

TO OWNER: Nancy 802-895-4929
 New Ship to Feature
 2378 Dane Hill Rd
 W. Charleston, VT 05872

PROJECT:
 100 Main Street
 W. Charleston, VT 05872

APPLICATION NO: 1
PERIOD TO: 10/15/2005

Distribution to:

OWNER	
CONSTRUCTION MANAGER	
ARCHITECT	
CONTRACTOR	
FIELD	
OTHER	
OTHER	
OTHER	
OTHER	

FROM CONTRACTOR:
 Your Company Contact held in CAPS 802-895-4929
 CPS/CAPS Construction, Inc.
 2378 Dane Hill Road
 West Charleston, CA 05872

VIA: Construction Manager
 Contract Manager from CAPS
ARCHITECT
 Architect Info is Held in CAPS
 Address
 City, VT 05872

CONTRACT FOR:
 This is going to be a support nightmare for us!

CONTRACT DATE: 9/30/2005

PROJECT NOS: Federal Project # from CAPS
 State Project # from CAPS
 Architect Project # from CAPS

Architect Contact 866-684-5157

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1. ORIGINAL CONTRACT SUM	\$ 12,000.00
2. Net change by Change Orders	\$ -
3. CONTRACT SUM TO DATE (Line 1 + 2)	\$ 12,000.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on Continuation Sheet)	\$ 1,200.00
5. RETAINAGE:	
a. 10 % of Complete Work (Columns D + E on Continuation Sheet)	\$ 120.00
b. 10 % of Stored Material (Column F on Continuation Sheet) Total Retainage (Line 5a + 5b or Total in Column I of Continuation Sheet)	\$ -
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	\$ 1,080.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$ -
8. CURRENT PAYMENT DUE	\$ 1,080.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$ 10,920.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$ -	\$ -
Total approved this month	\$ -	\$ -
TOTALS	\$0.00	\$0.00
NET CHANGES by Change Order	\$0.00	\$0.00

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: CPS/CAPS Construction, Inc.
By: _____ **Date:** _____
State of: NS
County of: Notary County
Subscribed and sworn to before
 me this 19th day of October 2005

Notary Public: _____ **Notary Name** _____
My Commission expires: _____ **Notary Expires** _____

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Construction Manager and Architect certify to the Owner that to the best of their knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED
 (Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified)

CONSTRUCTION MANAGER: _____
By: _____ **Date:** _____

ARCHITECT: _____
By: _____ **Date:** _____

This certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract