

Exhibit H
KH McKenny Invoice
and Backup



KH MCKENNY INC
 PO BOX 115
 CUTTEN CA 95534
 707 4449659

License: 774830

Contract Invoice

Invoice#: 24-112

Date: 03/20/2024

Billed To: HUMBOLDT COUNTY CODE ENFORCEMENT
 ATTN: DELILAH MOXON
 3015 H STREET
 EUREKA CA 95534

Project: HUMBOLDT CO ABATEMENT
 1987 PENINSULA DRIVE
 MANILA CA 95521

Due Date: 03/30/2024

Terms: 10DY

Order#

Description	Amount
ABATEMENT 1987 Peninsula Drive, Arcata/Manila AP# 505-102-01 SEE ATTACHED SPREAD SHEET OF COST BREAKDOWN	17,740.91

APPROVED
By Dean Beck at 11:29 am, Apr 02, 2024

269101/2118
 CE21-1401

A service charge of 12.00% per annum will be charged on all amounts overdue on regular statement dates.

Thank you for your prompt payment!

Non-Taxable Amount:	17,740.91
Taxable Amount:	0.00
Sales Tax:	0.00
Amount Due	17,740.91

Humboldt Waste Management Authority
 1059 W. Hawthorne St.
 Eureka, CA 95501 US
 (707) 268 8680
 ar@hwma.net



INVOICE

BILL TO

Kevin McKenny
 K H McKenny
 PO Box 115
 Cutten, CA 95534

INVOICE # 1000006008

DATE 02/18/2024

DUE DATE 03/19/2024

TERMS Net 30

DATE	PO NUMBER	FILL IN	TRANSACTION	AMOUNT
02/15/2024		Solid Waste - Self Haul	649408- -KH, 1.18 @ \$187.17	220.86
02/15/2024		Solid Waste - Self Haul	649413- manila -KH, 1.24 @ \$187.17	232.09
02/15/2024		Solid Waste - Self Haul	649441- -KH, 1.48 @ \$187.17	277.01
02/15/2024		Solid Waste - Self Haul	649458- manila -KH, 1.19 @ \$187.17	222.73
02/15/2024		Solid Waste - Self Haul	649471- manilla -KH, 0.89 @ \$187.17	166.58
02/15/2024		Solid Waste - Self Haul	649510- Manilla -KH, 1.22 @ \$187.17	228.35
02/15/2024		Solid Waste - Self Haul	649514- - DUMP, 1.51 @ \$187.17	282.63
02/15/2024		Solid Waste - Self Haul	649543- -KH, 2.22 @ \$187.17	415.52
02/15/2024		Solid Waste - Self Haul	649554- -KH, 1.79 @ \$187.17	335.03

DATE	PO NUMBER	FILL IN	TRANSACTION	AMOUNT
02/15/2024		Solid Waste - Self Haul	649579- -KH, 2.27 @ \$187.17	424.88
02/15/2024		Solid Waste - Self Haul	649595- -KH, 2.91 @ \$187.17	544.66
02/15/2024		Solid Waste - Self Haul	649619- manila -KH, 4.27 @ \$187.17	799.22
02/15/2024		Treated Wood Waste Handling	649619- manila -KH, 1 @ \$10.00	10.00
			BALANCE DUE	\$4,159.56

	707 268-3715					Dean Beck Humboldt Co Code Enforcement Manager			
						1987 Peninsula Drive, Arcata/Manila AP# 505-102-01			
						Abatement Billing for KH Mckenny Inc			
NUMBER	EQUIPMENT	DESCRIPTION	CAL TRANS	CALTRANS	HOURS	HOURS	HOURS	HOURS	AMOUNT TOTAL
			CODE	RATE	1/14/2024	2/15/2024	2/16/2024	2/20/2024	
1	CAT 308E	EXCAVATOR	270	58.83	0	7	0	0	\$411.81
2	CAT 259D	SKID STEER	2159	58.27	0	0	0	3	174.81
3	FORD F750	DUMP TRK	20-28	54.71	0	8	0	0	\$437.68
4	BIG TEX 22GN	EQUIP TRLR	100	17.61	2	8	0	0	\$176.10
5	LOAD TRL 14K	EQUIP TRLR	08--10	5.16	0	7	0	3	\$51.60
6	FORD F550	TOWS #4	12--20	54.71	1	6	0	0	\$328.26
7	FORD F550	TOWS #5	12--20	54.71	2	8.5	0	3	\$738.58
8	CARSON 14K	DUMP TRLR	08--10	5.16	0	7	0	0	\$36.12
9	FORD F450	TOWS #8	20-Dec	54.71	1	7	0	0	\$437.68
	ADD FOR FUEL						17		\$91.23
								EQUIPMENT SUBTOTAL	\$2,883.87
EMPLOYEE									
1	JOHNNY			145	2	8	0	2	\$1,740.00
2	BRIAN			110	1.5	7.5	0	2	\$1,210.00
3	LUKE			110	0	7	0	0	\$770.00
4	LANDON			110	0	7	0	0	\$770.00
5	KEVIN			200	2	5	4.5	3	\$2,900.00
5	KEVIN DIR DOCUMENT WORK			200	2.5				\$500.00
								LABOR SUBTOTAL	\$7,890.00
	DUMP FEES								\$4,159.56
	SUB TOTAL							SUBTOTAL	\$14,933.43
	OHD 8%								\$1,194.67
	CONTRACTOR FEE								\$1,612.81
								TOTAL	\$17,740.91

PUBLIC WORKS CONTRACT AWARD INFORMATION

Contract award information must be sent to your Apprenticeship Committee if you are approved to train. **If you are not approved to train, you must send the information (which may be this form) to ALL applicable Apprenticeship Committees in your craft or trade in the area of the site of the public work.** Go to: <http://www.dir.ca.gov/databases/das/pwaddrstart.asp> for information about programs in your area and trade. You may also consult your local Division of Apprenticeship Standards (DAS) office whose telephone number may be found in your local directory under California, State of, Industrial Relations, Division of Apprenticeship Standards.

Do not send this form to the Division of Apprenticeship Standards.

<small>NAME OF YOUR COMPANY</small> KH Mckenny Inc	<small>CONTRACTOR'S STATE LICENSE NO</small> 774830
<small>MAILING ADDRESS- NUMBER & STREET, CITY, ZIP CODE</small> PO Box 115	<small>AREA CODE & TELEPHONE NO.</small> (707) 444-9659
<small>NAME & ADDRESS OF PUBLIC WORKS PROJECT</small> 1989 PENINSULA DR ARCATA CA ABATEMENT DIR# 506505 1989 PENINSULA DR ARCATA CA 95521	<small>DATE YOUR CONTRACT EXECUTED</small> 01/24/2024
	<small>DATE OF EXPECTED OR ACTUAL START OF PROJECT</small> 02/04/2024
<small>NAME & ADDRESS OF PUBLIC AGENCY AWARDED CONTRACT</small> COUNTY OF HUMBOLDT BUILDING DEPT 3015 H STREET EUREKA CA 95501	<small>ESTIMATED NUMBER OF JOURNEYMEN HOURS</small> 22 HRS
<small>THIS FORM IS BEING SENT TO: (NAME & ADDRESS OF APPRENTICESHIP PROGRAM(S))</small> Joint Apprenticeship Committee For Operating Engineers For The 46 Northern Counties In California 14738 Cantova Way Sloughouse, CA 95683 Sharon Jones, Administrative Assistant (916) 354-2029 RMTc@OE3JAC.ORG	<small>OCCUPATION OF APPRENTICE</small> EXCAVATOR OPERATOR
	<small>ESTIMATED NUMBER OF APPRENTICE HOURS</small> 5HR JUST(1)CAT 304E EXCV
	<small>APPROXIMATE DATES TO BE EMPLOYED</small> 02/04/2024

This is not a request for dispatch of apprentices.

Contractors must make a separate request for actual dispatch, in accordance with Section 230.1(a) California Code of Regulations

Check One Of The Boxes Below

1. We are already approved to train apprentices by the _____
Apprenticeship Committee. We will employ and train under their Standards. Enter name of the Committee

2. We will comply with the standards of _____
Apprenticeship Committee for the duration of this job only. Enter name of the Committee

3. We will employ and train apprentices in accordance with the California Apprenticeship Council regulations, including § 230.1 (c) which requires that apprentices employed on public projects can only be assigned to perform work of the craft or trade to which the apprentice is registered and that the apprentices must at all times work with or under the direct supervision of journeyman/men.

Signature  Date **01/24/2024**

Typed Name **KEVIN MCKENNY**

Title **CORP PRES**

**State of California - Department of Industrial Relations DIVISION
OF APPRENTICESHIP STANDARDS**

PUBLIC WORKS CONTRACT AWARD INFORMATION

Contract award information must be sent to your Apprenticeship Committee if you are approved to train. **If you are not approved to train, you must send the information (which may be this form) to ALL applicable Apprenticeship Committees in your craft or trade in the area of the site of the public work. Go to: <http://www.dir.ca.gov/databases/das/pwaddrstart.asp> for information about programs in your area and trade.** You may also consult your local Division of Apprenticeship Standards (DAS) office whose telephone number may be found in your local directory under California, State of, Industrial Relations, Division of Apprenticeship Standards.

Do not send this form to the Division of Apprenticeship Standards.

<small>NAME OF YOUR COMPANY</small> KH Mckenny Inc	<small>CONTRACTOR'S STATE LICENSE NO</small> 774830
<small>MAILING ADDRESS- NUMBER & STREET, CITY, ZIP CODE</small> PO Box 115	<small>AREA CODE & TELEPHONE NO.</small> (707) 444-9659
<small>NAME & ADDRESS OF PUBLIC WORKS PROJECT</small> 1989 PENINSULA DR ARCATA CA ABATEMENT DIR#506505 1989 PENINSULA DR ARCATA CA 95521	<small>DATE YOUR CONTRACT EXECUTED</small> 01/24/2024
	<small>DATE OF EXPECTED OR ACTUAL START OF PROJECT</small> 02/04/2024
<small>NAME & ADDRESS OF PUBLIC AGENCY AWARING CONTRACT</small> COUNTY OF HUMBOLDT BUILDING DEPT 3015 H STREET EUREKA CA 95501	<small>ESTIMATED NUMBER OF JOURNEYMEN HOURS</small> 48
	<small>OCCUPATION OF APPRENTICE</small> LABORER
<small>THIS FORM IS BEING SENT TO: (NAME & ADDRESS OF APPRENTICESHIP PROGRAM(S))</small> Northern California District Council Of Laborers Hod Carrier J.A.C. 1001 Westside Drive San Ramon, CA 94583 Hugo De La Torre, Director (925) 828-2513 das140@norcaltc.org	<small>ESTIMATED NUMBER OF APPRENTICE HOURS</small> 8
	<small>APPROXIMATE DATES TO BE EMPLOYED</small> 02/04/2024

This is not a request for dispatch of apprentices.

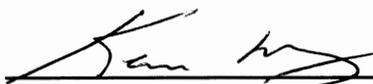
Contractors must make a separate request for actual dispatch, in accordance with Section 230.1(a) California Code of Regulations

Check One Of The Boxes Below

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 Apprenticeship Committee. We will employ and train under their Standards. Enter name of the Committee

2. We will comply with the standards of _____
 Apprenticeship Committee for the duration of this job only. Enter name of the Committee

3. We will employ and train apprentices in accordance with the California Apprenticeship Council regulations, including § 230.1 (c) which requires that apprentices employed on public projects can only be assigned to perform work of the craft or trade to which the apprentice is registered and that the apprentices must at all times work with or under the direct supervision of journeyman/men.

Signature  Date 01/24/2024
 Typed Name KEVIN MCKENNY
 Title CORP PRES

**State of California - Department of Industrial Relations DIVISION
 OF APPRENTICESHIP STANDARDS**

eCPR Online Confirmation

Your payroll submission request has been processed.

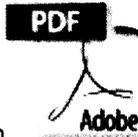
Please review the results of your submission. Should you have any questions please contact the eCPR unit at publicworks@dir.ca.gov.

Contractor Name: K H MC KENNY INC
Contractor Address: 1531 CLAIRE CT EUREKA CA 95501
Awarding Body: COUNTY OF HUMBOLDT CODE ENFORCEMENT UNIT
Project ID: 506505.
Contract With: K H MC KENNY INC
Week Ending Date: 2024-02-15
Payroll Number: 1
Amendment Number: 0

5 employee payroll record(s) processed

Your Transaction ID is: 19911809

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Public Works Certified Payroll Reporting Form

Certification under penalty of perjury:

"I, the undersigned, am the (position in business) with the authority to act for and on behalf of (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named. I certify this on."

Contractor Name: K H MC KENNY INC **Contractor PWCR:** 1000055376 **License Type:** CSLB **License Number:** 774830
Address: 1531 CLAIRE CT, EUREKA, CA 95501 **Project Name:** 1989 PENINSULA DR, ARCATA, CA 95521
Insurance Number: 9143610 **DIR Project ID:** 506505 **Address:** 1989 PENINSULA DRIVE, ARCATA, CA 95521
Awarding Body: COUNTY OF HUMBOLDT CODE ENFORCEMENT UNIT **County:** HUMBOLDT
Contract With: K H MC KENNY INC

Payroll #: 1 - 0 **Ctr Payroll #:** 24-03 **Period Ending:** February 2024 1st Half **Statement of Non-Performance?** **Final payroll for this project?**

Employee:

Employee	February 2024 1st Half							Total Hours	Base Hourly	Total Fringe	Vac/Holiday	Health & Wellf.	Pension	Other	Training	Total Hourly Rate
	Fri 02/09	Sat 02/10	Sun 02/11	Mon 02/12	Tue 02/13	Wed 02/14	Thu 02/15									
S LABORER	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
S LABORER	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
S LABORER	0.00	0.00	0.00	0.00	0.00	0.00	7.00	35.25	28.06	3.25	10.10	14.36	0.35	0.00	0.00	41.69

NOTE:

Travel & Subsistence 0.00 Total Deductions 0.00

Public Works Certified Payroll Reporting Form

Contractor Name: K H MC KENNY INC

Project Name: 1989 PENINSULA DR, ARCATA, CA 95521

Period Ending: February 2024 1st Half Payroll Number: 1-0

Employee:

Employee	Fri 02/02	Sat 02/03	Sun 02/04	Mon 02/05	Tue 02/06	Wed 02/07	Thu 02/08	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Welif.	Pension	Other	Training	Total Hourly Rate
S LABORER	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
S LABORER	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
S LABORER	0.00	0.00	0.00	0.00	0.00	0.00	7.00	7.00	35.25	28.06	3.25	10.10	14.36	0.35	0.00	60.31
NOTE:									Travel & Subsistence				0.00	Total Deductions		41.69

Public Works Certified Payroll Reporting Form

Contractor Name: K H MC KENNY INC

Project Name: 1989 PENINSULA DR, ARCATA, CA 95521

Period Ending: February 2024 1st Half Payroll Number: 1-0

Employee:

Employee	Fri 02/02	Sat 02/03	Sun 02/04	Mon 02/05	Tue 02/06	Wed 02/07	Thu 02/08	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Welif.	Pension	Other	Training	Total Hourly Rate
S OPP ENG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
S OPP ENG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
S OPP ENG	0.00	0.00	0.00	0.00	0.00	2.00	8.00	10.00	58.45	31.72	5.96	13.38	10.78	1.60	1.21	91.39

NOTE:

Travel & Subsistence 0.00 Total Deductions 1,857.24

Public Works Certified Payroll Reporting Form

Contractor Name: K H MC KENNY INC

Project Name: 1989 PENINSULA DR, ARCATA, CA 95521

Period Ending: February 2024 1st Half **Payroll Number:** 1-0

Employee:

	Fri 01/25	Sat 01/27	Sun 01/28	Mon 01/29	Tue 01/30	Wed 01/31	Thu 02/01	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
S LABORER							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Fri 02/02	Sat 02/03	Sun 02/04	Mon 02/05	Tue 02/06	Wed 02/07	Thu 02/08	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
S LABORER	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Fri 02/09	Sat 02/10	Sun 02/11	Mon 02/12	Tue 02/13	Wed 02/14	Thu 02/15	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
S LABORER	0.00	0.00	0.00	0.00	0.00	1.50	7.50	9.00	35.25	28.06	3.25	10.10	14.36	0.35	0.50	63.81
NOTE:											Travel & Subsistence	0.00	Total Deductions	574.35		

Public Works Certified Payroll Reporting Form

Contractor Name: K H MC KENNY INC

Project Name: 1989 PENINSULA DR, ARCATA, CA 95521

Period Ending: February 2024 1st Half **Payroll Number:** 1-0

Employee:

	Fri 02/02	Sat 02/03	Sun 02/04	Mon 02/05	Tue 02/06	Wed 02/07	Thu 02/08	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
S OPP ENG							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
S OPP ENG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
S OPP ENG	0.00	0.00	0.00	0.00	0.00	1.50	5.00	6.50	58.45	31.72	5.96	13.38	10.78	1.60	1.21	91.38
NOTE:											Travel & Subsistence		0.00	Total Deductions		552.75

eCPR Online Confirmation

Your payroll submission request has been processed.

Please review the results of your submission. Should you have any questions please contact the eCPR unit at publicworks@dir.ca.gov.

Contractor Name: K H MC KENNY INC
Contractor Address: 1531 CLAIRE CT EUREKA CA 95501
Awarding Body: COUNTY OF HUMBOLDT CODE ENFORCEMENT UNIT
Project ID: 506505
Contract With: K H MC KENNY INC
Week Ending Date: 2024-02-29
Payroll Number: 2
Amendment Number: 0

2 employee payroll record(s) processed

Your Transaction ID is: 20049581

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Public Works Certified Payroll Reporting Form

Certification under penalty of perjury:

"I, the undersigned, am the (position in business) with the authority to act for and on behalf of (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named. I certify this on ."

Contractor Name: K H MC KENNY INC **Contractor PWCR:** 1000055376 **License Type:** CSLB **License Number:** 774830
Address: 1531 CLAIRE CT, EUREKA, CA 95501 **Project Name:** 1989 PENINSULA DR, ARCATA, CA 95521
Insurance Number: 9143610 **DIR Project ID:** 506505 **Address:** 1989 PENINSULA DRIVE, ARCATA, CA 95521
Awarding Body: COUNTY OF HUMBOLDT CODE ENFORCEMENT UNIT **County:** HUMBOLDT
Contract With: K H MC KENNY INC

Payroll #: 2 - 0 **Ctr Payroll #:** 24-04 **Period Ending:** February 2024 2nd Half **Statement of Non-Performance?** **Final payroll for this project?**

Employee:

	Fri 02/16	Sat 02/17	Sun 02/18	Mon 02/19	Tue 02/20	Wed 02/21	Thu 02/22	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Wellf.	Pension	Other	Training	Total Hourly Rate
S OPP ENG	0.00	0.00	0.00	0.00	2.00	0.00	0.00	2.00	58.45	31.72	5.96	13.38	10.78	1.60	1.21	91.98
S OPP ENG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	58.45	31.72	5.96	13.38	10.78	1.60	1.21	111.39

NOTE: Travel & Subsistence 0.00 Pension 0.00 Total Deductions 1,492.97

Public Works Certified Payroll Reporting Form

Contractor Name: K H MC KENNY INC

Project Name: 1989 PENINSULA DR, ARCATA, CA 95521

Period Ending: February 2024 2nd Half Payroll Number: 2-0

Employee:

Employee	Fri 02/16	Sat 02/17	Sun 02/18	Mon 02/19	Tue 02/20	Wed 02/21	Thu 02/22	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Weif.	Pension	Other	Training	Total Hourly Rate
S LABORER	0.00	0.00	0.00	0.00	2.00	0.00	0.00	2.00	35.25	28.06	3.25	10.10	14.36	0.35	0.50	83.81
S LABORER	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35.25	28.06	3.25	10.10	14.36	0.35	0.50	83.81

NOTE:

Travel & Subsistence 0.00 Total Deductions 523.18