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 7/1/16-6/30/17

<table>
<thead>
<tr>
<th>1. Name of Labor Compliance Program (LCP)</th>
<th>Reclamation District 2042</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR)</td>
<td>0000683</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) | Mr. John Meek  
1440 Arundel Court  
Lodi, CA 95242 |
| 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 |
| 6. 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]  
[Name and Title]  
[Date] |