity Applicant Number 125398

Contact Person Name CURRIE A. SUTTON

Contact Telephone Number 216-682-0169

Reimbursement Form Number PENNSMANORYR8TRAVAW2

Block 3: Billed Entity Applicant Certification

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the actual service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decisions Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person (original ink signature required)

17. Date (required)

18. Printed name of authorized person (required)

THOMAS J. KAKABAR

19. Title or position of authorized person (required)

SUPERINTENDENT

20. Telephone number of authorized person (required)

(724) 254-2666

21. Address of authorized person (required)

6003 Route 553 Hwy, Clymer, PA 15728-8318

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Applicant Name PENNS MANOR AREA SCHOOL DISTRICT

471 Billed Entity Applicant Number 125398

Contact Person Name CURRIE A. SUTTON

Contact Telephone Number 216-682-0169

Reimbursement Form Number PENNSMANORYR8TRAVAW2

Block 4: Service Provider Acknowledgment

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

22. Signature of authorized person (fax, copy or original signature)

23. Date (required)

24. Printed name of authorized person (required)

25. Title or position of authorized person (required)

26. Telephone number of authorized person (required)

27. Address of authorized person (required)

Page 4 of 4 pages

FCC Form 472 - October 1998

A paper copy of this Form (pages 1-4) should mailed to:

SLC-BEAR Form
P. O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLC-BEAR Form
c/o Ms. Smith
3833 Greenway Drive
Lawrence, KS 66046

Exhibit F

June 14, 2007

Good Samaritan Request
Schools and Libraries Division – Correspondence Unit
100 S. Jefferson Rd
P.O. Box 902
Whippany, NJ 07981

To Whom It May Concern:

This is to request assistance with a Good Samaritan situation. Listed below is the information on the affected FRN:

1. Applicant's Name – **Penns Manor School District**
2. Applicant's BEN – **125398**
3. Contact – **Currie A. Sutton**
 - a. email – curries@ameritech.net
 - b. Telephone # - **216-682-0169**
 - c. Fax # - **216-514-3337**
4. Form 471 Application # - **473054**
5. FRN - **1303869**
6. Original Provider's Name – **Travacom Communications, Inc.**
7. Original SPIN – **143014028**
8. Reimbursement Sought
 - a. Pre-discount - **\$69,574.80**
 - b. After discount - **\$55,659.84**

This Funding Year 2005 (Year 8) FRN was approved January 17, 2007. In March, 2007 we started processing a BEAR form for reimbursement and was unable to locate the vendor to sign page 4.

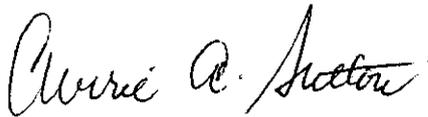
Investigation determined that Travacom started doing business under the name of Unicom. Travacom was placed on the State of Pennsylvania Debarment List for intentionally violating the Pennsylvania Prevailing Wage Act and could not be awarded contracts.

The telephone number for the companies was disconnected and the address listed in Venetia, PA is up for sale. The invoice for their services was paid in December, 2005.

Since this is an internal connection we are unsure as to who we should use as the Good Samaritan.

Please contact me if you have any further questions or for any documentation that you require.

Sincerely,

A handwritten signature in cursive script that reads "Currie A. Sutton". The signature is written in black ink and is positioned above the printed name.

Currie A. Sutton

FAX COVER SHEET

To: Pam Geiger
Robert Cole
Good Samaritan/Dunning Unit

Fax: 1-973-599-6556

From: Currie A. Sutton

Date: October 4, 2007

Pages: 18 (Including Cover)

RE: Penns Manor Area School District Good Samaritan Request

Request

Thank you for your Good Samaritan request for Funding Year 2005. In order to continue the determination of the Good Samaritan eligibility, the following information needs to be submitted to my attention:

(1) Copy of cancelled check(s) to the original provider for the applicable funding year.

(2) Detailed invoice(s) supporting cancelled checks.

(3) SPIN#, company name, contact name and phone number of the company that has agreed to act as the Good Samaritan.

Response

No. 1 and 2 please see attached documentation.

The company that has agreed to act as the Good Samaritan is:

CCL Technologies
(724) 838-0852
Donna McCullough/Karla Thomas

If you have any further questions, please do not hesitate to contact me.

Currie A. Sutton, email: curries@ameritech.net
Tel: 216.682.0169 Fax: 216.514.3337

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Exhibit G

APPLICATION FOR PAYMENT

TO OWNER: Penns Manor School District
6003 Route 553
Clymer, PA 15728

PROJECT: 4804
Penns Manor Area Elementary School
6003 Route 553
Clymer, PA 15728

APPLICATION NO. 1
PERIOD TO: 08/25/2004
PROJECT #s:
CONTRACT DATE: 08/19/2004

Distribution to:
 OWNER
 CONTRACTOR
 ARCHITECT
 8/30/04

FROM CONTRACTOR: Unicom Inc.
P O Box 1262
McMurray, PA 15317

ARCHITECT: HHSDR
40 Shenango Avr.
Sharon, PA 16148

CONTRACT FOR: Voice/Data Wiring

CONTRACTOR'S SUMMARY OF WORK

Application is made for payment as shown below.
Continuation Page is attached.

1. ORIGINAL CONTRACT AMOUNT	\$69,575.00
2. NET CHANGE BY CHANGE ORDERS	
3. CONTRACT AMOUNT TO DATE (Line 1 +/- 2)	\$69,575.00
4. TOTAL COMPLETED AND STORED TO DATE	\$35,484.38
(Column G on Continuation Page)	
5. RETAINAGE:	
a. of Completed Work	
(Columns D + E on Continuation Page)	
b. of Stored Material	
(Column F on Continuation Page)	
Total Retainage (Line 5a + 5b or	
Column I on Continuation Page)	\$3,548.45
6. TOTAL EARNED LESS RETAINAGE	\$31,935.93
(Line 4 minus Line 5 Total)	
7. LESS PREVIOUS APPLICATIONS FOR PAYMENT.....	\$0.00
(Line 6 from prior Application)	
8. CURRENT PAYMENT DUE.....	\$31,935.93
9. BALANCE TO FINISH, INCLUDING RETAINAGE	\$37,639.07
(Line 3 minus Line 6)	

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months	\$0.00	\$0.00
Total approved this month	\$0.00	\$0.00
TOTALS	\$0.00	\$0.00
NET CHANGES by Change Order		

APPLICATION FOR PAYMENT

Contractor's signature below is his assurance to Owner, concerning the payment herein applied for, that: (1) the Work has been performed as required in the Contract Documents, (2) all sums previously paid to Contractor under the Contract have been used to pay Contractor's costs for labor, materials and other obligations under the Contract for Work previously paid for, and (3) Contractor is legally entitled to this payment.

CONTRACTOR: Unicom Inc.

By: *Rita M Meyer* Date: 8/27/04

State of: Commonwealth Of Pennsylvania)
County of: County Of Allegheny) SS:

Subscribed and sworn to before

me this 27 day of August 2004

Notary Public: *Carroll Pruchnitzky*

My Commission Expires:

Notarial Seal
Carol A. Pruchnitzky, Notary Public
Bridgeville Boro, Allegheny County
My Commission Expires Jan. 10, 2005

ARCHITECT'S CERTIFICATION

Architect's signature below is his assurance to Owner, concerning the payment herein applied for, that: (1) Architect has inspected the Work represented by this Application, (2) such Work has been completed to the extent indicated in this Application, and the quality of workmanship and materials conforms with the Contract Documents, (3) this Application for Payment accurately states the amount of Work completed and payment due therefor, and (4) Architect knows of no reason why payment should not be made.

AMOUNT CERTIFIED \$31,935.⁹³

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

ARCHITECT:

By: *Allen Hayden* Date: 9/7/04

Neither this Application nor payment applied for herein is assignable or negotiable. Payment shall be made only to Contractor, and is without prejudice to any rights of Owner or Contractor under the Contract Documents or otherwise.

PENNS MANOR AREA SCHOOL DISTRICT

6003 RTE 553 HWY
CLYMER, PA 15728
GENERAL ACCOUNT



First Commonwealth
First Commonwealth Bank
General Office: Indiana, PA 15709-0400
60-682/433

NO. 34367

CHECK NO.

34367

***17340 DOLLARS AND 95 CENTS

DATE

AMOUNT

12/10/04

****17340.95

PAY
TO THE
ORDER
OF

UNICOMP
P O BOX 1262
MCMURRAY, PA 15317

[Signature] PRESIDENT
[Signature] SECRETARY
[Signature] TREASURER

⑈034367⑈ ⑆043306826⑆ 3000 002451⑈ ⑆0001734095⑆

ENDORSE HERE

PAY TO THE ORDER OF
WASHINGTON FEDERAL
WASHINGTON, PENNSYLVANIA 15301
▲ 24374221 ▲
FOR DEPOSIT ONLY
UNICOMP
CAPITAL CITY

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE.
RESERVED FOR FINANCIAL INSTITUTION USE

⑆0001734095⑆ 3000 002451⑈ ⑆043306826⑆ ⑈034367⑈

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APPLICATION FOR PAYMENT

VENDOR NAME Unicomp
 ACCT. # 400-300-01-08 AMOUNT 17,340.95

Page 1 *OK / 5/05*

TO OWNER: Penns Manor School District
 6003 Route 553
 Clymer, PA 15728

PROJECT: 4804
 Penns Manor Area Elementary School
 6003 Route 553
 Clymer, PA 15728

APPLICATION NO. 2
 PERIOD TO: _____
 PROJECT #s: _____

Distribution to:
 11/24/2004 OWNER
 CONTRACTOR
 08/19/2004 ARCHITECT
 CONSTRUCTION
 MANAGER
11/29/04

FROM CONTRACTOR: Unicomp Inc.
 P O Box 1262
 McMurray, PA 15317

ARCHITECT: HHS DR
 40 Shenango Avr.
 Sharon, PA 16148

TOTAL CONTRACT DATE: _____

CONTRACT FOR: Voice/Data Wiring

CONSTRUCTION MANAGER: _____

CONTRACTOR'S SUMMARY OF WORK

Application is made for payment as shown below.
 Continuation Page is attached.

1. ORIGINAL CONTRACT AMOUNT \$69,575.00
2. NET CHANGE BY CHANGE ORDERS
3. CONTRACT AMOUNT TO DATE (Line 1 +/- 2) \$69,575.00
4. TOTAL COMPLETED AND STORED TO DATE \$54,921.87
 (Column G on Continuation Page)
5. RETAINAGE:
 - a. of Completed Work
 (Columns D + E on Continuation Page)
 - b. of Stored Material
 (Column F on Continuation Page)
 Total Retainage (Line 5a + 5b or
 Column I on Continuation Page) \$5,475.25
6. TOTAL EARNED LESS RETAINAGE 49,429.68
 (Line 4 minus Line 5 Total)
7. LESS PREVIOUS APPLICATIONS FOR PAYMENT 31,935.93
 (Line 6 from prior Application)
8. CURRENT PAYMENT DUE \$17,340.95
9. BALANCE TO FINISH, INCLUDING RETAINAGE \$20,298.12
 (Line 3 minus Line 6)

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months	\$0.00	\$0.00
Total approved this month	\$0.00	\$0.00
TOTALS	\$0.00	\$0.00
NET CHANGES by Change Order		

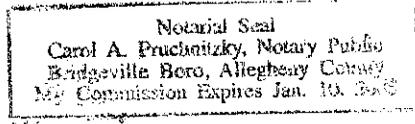
Contractor's signature below is his assurance to Owner, concerning the payment herein applied for, that: (1) the Work has been performed as required in the Contract Documents, (2) all sums previously paid to Contractor under the Contract have been used to pay Contractor's costs for labor, materials and other obligations under the Contract for Work previously paid for, and (3) Contractor is legally entitled to this payment.

CONTRACTOR: Unicomp Inc.
 By: *Rita M Meyer* Date: 11/23/04

State of: PENNSYLVANIA
 County of: Allegheny

Subscribed and sworn to before
 me this 23rd day of NOVEMBER 2004

Notary Public: *Carol A. Pruchnitsky*
 My Commission Expires: _____



ARCHITECT'S CERTIFICATION

Architect's signature below is his assurance to Owner, concerning the payment herein applied for, that: (1) Architect has inspected the Work represented by this Application, (2) such Work has been completed to the extent indicated in this Application, and the quality of workmanship and materials conforms with the Contract Documents, (3) this Application for Payment accurately states the amount of Work completed and payment due therefor, and (4) Architect knows of no reason why payment should not be made.

AMOUNT CERTIFIED \$ 17,340.95

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

CONSTRUCTION MANAGER:
 By: _____ Date: _____
 ARCHITECT:
 By: *Allen Hayden* Date: 12/7/04

Neither this Application nor payment applied for herein is assignable or negotiable. Payment shall be made only to Contractor, and is without prejudice to any rights of Owner or Contractor under the Contract Documents or otherwise.

PENNS MANOR AREA SCHOOL DISTRICT

6003 RTE 553 HWY
CLYMER, PA 15728
GENERAL ACCOUNT



FIRST Commonwealth
First Commonwealth Bank
Central Office: Indiana, PA 15701-0400
60-682/433

NO. 34744

CHECK NO.

34744

****5134 DOLLARS AND 08 CENTS

DATE

AMOUNT

03/11/05

*****5134.08

PAY TO THE ORDER OF

UNICOMP
P O BOX 1262
MCMURRAY, PA 15317

PRESIDENT

SECRETARY

TREASURER

⑈034744⑈ ⑆043306826⑆ 3000 00245⑈

⑈0000513408⑈

ENDORSE HERE

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
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WASHINGTON FEDERAL
WASHINGTON, PENNSYLVANIA 15301
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UNICOMP
04331058911

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0910436572
0410-0001-4
06172004
⑆043306826⑆ 3000 00245⑈

03207/2005 10:40 FAX 7249814515 HHSDR-SHARON + PERNS-MANOR SD 006/007

VENDOR NAME Unicom
 ACCT. # 400-300-01-08 AMOUNT 5134.08

APPLICATION FOR PAYMENT

TO OWNER: Penns Manor School District 6003 Route 553 Clymer, PA 15728	PROJECT: 4804 Penns Manor Area Elementary School 6003 Route 553 Clymer, PA 15728	APPLICATION NO. 3 PERIOD TO: 02/24/2005 PROJECT #s: CONTRACT DATE: 08/19/2004
FROM CONTRACTOR: Unicom Inc. P O Box 1262 McMurry, PA 15317	ARCHITECT: HHSDR 40 Shenango Avr. Sharon, PA 16148	DISTRIBUTION TO: <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> ARCHITECT <input type="checkbox"/> CONSTRUCTION MANAGER
CONTRACT FOR: Voice/Data Wiring	CONSTRUCTION MANAGER:	TOTAL:

CONTRACTOR'S SUMMARY OF WORK

Application is made for payment as shown below.
 Continuation Page is attached.

1. ORIGINAL CONTRACT AMOUNT	\$69,575.00
2. NET CHANGE BY CHANGE ORDERS	
3. CONTRACT AMOUNT TO DATE (Line 1 +/- 2)	\$69,575.00
4. TOTAL COMPLETED AND STORED TO DATE	\$60,456.66
(Column G on Continuation Page)	
5. RETAINAGE:	
a. of Completed Work	
(Columns D + E on Continuation Page)	
b. of Stored Material	
(Column F on Continuation Page)	
Total Retainage (Line 5a + 5b or	
Column I on Continuation Page)	\$6,045.70
6. TOTAL EARNED LESS RETAINAGE	\$54,410.96
(Line 4 minus Line 5 Total)	
7. LESS PREVIOUS APPLICATIONS FOR PAYMENT	\$49,276.88
(Line 6 from prior Application)	
8. CURRENT PAYMENT DUE	\$5,134.08
9. BALANCE TO FINISH, INCLUDING RETAINAGE	
(Line 3 minus Line 6) ask 3/7/05	
	\$15,164.04

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months	\$0.00	\$0.00
Total approved this month	\$0.00	\$0.00
TOTALS	\$0.00	\$0.00
NET CHANGES by Change Order		

Contractor's signature below is his assurance to Owner, concerning the payment herein applied for, that: (1) the Work has been performed as required in the Contract Documents, (2) all sums previously paid to Contractor under the Contract have been used to pay Contractor's costs for labor, materials and other obligations under the Contract for Work previously paid for, and (3) Contractor is legally entitled to this payment.

CONTRACTOR: Unicom Inc.
 By: Rita M. Meyer Date: 2/21/05

State of: PENNSYLVANIA
 County of: Allegheny
 Subscribed and sworn to before
 me this 21st day of FEBRUARY 2005
 Notary Public: Carol G. Pruchnitsky
 My Commission Expires: 1-10-09

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Carol A. Pruchnitsky, Notary Public
 Bridgeville Boro, Allegheny County
 My Commission Expires Jan. 10, 2009

ARCHITECT'S CERTIFICATION

Architect's signature below is his assurance to Owner, concerning the payment herein applied for, that: (1) Architect has inspected the Work represented by this Application, (2) such Work has been completed to the extent indicated in this Application, and the quality of workmanship and materials conforms with the Contract Documents, (3) this Application for Payment accurately states the amount of Work completed and payment due therefor, and (4) Architect knows of no reason why payment should not be made.

AMOUNT CERTIFIED

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

CONSTRUCTION MANAGER:
 By: _____ Date: _____
 ARCHITECT:
 By: _____ Date: _____

Neither this Application nor payment applied for herein is assignable or negotiable. Payment shall be made only to Contractor, and is without prejudice to any rights of Owner or Contractor under the Contract Documents or otherwise.

PENNS MANOR AREA SCHOOL DISTRICT

6003 RTE 553 HWY
CLYMER, PA 15728
GENERAL ACCOUNT

FIRST Commonwealth
First Commonwealth Bank
Central Offices: Indiana, PA 15701-0400
60-682/433

NO. 35175

CHECK NO.

35175

****5314 DOLLARS AND 24 CENTS



DATE

AMOUNT

06/10/05

*****5314.24

UNICOMP
P O BOX 1262
MCMURRAY, PA 15317

David S. Rudman PRESIDENT
Julie A. Hirsch SECRETARY
TREASURER

PAY TO THE ORDER OF

⑈035175⑈ ⑆043306826⑆ 3000 002451⑈ ⑆0000531424⑆

FOR DEPOSIT ONLY
UNICOMP
046531152009

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
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WASHINGTON, PA 15301
0616 03031 011011890
WASHINGTON FSB >>253374221<<
PA 15301

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 + PENNS-MANOR SD
 HHSR-SHARON
 005 08:55 FAX 7249814515

VENDOR NAME Unicomp Inc.
 ACCT. # 4600-400-300-01-08 AMOUNT 5314.24

APPLICATION FOR PAYMENT

TO OWNER: Penns Manor School District 6003 Route 553 Clymer, PA 15728	PROJECT: 4804 <u>Penns Manor Area Elementary School</u> <u>6003 Route 553</u> <u>Clymer, PA 15728</u>	APPLICATION NO.: 4 PERIOD TO: 05/26/2005 PROJECT #s:	Distribution to: <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> ARCHITECT <input type="checkbox"/> CONSTRUCTION MANAGER
FROM CONTRACTOR: Unicomp Inc. P O Box 1262 McMurray, PA 15317	ARCHITECT: HHSR 40 Shenango Avr. Sharon, PA 16148	CONTRACT DATE: 08/19/2004	<i>OK</i> <i>DLK</i> <i>4/3/05</i>
CONTRACT FOR: Voice/Data Wiring	CONSTRUCTION MANAGER:		

CONTRACTOR'S SUMMARY OF WORK

Application is made for payment as shown below.
Continuation Page is attached.

1. ORIGINAL CONTRACT AMOUNT	\$68,575.00
2. NET CHANGE BY CHANGE ORDERS	
3. CONTRACT AMOUNT TO DATE (Line 1 +/- 2)	\$68,575.00
4. TOTAL COMPLETED AND STORED TO DATE	\$83,659.67
(Column G on Continuation Page)	
5. RETAINAGE:	
a. of Completed Work	5%
(Column D + E on Continuation Page)	
b. of Stored Material	
(Column F on Continuation Page)	
Total Retainage (Line 5a + 5b or	
Column I on Continuation Page)	\$3,182.98
6. TOTAL EARNED LESS RETAINAGE	\$60,636.82
(Line 4 minus Line 5 Total)	
7. LESS PREVIOUS APPLICATIONS FOR PAYMENT	\$55,322.58
(Line 6 from prior Application)	
8. CURRENT PAYMENT DUE	\$5,314.24
9. BALANCE TO FINISH, INCLUDING RETAINAGE	\$8,938.18
(Line 3 minus Line 6)	

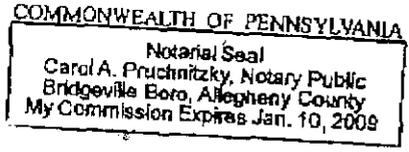
CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS	
Total changes approved in previous months	\$0.00	\$0.00	
Total approved this month	\$0.00	\$0.00	
TOTALS	\$0.00	\$0.00	
NET CHANGES by Change Order			

Contractor's signature below is his assurance to Owner, concerning the payment herein applied for, that: (1) the Work has been performed as required in the Contract Documents, (2) all sums previously paid to Contractor under the Contract have been used to pay Contractor's costs for labor, materials and other obligations under the Contract for Work previously paid for, and (3) Contractor is legally entitled to this payment.

CONTRACTOR: Unicomp Inc.
 By: *Rita M. Meyer* Date: 5/26/05

State of: PENNSYLVANIA
 County of: Allegheny
 Subscribed and sworn to before

me this 26th day of May 2005
 Notary Public: *Carole Pruchnitsky*
 My Commission Expires:



ARCHITECT'S CERTIFICATION

Architect's signature below is his assurance to Owner, concerning the payment herein applied for, that: (1) Architect has inspected the Work represented by this Application, (2) such Work has been completed to the extent indicated in this Application, and the quality of workmanship and materials conforms with the Contract Documents, (3) this Application for Payment accurately states the amount of Work completed and payment due therefor, and (4) Architect knows of no reason why payment should not be made.

AMOUNT CERTIFIED

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

CONSTRUCTION MANAGER:
 By: _____ Date: _____
ARCHITECT:
 By: _____ Date: _____

Neither this Application nor payment applied for herein is assignable or negotiable. Payment shall be made only to Contractor, and is without prejudice to any rights of Owner or Contractor under the Contract Documents or otherwise.

VENDOR NAME Unicomp
 ACCT. # 4600-400-300-01-08 AMOUNT 5459.43

Mosk 9/9/05

APPLICATION FOR PAYMENT

TO OWNER: Penns Manor School District
 6003 Route 553
 Clymer, PA 15728

PROJECT: 4804
 Penns Manor Area Elementary School
 6003 Route 553
 Clymer, PA 15728

FROM CONTRACTOR: Unicomp Inc.
 P O Box 1262
 McMurray, PA 15317

ARCHITECT: HHS DR
 40 Shenango Avr.
 Sharon, PA 16148

CONTRACT FOR: Voice/Data Wiring

APPLICATION NO. 5
 PERIOD TO: 08/24/2005
 PROJECT #s: TOTAL

CONTRACT DATE: 08/19/2004

Distribution to:
 OWNER
 CONTRACTOR
 ARCHITECT
 SCB
 8/31/05

CONTRACTOR'S SUMMARY OF WORK

Application is made for payment as shown below.
 Continuation Page is attached.

- 1. ORIGINAL CONTRACT AMOUNT \$69,575.00
- 2. NET CHANGE BY CHANGE ORDERS
- 3. CONTRACT AMOUNT TO DATE (Line 1 +/- 2) \$69,575.00
- 4. TOTAL COMPLETED AND STORED TO DATE \$69,575.00
 (Column G on Continuation Page)
- 5. RETAINAGE:
 - a. of Completed Work 5%
 (Columns D + E on Continuation Page)
 - b. of Stored Material
 (Column F on Continuation Page)
 Total Retainage (Line 5a + 5b or Column I on Continuation Page) \$3,478.75
- 6. TOTAL EARNED LESS RETAINAGE \$66,096.25
 (Line 4 minus Line 5 Total)
- 7. LESS PREVIOUS APPLICATIONS FOR PAYMENT \$60,636.82
 (Line 6 from prior Application)
- 8. CURRENT PAYMENT DUE \$5,459.43
- 9. BALANCE TO FINISH, INCLUDING RETAINAGE \$3,478.75
 (Line 3 minus Line 6)

Contractor's signature below is his assurance to Owner, concerning the payment herein applied for, that: (1) the Work has been performed as required in the Contract Documents, (2) all sums previously paid to Contractor under the Contract have been used to pay Contractor's costs for labor, materials and other obligations under the Contract for Work previously paid for, and (3) Contractor is legally entitled to this payment.

CONTRACTOR: Unicomp Inc.
 By: *Lita M. Meyer* Date: 8/24/05

State of: PENNSYLVANIA
 County of: ALLEGHENY

Subscribed and sworn to before
 me this 24th day of AUGUST, 2005 COMMONWEALTH OF PENNSYLVANIA

Notary Public: *Caroll A. Pruchnitsky*
 My Commission Expires:

Notarial Seal
 Carol A. Pruchnitsky, Notary Public
 Bridgeville Boro, Allegheny County
 My Commission Expires Jan. 10, 2009

ARCHITECT'S CERTIFICATION

Architect's signature below is his assurance to Owner, concerning the payment herein applied for, that: (1) Architect has inspected the Work represented by this Application, (2) such Work has been completed to the extent indicated in this Application, and the quality of workmanship and materials conforms with the Contract Documents, (3) this Application for Payment accurately states the amount of Work completed and payment due therefor, and (4) Architect knows of no reason why payment should not be made.

AMOUNT CERTIFIED \$5459.43

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

ARCHITECT: *Ben Hansen*
 By: *Ben Hansen* Date: 9/2/05

Neither this Application nor payment applied for herein is assignable or negotiable. Payment shall be made only to Contractor, and is without prejudice to any rights of Owner or Contractor under the Contract Documents or otherwise.

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months	\$0.00	\$0.00
Total approved this month	\$0.00	\$0.00
TOTALS	\$0.00	\$0.00
NET CHANGES by Change Order		

VENDOR NAME Uncomp Inc
 ACCT. # 4600-400-300-01-08 AMOUNT 4390.31

al
D/K
11/6/06

APPLICATION FOR PAYMENT

TO OWNER: Penns Manor School District 6003 Route 553 Clymer, PA 15728	PROJECT: 4804 Penns Manor Area Elementary School 6003 Route 553 Clymer, PA 15728	APPLICATION NO. <u>Final 6</u> PERIOD TO: <u>09/23/2005</u> PROJECT #s:	Distribution to: <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> ARCHITECT <input type="checkbox"/> CONSTRUCTION MANAGER
FROM CONTRACTOR: Uncomp Inc. P O Box 1262 McMurray, PA 15317	ARCHITECT: HHS DR 40 Shenango Av. Sharon, PA 16148	CONTRACT DATE: <u>08/19/2004</u>	<i>JAS</i> <u>12/21/05</u>
CONTRACT FOR: Voice/Data Wiring	CONSTRUCTION MANAGER:		

CONTRACTOR'S SUMMARY OF WORK

Application is made for payment as shown below.
 Continuation Page is attached.

1. ORIGINAL CONTRACT AMOUNT	\$89,575.00
2. NET CHANGE BY CHANGE ORDERS	
3. CONTRACT AMOUNT TO DATE (Line 1 +/- 2)	\$89,575.00
4. TOTAL COMPLETED AND STORED TO DATE	\$69,575.00
(Column G on Continuation Page)	
5. RETAINAGE: :	
a. of Completed Work	
(Column D + E on Continuation Page)	
b. of Stored Material	
(Column F on Continuation Page)	
Total Retainage (Line 5a + 5b or Column I on Continuation Page)	
6. TOTAL EARNED LESS RETAINAGE	\$69,575.00
(Line 4 minus Line 5 Total)	
7. LESS PREVIOUS APPLICATIONS FOR PAYMENT.....	65,184.63
(Line 6 from prior Application)	
8. CURRENT PAYMENT DUE.....	4,390.37
9. BALANCE TO FINISH, INCLUDING RETAINAGE	0
(Line 3 minus Line 8)	

Contractor's signature below is his assurance to Owner, concerning the payment herein applied for, that: (1) the Work has been performed as required in the Contract Documents, (2) all sums previously paid to Contractor under the Contract have been used to pay Contractor's costs for labor, materials and other obligations under the Contract for Work previously paid for, and (3) Contractor is legally entitled to this payment.

CONTRACTOR: Uncomp Inc.
 By: Rita M Meyer Date: 9/26/05

State of: PENNSYLVANIA
 County of: Allegheny

Subscribed and sworn to before
 me this 26th day of SEPTEMBER 2005

Notary Public: Carol A Pruchnitsky
 My Commission Expires: 1-10-2009

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Carol A. Pruchnitsky, Notary Public
 Bridgeville Boro, Allegheny County
 My Commission Expires Jan. 10, 2009

ARCHITECT'S CERTIFICATION

Architect's signature below is his assurance to Owner, concerning the payment herein applied for, that: (1) Architect has inspected the Work represented by this Application, (2) such Work has been completed to the extent indicated in this Application, and the quality of workmanship and materials conforms with the Contract Documents, (3) this Application for Payment accurately states the amount of Work completed and payment due therefor, and (4) Architect knows of no reason why payment should not be made.

AMOUNT CERTIFIED

\$ 4,390.37

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

CONSTRUCTION MANAGER:
 By: _____ Date: _____
 ARCHITECT:
 By: John Henry Date: 12/22/05

Neither this Application nor payment applied for herein is assignable or negotiable. Payment shall be made only to Contractor, and is without prejudice to any rights of Owner or Contractor under the Contract Documents or otherwise.

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months	\$0.00	\$0.00
Total approved this month	\$0.00	\$0.00
TOTALS	\$0.00	\$0.00
NET CHANGES by Change Order		