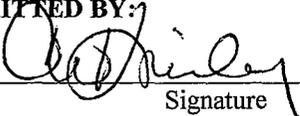


LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period July 1, 2012- June 30, 2013

| | | |
|---|--|-------------------|
| 1. Name of Labor Compliance Program (LCP) : Tokay Park Water Company | | |
| 2. LCP I.D. Number (assigned by DIR): 2013.01160 | 3. Date of Initial Approval: 5/20/13 | |
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available) Mr. Curtis Kirby P.O. Box 292146 Sacramento, CA 95829-2146 | | |
| 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Please check one: <input type="checkbox"/> Yes If Yes, proceed to item 6 on the next page <input checked="" type="checkbox"/> 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) | | |
| SUBMITTED BY: | | |
|  Signature | CURTIS KIRBY / GENERAL MANAGER Name and Title | 7/31/2013 Date |

Internet Course Certificate of Completion

**ETHICS ORIENTATION
FOR
STATE OFFICIALS**

I am aware of, and have attempted to comply with, the procedures established by my agency for making this Internet training a part of my agency's ethics orientation. I have carefully read all of the instructional materials that were provided in this accessible, non-interactive Internet course.

Name

Laura L. Devany

Agency

North Valley Labor Compliance Services

Date course completed

02/21/13

Position

Labor Compliance Consultant

Date

2/21/13

Signature

Carolyn Jay

My signature on this certificate signifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

Print