CERTIFIC	CATE OF TIAL COMPLETION	OWNER ARCHITECT CONTRACTOR FIELD OTHER	
PROJECT: (name, address)	City of Lexington – Fieldhouse P.O. Box 70 Lexington, NE 68850	PROJECT NUMBER:	127-E1-004
TO OWNER: (name, address)	City of Lexington P.O. Box 70 Lexington, NE	CONTRACT FOR: CONTRACT DATE:	\$1,115,139.00 3/24/2015
		TO CONTRACTOR: (name, address)	TL Sund Constructors, Inc. 707 N. Ontario Lexington, NE 68850
DATE OF ISSUA	NCE: August 9, 2016		
PROJECT OR DESIGNATED PORTION SHALL INCLUDE:			
The Work performed substantially complete	under this Contract has been reviewed and	found, to the Architect's best kr	nowledge, information and belief, to be
accordance with the Completion of the F	on is the stage of progress of the Work wh Contract Documents so the Owner can occu Project or portion thereof designated above plicable warrants required by the Contract Doc	apy or utilize the Work for its is hereby established as Augu	intended use. The date of Substantial
A list of items to be responsibility of the C	completed or corrected is attached hereto. Contractor to complete all Work in accordance	The failure to include any items with the Contract Documents.	s on such list does not alter the
MILLER & ASSOCIATES, CONSULTING ENGINEERS, P.C. ARCHITECT EY			10.24.16 DATE
TL SUND	constructors By Work on the fist of items attained to the work on the fist of items attained to the first of items at the first of items	Sego	10/24/16 DATE
, 2016 (date).	ty complete and win assume full po	ssession incicor at(time) on

OWNER
BY
The responsibilities of the Owner and the Contractor for security, maintenance, heat, utilities, damage to the Work and insurance shall be as follows: (Note- Owner's and Contractor's legal and insurance counsel should determine and review insurance requirements and coverage.)