

Application and Certificate for Payment

TO OWNER: STFD No. 13
Post Office Box 2109
Covington, LA 70434-2109

PROJECT:
STFD New Training Facility
34780 S. Range Road
Slidell, LA 70460

APPLICATION NO: 1
PERIOD TO: 7/31/25
CONTRACT FOR: St. Tammany Fire Protection Dis
CONTRACT DATE:
PROJECT NOS: 2507

Distribution to:
OWNER
ARCHITECT
CONTRACTOR
FIELD
OTHER

FROM CONTRACTOR:
M Natal Contractor, Inc.
P.O. Box 518
Slidell, LA 70459

VIA ARCHITECT:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM	\$	458,520.00
2. Net change by Change Orders	\$	0.00
3. CONTRACT SUM TO DATE (Line 1 +/- 2)	\$	458,520.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$	83,785.88
5. RETAINAGE:		
a. 10.0 % of Completed Work (Column D + E) on G703	\$	4,980.29
b. 10.0 % of Stored Material (Column F on G703)	\$	3,398.30
Total Retainage (Lines 5a + 5b or Total in Column I of G703)	\$	8,378.59
6. TOTAL EARNED LESS RETAINAGE	\$	75,407.29
(Line 4 less Line 5 Total)		
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT	\$	0.00
(Line 6 from prior Certificate)		
8. CURRENT PAYMENT DUE	\$	75,407.29
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$	383,112.71

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

By: Mich. Pato

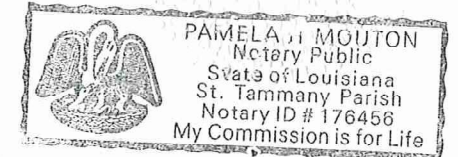
Date: 7-31-25

State of: Louisiana

County of: St. Tammany Parish

Subscribed and sworn to before me this 31st day of July, 2025

Notary Public: P. H. Mouton
My Commission expires: Life



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's 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 \$ 75,407.29

(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 with the amount certified.)

ARCHITECT:

By: Chuck Dammon

Date: 08-04-25

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.

AIA Continuation G703

JobId: 830
STFD New Training Facility

Application no.: 1
Application date: 7/31/25
Period to: 7/31/25
Architect's project no.: 2507

A Item No.	B Description of Work	C Scheduled Value	D WORK COMPLETED		F Materials Presently Stored (not in D)	G		H Balance To Finish (Prev.)	I Retainage (Prev.)
			From Prev. Application	Amount This Period		Total Compl. and Stored To Date (D+F)	% Compl. (Prev.)		
1	Bond, Permit, Insurance, etc	15,194.28	0.00	15,194.28	0.00	15,194.28	100	0.00	1,519.43
2	Temporary Facilities and Controls	11,108.99	0.00	2,500.00	0.00	2,500.00	23	8,608.99	250.00
3	Anchor Bolts	1,159.60	0.00	1,159.60	0.00	1,159.60	100	0.00	115.96
4	Place and Finish Foundations -	30,948.65	0.00	7,782.00	0.00	7,782.00	25	23,166.65	778.20
5	Thermal Insulation	0.00	0.00	0.00	0.00	0.00	0	0.00	0.00
6	Doors, Frames and Hardware	23,821.20	0.00	0.00	0.00	0.00	0	23,821.20	0.00
7	Overhead Coiling Doors	8,565.99	0.00	0.00	0.00	0.00	0	8,565.99	0.00
8	Windows & Glazing	7,220.85	0.00	0.00	0.00	0.00	0	7,220.85	0.00
9	Metal Framing	20,174.77	0.00	0.00	0.00	0.00	0	20,174.77	0.00
10	Drywall	0.00	0.00	0.00	0.00	0.00	0	0.00	0.00
11	Accoustical Ceilings	19,033.73	0.00	0.00	0.00	0.00	0	19,033.73	0.00
12	Flooring	16,471.29	0.00	0.00	0.00	0.00	0	16,471.29	0.00
13	Painting & Coating, Accoustical, Framing	14,944.96	0.00	0.00	0.00	0.00	0	14,944.96	0.00
14	Toilet/Bath/Laundry Accessories	813.44	0.00	0.00	0.00	0.00	0	813.44	0.00
15	Fire Protection Specialties	699.21	0.00	0.00	633.00	633.00	91	66.21	63.30
16	Countertops & Cabinets	13,335.44	0.00	0.00	0.00	0.00	0	13,335.44	0.00
17	Metal Building Systems	92,884.21	0.00	0.00	0.00	0.00	0	92,884.21	0.00
18	Plumbing	39,380.12	0.00	11,717.00	0.00	11,717.00	30	27,663.12	1,171.70
19	HVAC	61,505.52	0.00	0.00	33,350.00	33,350.00	54	28,155.52	3,335.00
20	Electrical	52,182.14	0.00	0.00	0.00	0.00	0	52,182.14	0.00
Page Totals		429,444.39	0.00	38,352.88	33,983.00	72,335.88	17	357,108.51	7,233.59

AIA Continuation G703

JobId: 830
STFD New Training Facility

Application no.: 1
Application date: 7/31/25
Period to: 7/31/25
Architect's project no.: 2507

A	B	C	D	E	F	G		H	I
Item No.	Description of Work	Scheduled Value	WORK COMPLETED		Materials Presently Stored (not in D)	Total Compl. and Stored To Date (D+F)	% Compl. (Prev.)	Balance To Finish (Prev.)	Retainage (Prev.)
			From Prev. Application	Amount This Period					
21	Excavation & Fill	18,731.07	0.00	11,450.00	0.00	11,450.00	61	7,281.07	1,145.00
22	Soil Treatment	113.07	0.00	0.00	0.00	0.00	0	113.07	0.00
23	Concrete Paving	10,231.47	0.00	0.00	0.00	0.00	0	10,231.47	0.00
		458,520.00	0.00	49,802.88	33,983.00	83,785.88	18	374,734.12	8,378.59

WERCO BUILDING SPECIALTIES, INC.
P.O. BOX 15763
Baton Rouge, LA 70895
USA

Voice: (225) 927-8376
Fax: (225) 927-8378

INVOICE

Invoice Number: 70176
Invoice Date: Jul 2, 2025

Bill To:
M NATAL CONTRACTOR, INC.
P.O. BOX 518
SLIDELL, LA 70459

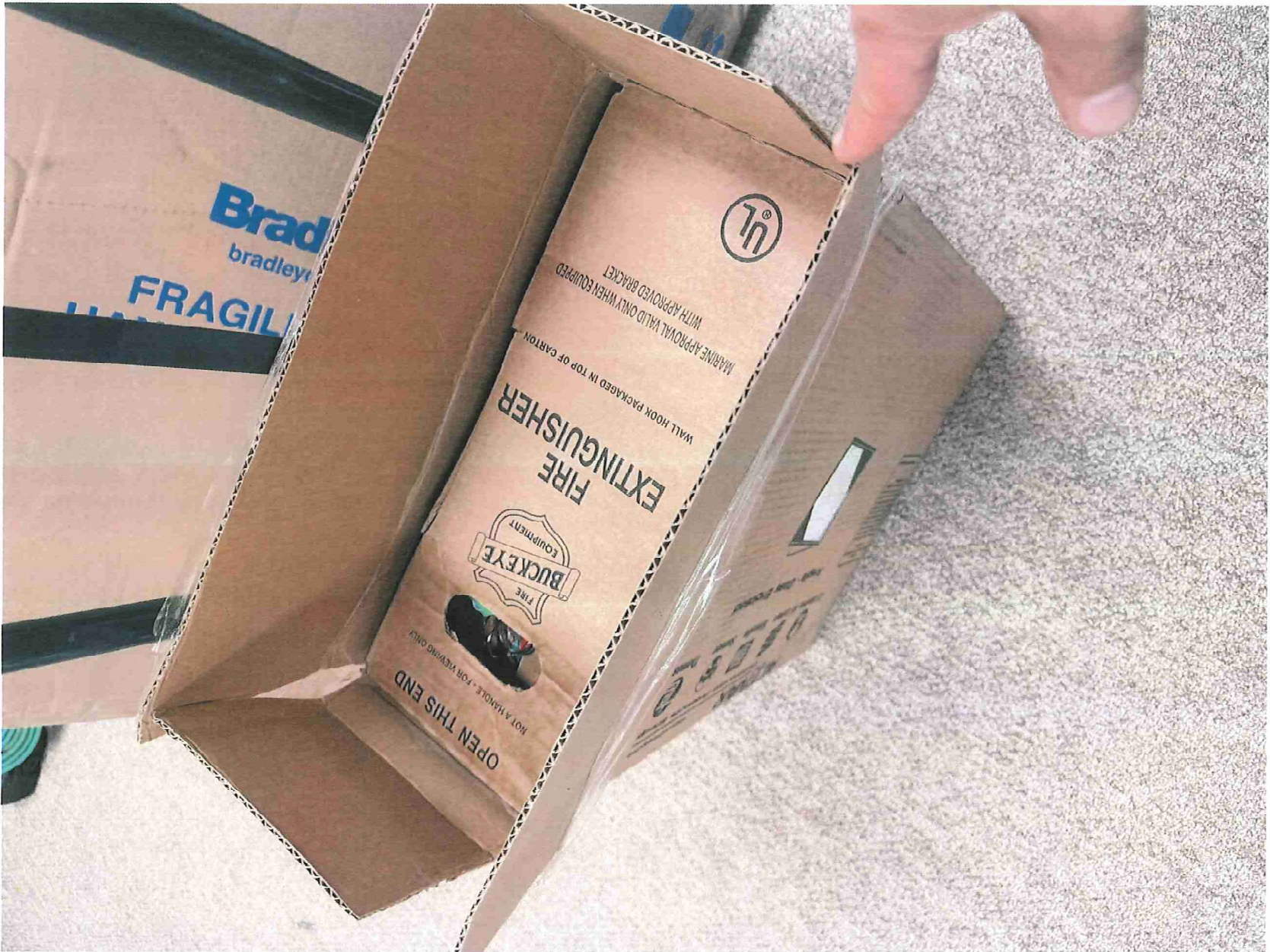
Ship to:
#23582-SHANNON
STFD NEW TRAINING FACILITY
394 VOTERS RD.
SLIDELL, LA 70460

Customer ID	Customer PO	Payment Terms
NAT	830 STFD NEW TRAININ	Net 30 Days
Sales Rep ID	Shipping Method	Ship Date
Shannon	Best Way	7/1/25
Quantity	Item	Description
		FIRE EXTINGUISHERS
Unit Price	Unit Price	Amount
		550.00

Check/Credit Memo No:

Subtotal	550.00
Sales Tax	
Freight	
Total Invoice Amount	550.00
Payment/Credit Applied	
TOTAL	550.00





MAKING APPROVAL VALID ONLY WHEN EQUIPPED WITH APPROVED BRACKET

WALL HOOK PACKAGED IN TOP OF CARTON

FIRE EXTINGUISHER



NOT A HANDLE - FOR VIEWING ONLY
OPEN THIS END

Bradley
bradley

FRAGILE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/31/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Eagan Insurance Agency
P. O. Box 8590
Metairie LA 70011

CONTACT NAME: Devin Arocha
PHONE (A/C No.): 504-836-9600 FAX (A/C No.): 504-836-9621
E-MAIL ADDRESS: darocha@higinbotham.net

INSURER(S) AFFORDING COVERAGE
INSURER A : Valley Forge Insurance Company NAIC # 20508

INSURED
M Natal Contractor, Inc.
P. O. Box 518
Slidell LA 70459

INSURER B : The Continental Insurance Company 35289

INSURER D :
INSURER E :
INSURER F :

COVERAGES

CERTIFICATE NUMBER: 160979747

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD MWVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		6057533267	5/6/2025	5/6/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO JEOT <input type="checkbox"/> LOC OTHER:						
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		6057533267	5/6/2025	5/6/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE		6057533284	5/6/2025	5/6/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	20595	4/1/2025	4/1/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Blanket additional insured and blanket waiver of subrogation, if required by written contract in respects to General Liability and Auto Liability. Primary and Non-Contributory if required by written contract in respects to General Liability

CERTIFICATE HOLDER

PROOF OF INSURANCE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Lane's AC and Heating Services, LLC
 6958 West Park Ave | Houma, LA 70364
 (985)879-3207 | acandheatingervices@yahoo.com |
 www.lanesacandheat.com

985-879-3207

RECIPIENT:

St. Tammany Fire District #1
 522 Robert Boulevard
 Slidell, Louisiana 70458

Invoice #9689143

Issued Not sent yet
 Due Upon receipt

Total \$29,000.00
 Account Balance \$29,000.00

Stored Materials

Product/Service	Description	Qty.	Unit Price	Total
Trane	Equipment	1	\$18,000.00	\$18,000.00
Airside	Fire Dampers, Grills, Diffusers, Louvers, etc.	1	\$11,000.00	\$11,000.00

No additional charges will be applied without verbal approval from clients. Both the technician and the customer must have a comprehensive understanding of the scope of work to be performed. Please note that additional charges may apply to ensure a satisfactory completion of the job. The client will be informed prior to any additional work being undertaken.

NO RETURN AND NO REFUND POLICY!

Limited Warranty: All Materials, parts and equipment are warranted by the manufactures' or suppliers'. All labor performed by the company is

Total \$29,000.00
 Account balance **\$29,000.00**

*Approved to
 \$29,000.00
 7-30-26*

St. Tammany Fire District #1
 522 Robert Boulevard
 Slidell, Louisiana 70458

Stored Materials

Invoice #: 9689143
 Due date: upon receipt
 Amount due: \$29,000.00
 Amount enclosed: _____

Mail to:
Lane's AC and Heating Services, LLC
 6958 West Park Ave
 Houma, LA 70364



Lane's AC and Heating Services, LLC

6958 West Park Ave | Houma, LA 70364
(985)879-3207 | acandheatingervices@yahoo.com |
www.lanesacandheat.com

Notes Continued...

warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, in its agents or technicians are not authorized to make any such warranties on behalf of above named company.

I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is paid. If payment is not made as agreed, Seller can remove said equipment/material at Seller's expense. Any damage resulting from said removal shall not be responsibility of Seller.

If amounts owing under this Agreement are not paid within thirty (30) days, Customer agrees to pay a late charge on any outstanding balance at nine percent (9%) per month or twenty-four percent (24%) per annum on the unpaid amount calculated from the date payment was due. Customer will be deemed to have accepted Seller's performance as complete under this Agreement unless Customer notified Seller in writing otherwise within thirty (30) days of substantial completion. Should Seller retain the assistance of a third party, including without limitation an attorney, to assist with collection of unpaid amounts due and owing, Customer agrees to pay Seller's costs associated therewith including without limitation reasonable attorneys' fees, collection agency's fees, court costs, and interest at the maximum legal rate.

When payment is made using a check or cash, credit card fees are waived.

A yearly maintenance is required to honor the labor warranty, if a maintenance is missed the labor warranty is void.

Federal Tax ID 46-2969905



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/07/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Brandi Lamonte, CISR	
Riverlands Insurance Services Inc.		PHONE (A/C, No, Ext): (985) 652-5505	FAX (A/C, No): (985) 652-4039
492 West 5th Street		E-MAIL ADDRESS: b.lamonte@rivins.com	
LaPlace	LA 70068	INSURER(S) AFFORDING COVERAGE	
INSURED		INSURER A:	LUBA Casualty Insurance Company
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
			NAIC # 12472

COVERAGES **CERTIFICATE NUMBER:** 25-25 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC						PRODUCTS - COMP/CPAGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SING.-E LIMIT \$
	ANY AUTO						BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY	<input type="checkbox"/>					BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY	<input type="checkbox"/>					PROPERTY DAMAGE (Per accident) \$
	SCHEDULED NON-OWNED AUTOS ONLY	<input type="checkbox"/>					\$
	UMBRELLA LIAB						\$
	EXCESS LIAB						EACH OCCURRENCE \$
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						\$
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		028000160495125	05/07/2025	05/07/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE -EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
M Natal Contractor, Inc. 394 Voters Road Slidell	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
LA 70461	AUTHORIZED REPRESENTATIVE
	<i>Brandi Lamonte</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/31/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Riviere Insurance Agency 412 Canal Blvd.	CONTACT NAME Diana Bellina	PHONE (A/C, No. Ext): (985)447-2625	FAX (A/C, No.): (985)447-8875
		E-MAIL ADDRESS: diana@riviereinsurance.com	
Thibodaux INSURED Lane's AC and Heating Services LLC 6958 West Park Ave. Houma, LA 70364	LA 70301	INSURER(S) AFFORDING COVERAGE INSURER A: Atlantic Casualty Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
			NAIC # 21792

COVERAGES **CERTIFICATE NUMBER:** 2025 2026 GL **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDRESS	INSURANCE	INSURER	INSURANCE	INSURANCE	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				L008020099		02/24/2025	02/24/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP/AGG \$ 1,000,000 OTHER: ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below
									EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

M Natal Contractor Inc.
PO Box 518

Slidell

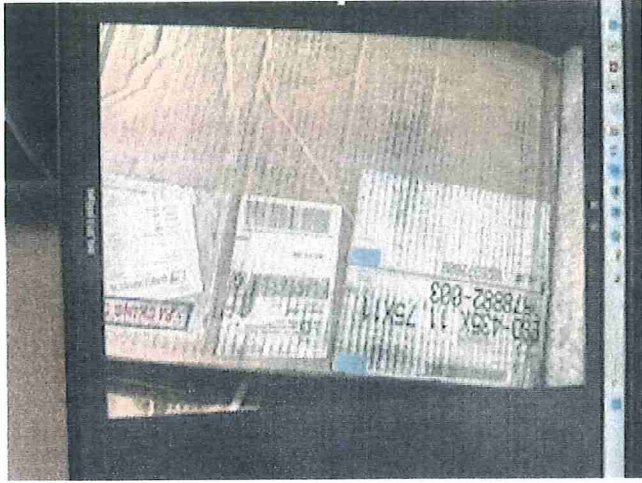
LA 70461

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Diana L. Bellina



60 DAY
 Also See Additional Label
 1
 Barcode
 257609792
WD430-12X12
9578882-002
 07/10
 STD

HU#: 1026378771

Mark
 Weight
 Tag
 Model
 Voltage
 SN#
 Origin Qty



FXG Re-label

ST TAMMAM FBI TRAINING FACILITY
 LANE S A/C AND HEATING SERVICES
 6958 WEST PAK AVE
 HOUMA LA 70364
 (US)
 FedEx
 Barcode
 6526 8198830
 70364

252-3063



5TWR7048
A1000A
25155P4UJF



PROD. SRV. DGT.: A
 FACTORY ID: DP6
 PROD. LINE: J
 MADE IN: USA

SPLIT
HEAT PUMP

Model Number
5TWR7048A1000A

Serial Number
25155P4UJF

Model Number
5TWR7048A1000A

Serial Number
25155P4UJF

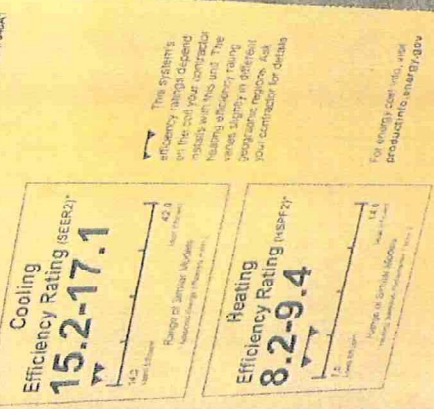
Model Number
5TWR7048A1000A

Serial Number
25155P4UJF

U.S. Government

ENERGYGUIDE

Heat Pump
 Cooling and Heating
 Split System



SHIP TO: STAN FETER, MD 43205
 SHIP TO: **6958 W PARK AVE**
HOUNA, LA 70394
 Ship To: 3174264

Purchase Order

Tracking Website

Item: **5TWR7048A1000A**
 Qty: 1
 Carrier: **AVERITT EXPRESS**
 Package: 1286697933
 Order: 803751924

Ship To: 3174264
 Ship To: 3174264
 Ship To: 3174264

LPN: 1286697933
 803751924

Date: 18 JUN 2025 15:14:06

Map: 1982NG

WARNING!
 RISK OF FIRE
 DUE TO
 FLAMMABLE
 REFRIGERANT
 USED
A2L

FOLLOW HANDLING INSTRUCTIONS CAREFULLY IN COMPLIANCE WITH NATIONAL REGULATIONS.

RISQUE D'INCENDIE DUE A L'UTILISATION D'UN REFRIGERANT INFLAMMABLE.

RIESGO DE INCENDIO POR EL USO DE REFRIGERANTE INFLAMMABLE.

Small text at the bottom: www.productenergy.gov



5TWR7048

A10C9A

25155P7JJF

SPLIT
HEAT PUMP
5TWR7048A1000A
25155P7JJF
5TWR7048A1000A
25155P7JJF

St.
Tammany

ENERGYGUIDE

Cooling
Efficiency Rating
15.2-17.1

Heating
Efficiency Rating
8.2-9.4

5TWR7048A1000A
25155P7JJF

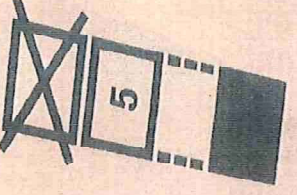
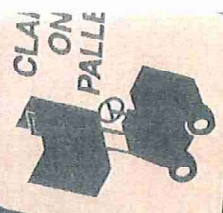
5TWR7048A1000A
25155P7JJF

5TWR7048A1000A
25155P7JJF

5TWR7048A1000A
25155P7JJF

WARNING
RISK OF FIRE
IF FLAMMABLE
REFRIGERANT
IS LEAKED
OR USED
IMPROPERLY
SEE INSTRUCTIONS
FOR FULLY
NATIONAL INSTALLATION
INSTRUCTIONS
FOR FULLY
NATIONAL INSTALLATION
SEE INSTRUCTIONS
FOR FULLY
NATIONAL INSTALLATION
SEE INSTRUCTIONS
FOR FULLY
NATIONAL INSTALLATION

HANDLE FROM
THIS SIDE ONLY



SHIPPING LABEL
 GREENHECK
 Outbound Delivery, Box 2
 Building 2000
 1402 Commerce Center Dr
 SHELBY NC 28130
 USA
 PH#715-339-6171
 OUTBOUND DELIV#
 CARRIER: FEDEX
 PRO: 07/07
 SHIP DATE: P HO
 INCOTERMS: 5495, 9191, 1-800-271

FROM: ST. TAMMANY FD1 TRAINING FACILITY
 LINES A/C AND HEATING SERVICES
 6068 WES. PARK AVE.
 HOUMA LA 70064
 (US)
 TO: GREENHECK
 1402 Commerce Center Dr
 SHELBY NC 28130
 USA
 PH#715-339-6171
 TRACKING: 0025 9270 2650
 TRK# 0025 9270 2650
 0022 0019 0 (000 000 0000) 0 00 8826 9270 2650
 70364

ADDITIONAL LABEL
 1020372608
 ST. TAMMANY FD1 TRAINING FACILITY
 LINES A/C AND HEATING SERVICES
 6068 WES. PARK AVE.
 HOUMA LA 70064
 (US)
 TRACKING: 1026372608
 TRK# 1026372608
 07/08 STD
 47 Weight