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| SUMMARY OF SUBCONTRACTORS OR SUB-SUBCONTRACTORS | | Project No. | **-** | |
| *This form must be submitted with* ***all final payment applications****.* | | | | |
| Contractor Name: | Date Prepared: | | | Code:A |
| Check this box if ***no subcontractors*** were used. Skip to the bottom of this form, complete it and have it notarized as required. | | | | |
| Subcontractor’s or Sub-subcontractor’s Name | Date Last Worked | | | Code |
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| The foregoing is a true and accurate listing of all subcontractors and sub-subcontractors employed on this contract to date of completion. | |
|  | |
| Legal name of person, partnership or corporation | Signature |
| Address (street, city and state) | Print Name |
|  | Title |

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| Sworn to before me this | | | | |  |
|  | day of |  | 20 |  |  |
| Notary Public | | | | |