# LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for all projects (Labor Code §1771.5(a))

Report for the reporting period 02/28/2009 to 05/06/2010

<table>
<thead>
<tr>
<th>1. Name of Labor Compliance Program (LCP):</th>
<th>Lake County Special Districts Administration Labor Compliance Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR):</td>
<td>2007.00573</td>
</tr>
<tr>
<td>3. Date of Initial Approval:</td>
<td>March 4, 2008</td>
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</tbody>
</table>
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): | John Thompson, Utility Systems Compliance Coordinator johnt@co.lake.ca.us  
Lake County Special Districts (707) 263-0119  
230A Main Street (707) 263-3836 fax  
Lakeport, CA 95453 |
| 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? | Yes If Yes, proceed to item 6 on the next page  
No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant,  
455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102 |

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary) A 30-Day “email” reminder for the annual report due date would be great. Thank You.
LCP-AR2

SUBMITTED BY:

John Thompson Utility Systems Compliance Coordinator
Name and Title

MAY 6, 2010
Date