LABOR COMPLIANCE PROGRAM ANNUAL REPORT
Suggested Format for Awarding Body that enforces its own Labor Compliance Program for all projects (Labor Code §1771.5(a))

Report for the reporting period 07/01/2013 to 06/30/2014

1. Name of Labor Compliance Program (LCP): Aerial Acres Water Company

2. LCP I.D. Number (assigned by DIR): 2013.01178

3. Date of Initial Approval: 8/20/2013

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

Delton Matlock, President
18110 Avenue B
North Edwards, CA 93523

(760) 769-4480 Office, (760)769-1102 Fax, delton.rubym@hughes.net Email

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?
   
   Please check one:
   
   [ ] YES If Yes, proceed to item 6 on the next page
   [x] 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, 16th 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) Please make this form INTERACTIVE like the DAS-140 form so it will be easier to use. Thank you.

SUBMITTED BY:

[Signature] Delton Matlock, President

[Name and Title] 9/1/2014 [Date]