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, 2013 - June 30, 2014

<table>
<thead>
<tr>
<th>1. Name of Labor Compliance Program (LCP):</th>
<th>Marysville Joint Unified School District</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR):</td>
<td>2011.00673</td>
</tr>
<tr>
<td>3. Date of Initial Approval:</td>
<td>9/1/2011</td>
</tr>
</tbody>
</table>
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available) | Ms. Denise DeVaughn  
1919 B. Street  
Marysville, CA 95901 |
| 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,  
1515 Clay Street 17th Floor, Oakland, CA 94612 |

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:

Denise DeVaughn  
Signature

Denise DeVaughn: Ass't Proj. Mngr.  
Name and Title

3/26/14  
Date