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 thru 6-30-18

1. Name of Labor Compliance Program (LCP): Reclamation District 2089

<table>
<thead>
<tr>
<th>2. LCP I.D. Number (assigned by DIR): 00724</th>
<th>3. Date of Initial Approval: 9/01/11</th>
</tr>
</thead>
</table>

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
Al Warren Hoslett
343 E. Main Street Ste. 815
Stockton, CA 95202
209 943-5551

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

SUBMITTED BY:
Pamela A Forbug, Assistant Secretary  8/28/18
Signature  Name and Title  Date