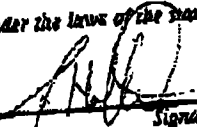


APPLICANT STATEMENT (To be completed by the individual requesting operating authority)	
Applicant Name: Couse's Sanitation & Recycle, Inc.	Application/Decker No. FG-011549
THE APPLICATION What are you applying for? Include any amendments.	
EXPANSION OF TRAILS AREA	
SUPPORT STATEMENT (To be completed by the individual, business/organization supporting the request for operating authority.)	
THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the applicant could provide to you or your business/organization if this request for operating authority is granted	
Solid waste removal.	
Are your transportation needs being met now? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If not, explain problems you have experienced.	
We currently receive garbage transport - this is the only service available.	
If the request is denied, would it have any effect on you or your business/organization? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please explain.	
We would have no way to have our garbage removed.	
VERIFICATION:	
Your name and title:	Stephen Holland Business/Organization
Street/Mailing Address	Orient School District
City, State, Zip Code	PO Box 1419
Telephone Number	Orient WA 99160
Fax Number	509-684-6873 Fax Number: 509-684-3469
I understand that this information is being given in support of a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the State of Washington	
I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this statement is true and correct.	
Stephen Holland Print Name	 Signature
	3/21/02 Date

RMS

APPLICANT STATEMENT
(To be completed by the individual requesting operating authority)

Applicant Name: Couse's Sanitation & Recycle, Inc. Application/Docket No. TR-011549

THE APPLICATION What are you applying for? Include any amendments.
Extension of tariff area

SUPPORT STATEMENT
(To be completed by the individual, business/organization supporting the request for operating authority.)

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the applicant could provide to you or your business/organization if this request for operating authority is granted.
SOLID WASTE REMOVAL

Are your transportation needs being met now? Yes No If not, explain problems you have experienced

If the request is denied, would it have any effect on you or your business/organization? Yes No If yes, please explain.
IT COULD REQUIRE ECHO BAY MINERALS TO HAUL AND REMOVE THEIR OWN SOLID WASTE AT INCREASED COST

VERIFICATION: Your name and title: RICHARD L. SHUMATE MATERIALS MGR
Business/Organization
ECHO BAY MINERALS CO.
Street/Mailing Address: 363 FISH HATCHERY RD
City, State, Zip Code: REPUBLIC WA 99166
Telephone Number: 509-775-3759 Fax Number: 509-775-3756

I understand that this information is being given in support of a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the State of Washington.

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

RICHARD L. SHUMATE Richard Shumate 3-21-02
Print Name Signature Date

FROM : COUSE'S SANITATION & RECYCLE FAX NO. : 509 775 3557
Mar. 21 2002 07:39AM P2

FROM : COUSE'S SANITATION & RECYCLE FAX NO. : 509 775 3557
Mar. 21 2002 09:58AM P3