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 7/1/17 - 6/30/18

1. Name of Labor Compliance Program (LCP): Reclamation District 2027

2. LCP I.D. Number (assigned by DIR): 0000682

3. Date of Initial Approval: 9/1/2011

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available)
   Mr. Greg Wells
   222 Via Marnell Way
   Las Vegas, NV 89119
   702-739-2000

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
   ✔ 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:

Signature

Anthony A. Marnell II, President and Secretary
Name and Title

July 31, 2018
Date