

JASON SISSOM
President

JAY ELDERS
Business Manager

JUSTIN SCHULTZ
Business Representative
Recording Secretary

JEREMY HICKAM
Vice President

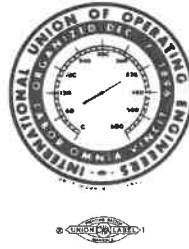
STACI RUSSELL
Treasurer

INTERNATIONAL UNION OF OPERATING ENGINEERS

LOCALS NO. 318, 318A, 318B, 318C, 318RA

JAMES DILLOW
Business Representative
Financial Secretary

AFFILIATED WITH THE
AMERICAN FEDERATION
OF LABOR



3310 WATER TOWER ROAD
MARION, ILLINOIS 62959
TELEPHONE 618-993-0318
FAX 618-997-9691

NATHAN CASSOUTT
Trustee

JOSH COOK
Trustee

MIKE STORY
Trustee

March 27, 2025

RE: IUOE Local 318 Rates effective April 1, 2025 and
Changes to the Collective Bargaining Agreement

Dear Contractor:

Please find attached/enclosed new rates that are effective April 1, 2025 for the International Union of Operating Engineers Local 318 and the corresponding contractors' packet. Please note the following major changes with this Collective Bargaining Agreement (CBA):

- Hourly wages have increased by \$2.75 per hour.
- The Pension Contribution has remained the same as \$11.45 per hour.
- The Health & Welfare Contribution has increased to \$12.40 per hour.
- The Annuity Fund has been increased to \$4.00 per hour.
- The Dues Check Off has increased to \$2.91 per hour and is paid by the employee.
- Language has been added concerning the ratio of Apprentice to Journeyworkers (Article III – Referral of Applicants, Section I).
- Language has been added concerning Non-Working Foreman (Article XX- NON-WORKING FOREMAN).

I encourage all contractors to read the Collective Bargaining Agreement that is attached and/or enclosed to review all of the changes that are effective April 1, 2025.

All of the appropriate forms are attached/enclosed to pay each of the respective funds with the correct rates listed on each form. Please remember on the form to pay the Dues Check Off {Supplemental Dues}, B&T, OAF and Vacation, the members need to be listed in alphabetical order and the Federal Employer Identification Number needs to be listed. Please copy the forms as needed for future use and remember to turn in months that have zero (0) hours as well.

If you have any questions, you may contact the hall at 618-993-0318. Thank you for your cooperation.

Sincerely,

Jay Elders
Business Manager
IUOE Local 318

Wage Addendum A

River and Levee Work on the Mississippi and Ohio Rivers, Lakes and Tributaries: Class 1

| Effective | 4/1/2025 | 4/1/2026 | 4/1/2027 | 4/1/2028 | 4/1/2029 |
|----------------------|----------------|----------------|----------------|----------------|----------------|
| Wages | \$40.23 | | | | |
| Pension | \$11.45 | | | | |
| H&W | \$12.40 | | | | |
| Annuity | \$4.00 | | | | |
| Appr & Trng | \$4.15 | \$4.15 | \$4.15 | \$4.15 | \$4.15 |
| ECA-IAF | \$0.16 | \$0.16 | \$0.16 | \$0.16 | \$0.16 |
| AGCIL-IAF | \$0.16 | \$0.16 | \$0.16 | \$0.16 | \$0.16 |
| DIAAF | \$0.10 | \$0.10 | \$0.10 | \$0.10 | \$0.10 |
| EBOLT | \$0.08 | \$0.08 | \$0.08 | \$0.08 | \$0.08 |
| Total Package | \$72.73 | \$76.73 | \$80.73 | \$85.23 | \$89.73 |

*Employee Deductions: Dues 4% of Total Package for Class A Operator
 VAC \$1.00
 OAF \$0.10
 Bldg & Trans \$0.10

*To Be Distributed: * \$4.00 on 4/1/2026 *\$4.50 on 4/1/2028
 * \$4.00 on 4/1/2027 *\$4.50 on 4/1/2029

River and Levee Work on the Mississippi and Ohio Rivers, Lakes and Tributaries: Class 2

| Effective | 4/1/2025 | 4/1/2026 | 4/1/2027 | 4/1/2028 | 4/1/2029 |
|----------------------|----------------|----------------|----------------|--------------|--------------|
| Wages | \$36.78 | | | | |
| Pension | \$11.45 | | | | |
| H&W | \$12.40 | | | | |
| Annuity | \$4.00 | | | | |
| Appr & Trng | \$4.15 | \$4.15 | \$4.15 | \$4.15 | \$4.15 |
| ECA-IAF | \$0.16 | \$0.16 | \$0.16 | \$0.16 | \$0.16 |
| AGCIL-IAF | \$0.16 | \$0.16 | \$0.16 | \$0.16 | \$0.16 |
| DIAAF | \$0.10 | \$0.10 | \$0.10 | \$0.10 | \$0.10 |
| EBOLT | \$0.08 | \$0.08 | \$0.08 | \$0.08 | \$0.08 |
| Total Package | \$69.28 | \$73.28 | \$77.28 | 81.78 | 86.28 |

*Employee Deductions: Dues 4% of Total Package for Class A Operator
 VAC \$1.00
 OAF \$0.10
 Bldg & Trans \$0.10

*To Be Distributed: * \$4.00 on 4/1/2026 *\$4.50 on 4/1/2028
 * \$4.00 on 4/1/2027 *\$4.50 on 4/1/2029

Wage Addendum A

Heavy and Highway, Building and Construction Work: Class A

| Effective | 4/1/2025 | 4/1/2026 | 4/1/2027 | 4/1/2028 | 4/1/2029 |
|----------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Wages | \$40.13 | | | | |
| Pension | \$11.45 | | | | |
| H&W | \$12.40 | | | | |
| Annuity | \$4.00 | | | | |
| Appr & Trng | \$4.15 | \$4.15 | \$4.15 | \$4.15 | \$4.15 |
| ECA-IAF | \$0.16 | \$0.16 | \$0.16 | \$0.16 | \$0.16 |
| AGCIL-IAF | \$0.16 | \$0.16 | \$0.16 | \$0.16 | \$0.16 |
| DIAAF | \$0.10 | \$0.10 | \$0.10 | \$0.10 | \$0.10 |
| EBOLT | \$0.08 | \$0.08 | \$0.08 | \$0.08 | \$0.08 |
| Total Package | \$72.63 | \$76.63 | \$80.63 | 85.13 | 89.63 |

*Employee Deductions: Dues 4% of Total Package for Class A Operator
 VAC \$1.00
 OAF \$0.10
 Bldg & Trans \$0.10

*To Be Distributed: * \$4.00 on 4/1/2026 *\$4.50 on 4/1/2028
 * \$4.00 on 4/1/2027 *\$4.50 on 4/1/2029

Heavy and Highway, Building and Construction Work: Class B

| Effective | 4/1/2025 | 4/1/2026 | 4/1/2027 | 4/1/2028 | 4/1/2029 |
|----------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Wages | \$38.23 | | | | |
| Pension | \$11.45 | | | | |
| H&W | \$12.40 | | | | |
| Annuity | \$4.00 | | | | |
| Appr & Trng | \$4.15 | \$4.15 | \$4.15 | \$4.15 | \$4.15 |
| ECA-IAF | \$0.16 | \$0.16 | \$0.16 | \$0.16 | \$0.16 |
| AGCIL-IAF | \$0.16 | \$0.16 | \$0.16 | \$0.16 | \$0.16 |
| DIAAF | \$0.10 | \$0.10 | \$0.10 | \$0.10 | \$0.10 |
| EBOLT | \$0.08 | \$0.08 | \$0.08 | \$0.08 | \$0.08 |
| Total Package | \$70.73 | \$74.73 | \$78.73 | 83.23 | 87.73 |

*Employee Deductions: Dues 4% of Total Package for Class A Operator
 VAC \$1.00
 OAF \$0.10
 Bldg & Trans \$0.10

*To Be Distributed: * \$4.00 on 4/1/2026 *\$4.50 on 4/1/2028
 * \$4.00 on 4/1/2027 *\$4.50 on 4/1/2029

Heavy and Highway, Building and Construction Work: Class C

| Effective | 4/1/2025 | 4/1/2026 | 4/1/2027 | 4/1/2028 | 4/1/2029 |
|----------------------|----------------|----------------|----------------|--------------|--------------|
| Wages | \$30.83 | | | | |
| Pension | \$11.45 | | | | |
| H&W | \$12.40 | | | | |
| Annuity | \$4.00 | | | | |
| Appr & Trng | \$4.15 | \$4.15 | \$4.15 | \$4.15 | \$4.15 |
| ECA-IAF | \$0.16 | \$0.16 | \$0.16 | \$0.16 | \$0.16 |
| AGCIL-IAF | \$0.16 | \$0.16 | \$0.16 | \$0.16 | \$0.16 |
| DIAAF | \$0.10 | \$0.10 | \$0.10 | \$0.10 | \$0.10 |
| EBOLT | \$0.08 | \$0.08 | \$0.08 | \$0.08 | \$0.08 |
| Total Package | \$63.33 | \$67.33 | \$71.33 | 75.83 | 80.33 |

*Employee Deductions: Dues 4% of Total Package for Class A Operator
 VAC \$1.00
 OAF \$0.10
 Bldg & Trans \$0.10

*To Be Distributed: *\$4.00 on 4/1/2026 *\$4.50 on 4/1/2028
 *\$4.00 on 4/1/2027 *\$4.50 on 4/1/2029

J. M. McPhail Jr.
 Egyptian Contractors Association

3-25-25
 Date

Frank Bergman
 Associated General Contractors of Illinois

3/25/2025
 Date

DeEllen
 Local #318 Business Manager

3-25-25
 Date

Todd G. Hanson
 Local #318 President

3/25/25
 Date

MAKE COPIES OF THIS FORM FOR FUTURE USE!

LOCAL 318

REMEMBER: SEPARATE CHECK FOR OAF!!

SUPPLEMENTAL DUES, B&T, OAF, AND VACATION CHECK OFF FORM

APRIL 1, 2025 thru MARCH 31, 2026

EMPLOYER: _____ PERSON COMPLETING _____

PHONE/FAX: _____ FEIN # _____

DATE: _____ EMAIL: _____

REPORT FOR MONTH OF: _____ FINAL REPORT CHECK HERE: _____

THESE ARE EMPLOYEE DEDUCTIONS!

Please Note: LIST ALPHABETICALLY by LAST NAME.

\$2.91

\$0.10

\$0.10

\$1.00

DUES CHECK
OFF: \$2.91
PER HOUR

BLDG & TRANS

OAF

VACATION

HOURS

CLEAR IN
AND/OR PERMIT
FEE - \$32.75 PER
MONTH

DOBIE \$10.00
PER WEEK

NAME & SS #

| NAME & SS # | BLDG & TRANS | OAF | VACATION | HOURS | CLEAR IN AND/OR PERMIT FEE - \$32.75 PER MONTH | DOBIE \$10.00 PER WEEK |
|---------------------|--------------|-----|----------|-------|---|---------------------------|
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| SUBTOTAL(S): | | | | | | |

TOTALS FOR MONTH:

THE 4% IS FIGURED ON 4% OF THE TOTAL PACKAGE NOT GROSS WAGES! WRITE ONE CHECK FOR THE 4%, B & T FUND, AND VACATION TO LOCAL 318 AND A SEPARATE CHECK FOR THE OAF FUND! BOTH ARE MAILED TO LOCAL 318-3310 WATER TOWER ROAD-MARION IL 62959. IF YOU HAVE ANY QUESTIONS PLEASE CALL 618-993-0318.

**MID CENTRAL OPERATING ENGINEERS HEALTH & WELFARE FUND
EMPLOYER REPORT OF CONTRIBUTIONS**

Please type or print Telephone area 812 232-4384

Employer Name



Make Check(s) Payable To:

**Mid Central Operating Engineers
Fringe Benefit Funds**

Mail to:

Mid Central Operating Engineers Health &
Welfare Fund
P.O. Box 9605
Terre Haute, IN 47808-9605

- Temporarily Inactive
- Permanently Inactive Due to:
- No longer in business
- Out of area
- Other

FUND NUMBER
253

CHECK ONE:

- LOCAL 841
- LOCAL 103
- LOCAL 318
- LOCAL 649

Fed Id # _____

I certify that the information contained in this report and the attached schedule is true and correct; that the hours reported represent all wages paid to the Employees in the employ of the named Employer for the period specified.

Signature _____ Title _____

Prepared by _____ Date _____

Contact Phone Number _____

Email _____

Report for month ending _____ Last month reported _____

| EMPLOYEE NAME | SOCIAL SECURITY NUMBER | WELFARE HOURS | PENSION HOURS | CPF ACCOUNT NUMBER |
|---------------|------------------------|---------------|---------------|--|
| | | | | <p style="color: red; font-weight: bold;">See back of form for instructions and what county is covered by each Local.</p> <p>Agreement under which work was performed: (i.e. Building, Heavy Highway, Other)</p> <p>Worked Performed in County of: _____</p> |
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| FUNDS | TOTAL HOURS | RATES | AMOUNTS DUE | FUNDS | TOTAL HOURS | RATES | AMOUNTS DUE |
|-------|-------------|-------|-------------|------------------|-------------|-------|-------------|
| | | | | Pension | | 11.45 | |
| | | | | Health & Welfare | | 12.40 | |
| | | | | Annuity | | 4.00 | |
| | | | | AGCIL-IAF | | .16 | |
| | | | | DIAAF | | .10 | |
| | | | | | | | |
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INTERNATIONAL UNION OF OPERATING ENGINEERS

AFFILIATED WITH THE
AMERICAN FEDERATION
OF LABOR



8963 CRENSHAW ROAD
MARION, ILLINOIS 62959
TELEPHONE 618-942-3931
FAX 618-942-3940

JOINT APPRENTICESHIP & TRAINING PROGRAM

UNION TRUSTEES
DEE STAHLHUT
JEFF EDWARDS
JASON SISSOM

DEE STAHLHUT, TRAINING COORDINATOR
Local 318

EMPLOYER TRUSTEES
STEPHEN BOYD
BRIAN REHBEIN
JUSTIN RAINES



March 27, 2025

Attn: Payroll

Here are the Apprentice Wage Rates beginning April 1, 2025 through and including March 31, 2026.

| | | |
|--------------------------------------|------------|---------|
| Journeyman Scale as of April 1, 2025 | | \$40.13 |
| | Percentage | |
| First Year Apprentice | 70% | \$28.09 |
| Second Year Apprentice | 80% | \$32.10 |
| Third Year Apprentice | 90% | \$36.12 |
| Fourth Year Apprentice | 95% | \$38.12 |

If you have any questions, please call the training office at 618-942-3931.

Respectfully,

Dee Stahlhut
Training Coordinator
IUOE Local 318 JATP

INTERNATIONAL UNION OF OPERATING ENGINEERS

AFFILIATED WITH THE
AMERICAN FEDERATION
OF LABOR



8963 CRENSHAW ROAD
MARION, ILLINOIS 62959
TELEPHONE 618-942-3931
FAX 618-942-3940

JOINT APPRENTICESHIP & TRAINING PROGRAM

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DEE STAHLHUT
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JASON SISSOM

DEE STAHLHUT, TRAINING COORDINATOR
Local 318

EMPLOYER TRUSTEES
STEPHEN BOYD
BRIAN REHBEIN
JUSTIN RAINES



March 27, 2025

Contractors,

Enclosed is a Joint Report Form that is to be used for hours worked during the next twelve (12) months; beginning with hours worked April 1, 2025 through and including March 31, 2026. Please do not use this new form until you are paying on hours worked beginning April 1, 2025 payable, no later than May 15, 2025. Please make one (1) check for the total amount due. It is not necessary to divide the amounts into separate checks. Please make copies of the Joint Report Form for additional use. If you need a new copy sent to you, please include the correct email address for the form to be sent to.

These rates are to be paid on all hours worked in Local 318 jurisdiction. As the contractor, you are obligated to pay Local 318 Joint Apprenticeship Training & Upgrading program on all operators working for your company, regardless of their home local. The amount due is based on the total number of hours worked each and every month. A form for every month is to be returned, even if the hours worked in that particular month are zero (0).

The training program is a benefit for everyone involved. Well-trained operators make for a safe and efficient job site, therefore being more profitable for everyone.

And again, please do not use the new form until you are paying in May 2025 on hours worked beginning April 1, 2025. Remember, the form and check are to be mailed each month **directly to the training site: IUOE Local 318 JATP 8963 Crenshaw Road Marion, IL 62959.** If you have any questions or concerns pertaining to this new form or the rate, please call the Joint Apprenticeship Training & Upgrading office at 618-942-3931.

Thank you for your cooperation and continued support.

Respectfully,

Dee Stahlhut
Training Coordinator
IUOE Local 318 JATP
618-942-3931

April 1,
2025

Joint Report Form

March 31,
2026

(Due by the 15th of the month following the hours worked.)

I.U.O.E. Local # 318 Apprenticeship & Training Fund
and Egyptian Contractors Association, Inc., Industry Advancement Foundation

Employer

Report for Month/Year

Address

Total Hours

City State Zip

Apprenticeship & ECA/IAF = multiply **\$4.31** by hours

Employer's Signature

EBOLT = multiply **.08** by hours

Prepared By (Please Print)

TOTAL AMOUNT DUE

Please list below all employees for this report month.
(Use additional forms if necessary.)

Name:

Hours:

Social Security Number:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

MAKE CHECK PAYABLE TO:
MAIL CHECK TO :

**IUOE LOCAL #318 JATP
8963 CRENSHAW ROAD
MARION IL 62959**

*****COPY FOR FUTURE USE*****



Central Pension Fund of the International Union
 Of Operating Engineers and Participating Employers
 4115 Chesapeake Street, N.W. Washington DC 20016
 Tel: (202) 362-1000 Fax: (202) 364-2913

MONEY FOLLOWS MAN RECIPROCITY

TO: Board of Trustees
 Central Pension Fund of the International Union of
 Operating Engineers and Participating Employers
 4115 Chesapeake St., NW
 Washington, DC 20016

Re: Request for Transfer of Contributions to Home Local Pension Fund

 Participant Name

 Social Security Number

The above-referenced participant hereby requests and authorizes the Board of Trustees to transfer to my Home Local Pension Fund all eligible contributions made on my behalf to the Central Pension Fund, as of the date this request is received by the Board, and in the future, unless this authorization is revoked in writing. In support of this request, I hereby state as follows:

1. I am a member of IUOE Local No. _____, AFL-CIO and my Union Register No. is _____.
2. My Home Local Pension Fund is _____.
3. I understand that the benefits to which I may be entitled under my Home Local Pension Fund, if my request to transfer is approved, may be less than what I would be entitled to receive if the contributions made on my behalf to the Central Pension Fund remain at the Central Pension Fund.
4. I understand that I have a right to request an estimate of the value of the accrued benefit I have earned with the Central Pension Fund as of this date, before the Board acts upon my request to transfer.

PLEASE CHECK APPROPRIATE BOX

- I do not want an estimate before the Board acts upon my request.
 - I hereby request an estimate before the Board acts upon my request.
5. I understand that if the Board grants my request, in whole or in part, I cannot later request that any contributions which may be transferred to my Home Local Pension Fund be transferred back to the Central Pension Fund.
 6. I acknowledge that I have received and reviewed a copy of the Central Pension Fund's Policies and Procedures for Administering Money Follows the Man Reciprocity. I further acknowledge that I have had at least 30 days to review same and ask any questions I may have before the Board acts upon the transfer request.

7. I acknowledge and agree that if the Board grants my request and transfers contributions to my Home Local Pension Fund, such decision by the Board is final and binding. I waive on my behalf, and my heirs, successors and assigns, any right to receive any accrued benefit from the Central Pension Fund, based upon the contributions and hours of service transferred to my Home Local Pension Fund pursuant to this request.

8. I understand that my Home Local Pension Fund may have imposed time limits upon transferring or accepting contributions under Money Follows the Man Reciprocity and the Central Pension Fund shall not be liable in the event my Home Local Pension Fund rejects my transfer request on the basis of its time limits.

Participant's Signature

Street Address

City, State Zip

Subscribed and sworn to before me this _____ day of _____,

Notary Public

HEALTH & WELFARE RECIPROCITY AGREEMENT

Request and Authorization for Transfer of Contributions

Participant Name (Please print)

Social Security Number

I request and authorize that the Board of Trustees of the Local _____ Health and Welfare Fund to transfer to my Home Health and Welfare Fund all contributions made on my behalf to its Fund hereafter and within six months prior to the date this authorization request is received by the Fund, unless and until this authorization is revoked in writing. In support of this request, I state as follows:

1. I am a member of IUOE Local No. ____ and my Union Registration No. is _____.
2. My Home Health and Welfare Fund is _____.
3. I understand that, upon approval of my request to transfer, I cannot later request that any contributions which may be transferred to my Home Fund be transferred back to the transferring Fund.
4. I understand that, upon approval of my request to transfer contributions, my and my dependants' eligibility for benefits and all other participant rights shall be determined exclusively by the terms of my Home Fund's plan and rules, and not by the terms of the transferring Fund's plan and rules.
5. By making this request, I waive and release, on behalf of myself and my dependants, any and all claims against both Funds and their fiduciaries relating to whether the transfer of contributions is in my or their best interests.

Participant's Signature

Date

Street Address

City, State, Zip

Telephone

JASON SISSOM
President

JAY ELDERS
Business Manager

JUSTIN SCHULTZ
Business Representative
Recording Secretary

JEREMY HICKAM
Vice President

STACI RUSSELL
Treasurer

INTERNATIONAL UNION OF OPERATING ENGINEERS

LOCALS NO. 318, 318A, 318B, 318C, 318RA

JAMES DILLOW
Business Representative
Financial Secretary

AFFILIATED WITH THE
AMERICAN FEDERATION
OF LABOR



3310 WATER TOWER ROAD
MARION, ILLINOIS 62959
TELEPHONE 618-993-0318
FAX 618-997-9691

NATHAN CASSOUTT
Trustee

JOSH COOK
Trustee

MIKE STORY
Trustee

BOND REQUIREMENTS

All contractors doing business in the jurisdiction of Local 318 shall obtain and maintain during the term of this agreement and being renewed yearly an approved surety bond in the amount up to two hundred (\$200,000) thousand dollars to guarantee their employees working under this agreement the payments listed below:

1. PAYMENT AND WAGES
2. PENSION PLAN FUND
3. HEALTH & WELFARE PLAN FUND
4. ANNUITY FUND
5. JOINT APPRENTICESHIP AND ADVANCED TRAINING FUND
6. SUPPLEMENTAL DUES CHECK-OFF PAYMENTS
7. BUILDING AND TRANSPORTATION FUND
8. VACATION FUND
9. OPERATOR ACTION FUND
10. EGYPTIAN BUILDERS AND ORGANIZED LABOR TOGETHER (EBOLT) FUND
11. TRUST FUND
12. INDUSTRY ADVANCEMENT FUND (IAF)
13. DIAAF - IAF FUND
14. AGC – IAF FUND

Contractors may also obtain an irrevocable letter of credit from their bank that includes the same items as listed above in lieu of a surety bond.

IUOE Local 318

WAGE AND FRINGE BENEFIT BOND

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS; that we _____

_____ herein called the Principal,
and _____. A corporation authorized to transact business in the
State of _____ herein called the Surety, are hereby held and firmly
bound unto International Union of Operating Engineers Local 318 herein called the Obligee, in the
penal sum of _____ (_____) for the obligation hereinafter set forth for the
payment of which, well and truly to be made , we hereby, jointly and severally, bind ourselves, our
successors and assigns and heirs, executors and administrators.

WHEREAS, the above named Principal is employing employees represented by the Operating Engineers
Local 318, for the purpose of performing certain classified work in the territory within the jurisdiction of said
Union as defined in that certain Agreement now in full force and effect between Employer and the Union.
NOW THEREFORE, the conditions of this bond are such that if the said Principal shall well, faithfully and
continuously pay the wages and fringe benefits including: Pension Plan, Health and Welfare Plan, Annuity Fund,
Joint Apprenticeship and Advanced Training Fund, Supplemental Dues Check-off payments, Building and
Transportation Fund, Operator Action Fund, Vacation Fund, Egyptian Builders and Organized Labor Together
(EBOLT) Trust Fund, Downstate Infrastructure Awareness and Advancement Fund (DIAAF) and Industry
Advancement Funds (IAF), which are due by reason of the work performed by all Union members and other
employees covered by the provision of the aforesaid Agreement, then this obligation shall be void, otherwise
to remain in full force and effect. It is expressly understood and agreed that the Principal and Surety, jointly
and severally, are obligated to pay such Wages and all Fund contributors as listed above as are due and unpaid.
In no case shall the liability of the Surety exceed the penal sum stated above.

This bond may be cancelled by the Surety thirty (30) days after the receipt by the Obligee of the Surety's
written notice of cancellation sent by Registered Mail.

Signed, sealed and dated this _____ day of _____, _____

PRINCIPAL

SURETY

BY: _____

BY: _____

International Union of Operating Engineers Local 318
3310 Water Tower Road
Marion, Illinois 62959

On _____ before me, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared _____ known to me to be Attorney-in-fact of _____,

the corporation described in and that executed the within and foregoing instrument, and known to me to be the person who executed the said instrument in behalf of the said corporation, and he/she duly acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and date and year stated in the certificate above.

Notary Public

NOTICE OF INCOMPETENCY

To Whom It May Concern:

This notice is to inform IUOE Local318 of Marion, Illinois on the matter of _____.

(Operator's name)

Due to the incompetency of their operational skills to perform as needed on a _____,

(type of equipment)

they have been released as an employee of this company. The operator has general knowledge of said equipment, but the ability to operate it proficiently, as desired by this company is inadequate.

Additional Comments: _____

Company Name: _____

Company Address: _____

City; State; Zip: _____

Contact Name: _____

Contact Title: _____

Contact Phone #: _____

Signature: _____ Date: _____

Return to: IUOE Local 318, 3310 Water Tower Rd., Marion, IL 62959

| | | | | | |
|----------------|---|----------------|---|-----------------|---|
| 001 ADAMS | | 035 HARDIN | X | 069 MORGAN | |
| 002 ALEXANDER | X | 036 HENDERSON | | 070 MOULTRIE | |
| 003 BOND | | 037 HENRY | | 071 OGLE | |
| 004 BOONE | | 038 IROQUOIS | | 072 PEORIA | |
| 005 BROWN | | 039 JACKSON | X | 073 PERRY | |
| 006 BUREAU | | 040 JASPER | | 074 PIATT | |
| 007 CALHOUN | | 041 JEFFERSON | | 075 PIKE | |
| 008 CARROLL | | 042 JERSEY | | 076 POPE | X |
| 009 CASS | | 043 JODAVIESS | | 077 PULASKI | X |
| 010 CHAMPAIGN | | 044 JOHNSON | X | 078 PUTNAM | |
| 011 CHRISTIAN | | 045 KANE | | 079 RANDOLPH | |
| 012 CLARK | | 046 KANKAKEE | | 080 RICHLAND | |
| 013 CLAY | | 047 KENDALL | | 081 ROCK ISLAND | |
| 014 CLINTON | | 048 KNOX | | 082 ST. CLAIR | |
| 015 COLES | | 049 LAKE | | 083 SALINE | X |
| 016 COOK | | 050 LASALLE | | 084 SANGAMON | |
| 017 CRAWFORD | | 051 LAWRENCE | | 085 SCHUYLER | |
| 018 CUMBERLAND | | 052 LEE | | 086 SCOTT | |
| 019 DEKALB | | 053 LIVINGSTON | | 087 SHELBY | |
| 020 DEWITT | | 054 LOGAN | | 088 STARK | |
| 021 DOUGLAS | | 055 MACON | | 089 STEPHENSON | |
| 022 DUPAGE | | 056 MACOUPIN | | 090 TAZEWELL | |
| 023 EDGAR | | 057 MADISON | | 091 UNION | X |
| 024 EDWARDS | | 058 MARION | | 092 VERMLION | |
| 025 EFFINGHAM | | 059 MARSHALL | | 093 WABASH | |
| 026 FAYETTE | | 060 MASON | | 094 WARREN | |
| 027 FORD | | 061 MASSAC | X | 095 WASHINGTON | |
| 028 FRANKLIN | X | 062 MCDONOUGH | | 096 WAYNE | |
| 029 FULTON | | 063 MCHENRY | | 097 WHITE | X |
| 030 GALLATIN | X | 064 MCLEAN | | 098 WHITESIDE | |
| 031 GREENE | | 065 MENARD | | 099 WILL | |
| 032 GRUNDY | | 066 MERCER | | 100 WILLIAMSON | X |
| 033 HAMILTON | X | 067 MONROE | | 101 WINNEBAGO | |
| 034 HANCOCK | | 068 MONTGOMERY | | 102 WOODFORD | |

(Please complete Reverse Side)