Exhibit 804.3

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Change Order

PROJECT: *(Name and address)* 26201000 Linn-Mar CSD Oak Ridge Band Room Addition 4901 Alburnett Road Marion, IA 52302	**CONTRACT INFORMATION:** Contract For: General Construction Date: June 12, 2026	**CHANGE ORDER INFORMATION:** Change Order Number: 03 Date: October 8, 2026
OWNER: *(Name and address)* Linn-Mar Community School District 3556 Winslow Road Marion, IA 52302	**ARCHITECT:** *(Name and address)* OPN Architects 200 5th Ave. SE, Suite 201 Cedar Rapids, Iowa 52401	**CONTRACTOR:** *(Name and address)* Foreman Construction 941 Metzger Drive Hiawatha, IA 52233

THE CONTRACT IS CHANGED AS FOLLOWS:
(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

COR 005R1	RFI-015 Roof Membrane Transition Detail at Link	$ 2,437.63
COR 006R1	RFI-014 Wall at Sink	$ 1,239.00
COR 007	Lintel Installed Incorrectly	($ 3,000.00)
COR 008	RFI-016 Lintels at Louvers	$ 1,016.40

TOTAL ADD $ 1,693.03

The original Contract Sum was	$	1,711,300.00
The net change by previously authorized Change Orders	$	7,545.93
The Contract Sum prior to this Change Order was	$	1,718,845.93
The Contract Sum will be increased by this Change Order in the amount of	$	1,693.03
The new Contract Sum including this Change Order will be	$	1,720,538.96

The Contract Time will be unchanged by zero (0) days.
The new date of Substantial Completion will be

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

ARCHITECT *(Signature)*	**CONTRACTOR** *(Signature)*	**OWNER** *(Signature)*
BY: Joseph Tursi, Project Manager	BY: Will Foreman, Project Manager	BY: Katie Lowe Lancaster, Board President
(Printed name, title, and license number if required)	*(Printed name and title)*	*(Printed name and title)*
10.12.26	10/12/26	
Date	*Date*	*Date*

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