

DOL/SOS

Ta-131450 APPLICATION FOR CERTIFIC CONVENIENCE TO OPERATE AS A SOLID WASTE COLLECTION COMPANY UNDER CHAPTER 81.77 RCW

1300 South Evergreen Park Drive SW P.O. Box 47250 Olympia, WA 98504-7250

PHONE 360-664-1222 FAX 360-586-1181

RECEIVED

TTY 360-586-8203

TTY TOLL FREE 1-887-210-5963

WEBSITE: www.wutc.wa.gov

AUG 05 2003

The UTC has a policy of providing equal access to its services. If you need special

WEBSITE. ...
licy of providing equal access to its services. ...
accommodations, please call 360-664-1133. WASH, UT, & TP, C Type of Solid Waste Authority Requested Expedited Temporary Authority (to meet an urgent need for up to thirty days) - Complete entire \$ 25 application and Attachment A (WAC 480-70-136) Temporary Authority (to meet an immediate or urgent need) - Complete entire application and \$ 25 Attachment A New Permanent Authority (including extension of authority)- (check appropriate box below) Complete \$200 entire application and submit a proposed tariff as outlined in the standard tariff form **New Certificate** П Extension of Existing Certificate No. G-Permanent Authority to Transfer (WAC 480-70-04/) check appropriate box below) - Complete entire \$200 application and Attachments B All of Certificate No. G-191 Portion of Certificate No. G-Reinstatement of Cancelled Certificate (must be filed within 30 days of cancellation) -Include a \$200 statement justifying the reinstatement and complete sections 1, 2 and 8 Name Change - does not include changes resulting in change in ownership - Complete section 1 \$ 35 and Attachment C \$ 35 Mortgage of Certificate - Complete section 1 and Attachment D Lease of Authority - Complete entire application and Attachment B \$200 All of Certificate Portion of Certificate No. G -SECTION 1 – APPLICATION INFORMATION Name of Applicant: Mountain BARGE SERVICES LLC USDOT #: /9/) Trade Name(s) (if applicable): E-Mail: mbs & nwi.net Phone Number: (509, 682 - 2493) Fax Number: (Mailing address (if different from Business Address) **Business Address** Street / SAME) P.O. Box 2638 1222 W. WOODIN AVE. Street ChELAN City City 98816 State/Zip I//A State/Zip FOR OFFICIAL USE ONLY Permit Issued G-Date Filed Docket #: TG-Tariff: Staff Assigned: Insurance Related App ID: Map:

Reception #: () 4 ** / * / **

227-02: 200.03

032-05:

SECTION 2 – BUSINESS INFORMATION

	Type of business structure:
	☐ Individual ☐ Partnership ☐ Corporation ☐ Other (LP, LLP(LLC))
	UBI No. 603 - 257 - 030
	List the name, title, and percentage of partner's share or stock distribution for major stockholders:
	Name Stock Distribution or Percentage of Shares
	Thomas Courtney MEMBER 100%
	Indicate below the commodity to be hauled and the territory in which you wish to operate. <u>PLEASE NOTE</u> Territory must be described using boundaries such as streets, avenues, roads, highways, townships, ranges, city limits, county boundaries or other geographic descriptions. In addition to describing the territory, you must file a map that meets the requirements of WAC 480-70-056 and clearly shows the described territory.
	COMPACTED WASTE, LOOSE REFUSE AND RECYCLABLES FROM
	COMPACTED WASTE, LOOSE REFUSE AND RECYCLABLES FROM NATIONAL PARK SERVICE SITE IN STEHEKIN TO THE CHELAN COUNTY
	TRANSFER STATION IN CHELAN WA. OCCASIONAL PICKUP OF REFUSE
	AND RECYCLABES Along LAKE CHEIAN BY BARGE IN AREAS UNREACHABLE
	by vehicles at owners Request.
	State below the conditions that justify the granting of this application. If you are applying for temporary certificate authority, be sure your statement addresses and supports the question of "immediate and urgent need."
	I AM the FORMER SOLE OWNER OF STEHEKIN MAINTENANCE AND
١	MACHINERY. I AM THE MANAGING MEMBER OF MOUNTAIN BARGE SERVICES
	LLC. I have hap AND CONTINUE SUPPLY TRANSPORTATION AND DIS POSAL
	CONTRACTS WITH THE USDI NATIONAL PARK SERVICE
	What is your USDOT number: 190 1734 (If you currently don't have one, you can go online and apply at www.fmcsa.dot.gov/online-registration or contact (360)596-3816 or (360)596-3803 for assistance.)
	Do you currently hold, or have you ever held, a solid waste certificate?
	☐ No ☐ Yes If yes, please indicate your certificate number: G- <u>19↓</u>
	Have you ever applied for and been denied a certificate to transport solid waste? No □ Yes If yes, please explain:
	Please tell us about your experience and knowledge of transportation or solid waste, including motor carrier driver and equipment safety requirements. My Experience includes MANY YEARS OF hauling REFUSE FROM
	StEHEKIN TO CHELAN DY TRUCK AND BARGE. MX DRIVERS ARE ENROllED IN A
	DRUG TESTING PROGRAM. WE DO KEEP NECESSARY DRIVERS HOURS AND SERVICE RECORDS ON OVER THE ROAD VEHICLES.
	Have you been cited for violation of state laws or Commission rules? No Ves If yes, please explain

SECTION 3 – RATES AND TARIFFS

Is this application to operate under a contract? □ No Yes If yes, submit the original or a duplicate original of each contract under which service will be performed. The contract must contain all the elements stated in WAC 480-70-146.
If this application is for temporary authority, a new certificate, or extension of existing certificated authority, you must attach two copies of your proposed tariff using either the standard tariff format included in this package, or an approved alternate format. All tariffs submitted must comply with the provisions of WAC 480-70-226 through WAC 480-70-351.
If this application is a transfer or a lease of authority from an existing certificate, you must either file a new tariff at the same rate levels as on file, or you must adopt the current certificate holder's tariff. To file a new tariff, use the standard tariff format attached to this application or an approved alternate format. Indicate which option you will use: Adopt
☐ File a new tariff

SECTION 4 – FINANCIAL STATEMENT

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available.

ASSETS		LIABILITIES		
Cash in Bank	\$ 51,000	Salaries/Wages Payable	\$	
Notes Receivable TC.	\$ 50	Accounts Payable	\$	
Accounts Receivable	\$ 23,303	Notes Payable	\$	
Investments	\$	Mortgages Payable	\$ 64,000	
Other Current Assets	\$	Contracts and Bonds Payable	\$	
Prepaid Expenses	\$	TOTAL LIABILITIES	\$	
Land and Buildings	\$ 1,315,000	NET WORTH		
Trucks and Trailers AND EQUIPMENT	\$ 750,000	Preferred Stock	\$	
Office Furniture	\$	Common Stock	\$	
Other Equipment	\$	Retained Earnings	\$	
Other Assets	\$	Capital	\$	
TOTAL ASSETS T.C.	\$2,088,35	TOTAL LIABILITIES AND NET WORTH	\$2,075,303.00	

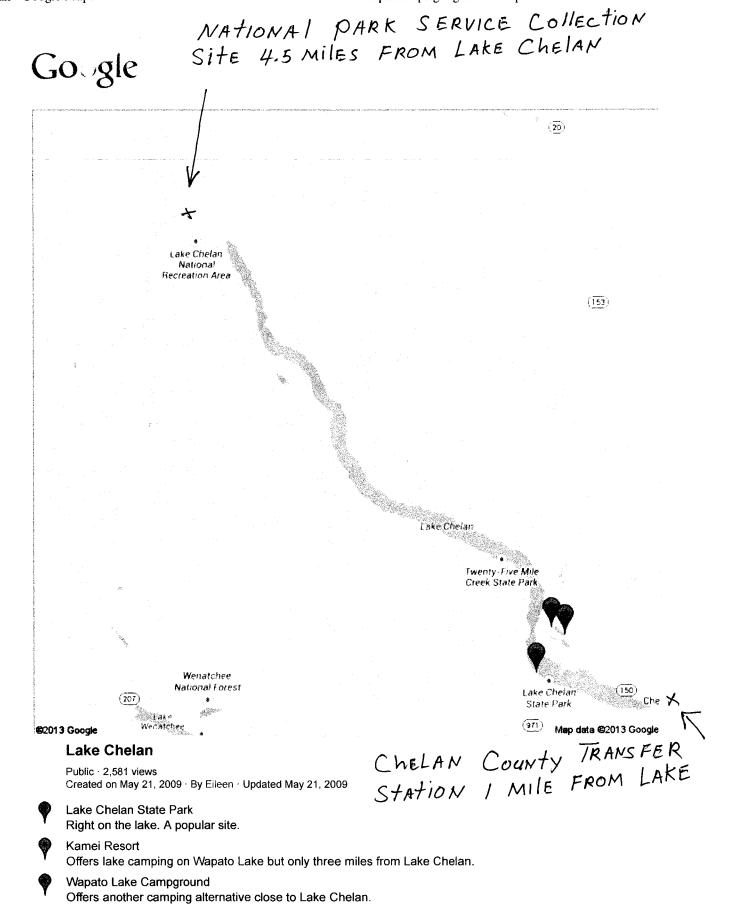
2,139,303,00 SECTION 5 – EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be

| Year | Make | License Number | Vehicle ID Number | Gross Vehicle | Type of vehicle | Weight | Type of vehicle | Weight | 2007 | Dodge | B 65407B | 1 D7K \$28C77 J \$569C14 | 8,000 | 2500 | P.U. | 2007 | BIG TE x | 306C \$57 | I6 VD x 122 x 72 H65.532 | JQ006 | TRAILER

Federal Motor Carrier Safety Regulations (FMCSR) and Was	shington State laws and rules. Please refer to the WAC rules,
may apply to your specific operations.	Stationy during not accidented with requirements that
SAFETY RESI	PONSIBILITIES
driver who operates a vehicle that meets the definition of a co	
Name: Thomas CourtNEY	Position: MANAGER MEMBER
DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code	MANAGER MEMBER MENTS (Title 49, Code of Federal Regulations Part 391) Driver's must meet and each company must maintain driver qualification files for each driver. Position: MANAGER MEMBER a 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each rate hours of service records for each driver. Position: MANAGER MEMBER ALCOHOL TESTING (Part 382) All persons who drive commercial vehicles of Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR and Alcohol. Position: MANAGER MEMBER ALCOHOL TESTING (Part 382) All persons who drive commercial vehicles of Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR and Alcohol. Position: MANAGER MEMBER MEMBER ALCOHOL TESTING (Part 382) All persons who drive commercial vehicles of Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR and Alcohol. Position: MANAGER MEMBER OPERATIONAL RESPONSIBILITIES ible for understanding and complying with the requirements of each category shown and charges it will charge its customers, together with rules that govern how rates Position: MANAGER MEMBER RY FEES (WAC 480-70-071 & 076) Companies must annually file a report of their fees. Position: MANAGER MEMBER RY FEES (WAC 480-70-071 & 076) Companies must annually file a report of their fees. Position: Position: Position: NANAGER MEMBER AMAGER AMAGER MEMBER AMAGER AMAGER MEMBER AMAGER AMAGER MEMBER AM
Name: Thomas CourtNEY	
DRIVERS HOURS OF SERVICE (Title 49, Code of Federal	
Name:	
Thomas CourtNEY	MANAGER MEMBER
CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Part 382) All persons who drive commercial vehicles nol Testing program that complies with the FMCSR in 49 CFR
requirements (49 CFR Part 382 and 49 CFR Part 40).	
Name: Thomas Courtney	MANAGER MEMBER
INSPECTION, REPAIR AND MAINTENANCE (Title 49, Cod	e of Federal Regulations Part 396) Every motor carrier
shall systematically inspect, repair, and maintain all motor vel	
Name:	Position:
Thomas CourtNEY	MANAGER MEMBER
ÓPERATIONAL R	ESPONSIBILITIES
List the person and/or position responsible for understanding below.	and complying with the requirements of each category shown
Commission a tariff showing all rates and charges it will charge and charges will be assessed.	ge its customers, together with rules that govern how rates
Name:	Position:
Thomas Courtney	MANAGER MEMBER
ANNUAL REPORTS and REGULATORY FEES (WAC 480-7	
financial operations and pay regulatory fees.	
	·
Name: PAM QUEALY	Position: OFFICE MANAGER
PAM QUEALX	OFFICE MANAGER
BIOMEDICAL WASTE (WAC 480-70-426 through 476) Com transport that waste according to the appropriate requiremen	panies that transport biomedical waste must handle and ts of the federal hazardous materials regulations (49 CFR
BIOMEDICAL WASTE (WAC 480-70-426 through 476) Com	npanies that transport biomedical waste must handle and ts of the federal hazardous materials regulations (49 CFR
BIOMEDICAL WASTE (WAC 480-70-426 through 476) Communication that waste according to the appropriate requirement Parts 170-189) and the additional requirements in these rules Name: CUSTOMER SERVICE —Person responsible for customer services.	ppanies that transport biomedical waste must handle and ts of the federal hazardous materials regulations (49 CFR Position:
BIOMEDICAL WASTE (WAC 480-70-426 through 476) Comparis 170-189) and the additional requirements in these rules Name: CUSTOMER SERVICE —Person responsible for customer second liance with county solid waste plans.	ppanies that transport biomedical waste must handle and ts of the federal hazardous materials regulations (49 CFR Position: rvice complaints, customer notice requirements, and Position:
BIOMEDICAL WASTE (WAC 480-70-426 through 476) Comparised that waste according to the appropriate requirement Parts 170-189) and the additional requirements in these rules Name: CUSTOMER SERVICE —Person responsible for customer second waste plans. Name: Thomas Courtney	Position: MANAGER MANAGER MANAGER MANAGER MANAGER MEMBER
BIOMEDICAL WASTE (WAC 480-70-426 through 476) Common transport that waste according to the appropriate requirement Parts 170-189) and the additional requirements in these rules Name: CUSTOMER SERVICE —Person responsible for customer secompliance with county solid waste plans. Name: Tho MIAS — COURTNEY STATE OF WASHINGTON — general laws, rules and regulated of Washington must comply with the regulations of local position of the person in your organization who will be responsible to the person of th	panies that transport biomedical waste must handle and ts of the federal hazardous materials regulations (49 CFR. Position: Position: Position: MANAGER MEMBER ations: Individuals and companies doing business in the , state, and federal agencies. Please state the name and sible for ensuring compliance with the laws of the state of and Industries (industrial insurance, safety, prevailing wage); iss licensing, Unified Business Identifier (UBI number), fuel Department of Transportation (over-size or over-weight
BIOMEDICAL WASTE (WAC 480-70-426 through 476) Common transport that waste according to the appropriate requirement Parts 170-189) and the additional requirements in these rules Name: CUSTOMER SERVICE —Person responsible for customer secompliance with county solid waste plans. Name: Tho MIAS COURTMEY STATE OF WASHINGTON — general laws, rules and regulated of Washington must comply with the regulations of local position of the person in your organization who will be responsible to the person, such as, but not limited to: Department of Labor Department of Licensing (vehicle and drivers licenses, busine	panies that transport biomedical waste must handle and ts of the federal hazardous materials regulations (49 CFR. Position: Position: MANAGER MEMBER ations: Individuals and companies doing business in the , state, and federal agencies. Please state the name and sible for ensuring compliance with the laws of the state of and Industries (industrial insurance, safety, prevailing wage); ass licensing, Unified Business Identifier (UBI number), fuel Department of Transportation (over-size or over-weight ice (taxes); and Employment Security.

	RING INFORMATION					
If the Commission assigns this application for formal hearing, amount of time you will need for your presentation.	estimate the number of witnesses you will present and the					
Number of witnesses: 2	Amount of time: 14 DA ys					
Will an attorney be representing you? If yes, complete the fol	lowing:					
Attorney's name:	Attorney's phone number:					
Attorney's address:	Fax Number:					
Street	E-mail:					
City, State, Zip						
TYPE OF I	PAYMENT:					
	☐ Discover ☐ MasterCard ☐ Visa					
Credit Card Information:						
Expiration Date:	Amount: 200,00					
SECTION 8 – DECLAR	RTION OF APPLICANT					
I understand that filing this application does not in itself conscompany.	titute authority to operate as a solid waste collection					
As the applicant for a solid waste collection company certifical company, and I am in compliance with all local, state, and fed Washington.	ite, I understand the responsibilities of a solid waste collection deral regulations governing business in the state of					
I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.						
I certify that I am authorized to execute and file this documen	t.					
Printed name of applicant: Thomas Courts	1EY					
Signature of Applicant: Thomas Courtry	4					
Date, County, State: 8-2-2013						



ACCEPTABLE ONLY IF DO	OCKET NUMBER CERTIFICATE NUMBER	OR PERMIT NUMBER IS SPECIFIED. No.				
Approved		Form E				
L	DAMAGE LIABILITY	IER BODILY INJURY AND CERTIFICATE OF INSUR	PROPERTY RANCE			
Filed with WUTC	•	einafter called Commission)				
This is to certify, that the	(Name of Commission) ZURICH AMERICAN INSUI	RANCE COMPANY				
(hereinafter called Company)	SCHAUMBURG, IL					
has issued to MOUNTAI	N BARGE SERVICES LLC to PC	(Home Office Address of Company) DBOX 2638 CHELAN, WA 9881	6			
and property damage liability insural promulgated in accordance herewith Whenever requested, the Comp This certificate and the endorser	by attachment of the Uniform Motor Carrier Bodily Injury an noe covering the obligations imposed upon such motor cart it, any agrees to furnish the Commission a duplicate original or ment described hierein may not be canceled without cancella as State Commission, such thirty (30) days' notice to comm	(Address of Motor Ca 12:01 A.M. standard time at the address of the insured stated d Property Damage Liability Insurance Endorsement, has or ha ten by the provisions of the motor camer law of the State in whice of said policy or policies and all endorsements thereon, ation of the policy to which it is attached. Such cancellation ma- ence to run from the date notice is actually received in the office	in said policy or policies and continuing until ive been amended to provide automobile bodily injury the Commission has jurisdiction or regulations vibe affected by the Company or the insured giving			
this 31ST	(Street Address) ay of JULY 2013	(City)	(State) (210 Code)			
INS. CO. ID#	214.0007404.04	/m La	impany Representative)			
Insurance Company File No. TRK-9337104-04		PO BOX 19150 SPOKANE, WA 99219 [Agdress of Authorized Company Representative)				
Hart Forms & Services Reorder No. 14-0186	(Policy Number)	(Appliess of Adminized (этграг у к ергезептатие (

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF	ONTRACT		1. CONTRACT ID CODE	P	AGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE	DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PRO.	1 2 JECT NO. (If applicable)
0011	12/31/2	012		071456		
6. ISSUED BY CODE	PPY		7. AD	MINISTERED BY (If other than Item 6)	CODE	PY1
DOI, NPS, PWR - OLYM MABO	L		DOI	, NPS, PWR - OLYM MABO -	- NOC	A .
600 E. Park Avenue				State Route 20	_	
Port Angeles WA 98362-6798			Sed	ro-Woolley WA 98284-126	3	
8. NAME AND ADDRESS OF CONTRACTOR (No., street	t, county, State an	d ZIP Code)	(x) ^{9A}	AMENDMENT OF SOLICITATION NO.		
STEHEKIN MAINTENENCE & MACHI	NERY					
Attn: ATTN Government POC			9B	DATED (SEE ITEM 11)		
1222 WEST WOODIN CHELAN						
CHLIM				A MODIFICATION OF CONTRACT/ORDER NO. 0 PC 7 6 3 8 7	D.	
			101	B. DATED (SEE ITEM 13)		
CODE 0071307840	FACILITY CO	DE	1	2/09/2009		
	11. THES IT	EM ONLY APPLIES TO A	MENDA	IENTS OF SOLICITATIONS		
The above numbered solicitation is amended as set for]is not extended.
Offers must acknowledge receipt of this amendment p Items 8 and 15, and returning co				on or as amended, by one of the following methelpt of this amendment on each copy of the offi		
separate letter or telegram which includes a reference	to the solicitation	on and amendment numbe	ers. FA	LURE OF YOUR ACKNOWLEDGEMENT TO	BE RECE	EIVED AT
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offe						
to the solicitation and this amendment, and is received				y mogram or round, provided each tological or	TOTAL THE	med regional
12. ACCOUNTING AND APPROPRIATION DATA (If req	puired)	Net	Inc	rease: \$3	5,00	0.00
01	ODETCATION	NE CONTRA CTA CONTRA				
G. THIS HEM ONLY AFFLIES TO M	ODIFICATION	OF CONTRACTS/UNDERQ	b. 11 188	ODIFIES THE CONTRACTIONDER NO. AS DES	KKIBED	IN LIEM 14.
CHECK ONE A. THIS CHANGE ORDER IS ISSUED F	PURSUANT TO:	(Specify authority) THE	CHANG	ES SET FORTH IN ITEM 14 ARE MADE IN TH	HE CONT	RACT
ORDER NO. IN ITEM 10A.						
B. THE ABOVE NUMBERED CONTRA(appropriation date, etc.) SET FORTI-	CT/ORDER IS N	IODIFIED TO REFLECT T	THE AD	MINISTRATIVE CHANGES (such as changes i OF FAR 43.103(b).	n paying	office,
X						
C. THIS SUPPLEMENTAL AGREEMEN	1 IS ENTERED	INTO PURSUANT TO AL	JIHOR	ITY OF:		
D. OTHER (Specify type of modification	and authority)	-				
, , , , , , , , , , , , , , , , , , , ,						
E. IMPORTANT: Contractor Sis not,	is required	to sign this document and	return	0 copies to the issuing	office.	
14. DESCRIPTION OF AMENDMENT/MODIFICATION				· · ·		
Solid waste hauling and disp						efinitions.
Pricing is PER CUBIC YARD and	d includ	es hauling an	nd d	isposal. All quantities	are	estimated;
payment will be made based or						
9/30/13) prices: \$76.99 compa						
Legacy Doc #: C9473103001						
Modification #11 to legacy do						
for services to be rendered						
				will be required and ac		
modification during the perfe						
\$43,500 (split between Lines	00001 a	nd 00040) due	e to	NPS software conversion	ı; cu	rrent
Continued	- 1					
Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	e document refe	erenced in Item 9A or 10A		· · · · · · · · · · · · · · · · · · ·		
IN THE OT SIGNER (Type or pure)			I IDA. I	VAME AND TITLE OF CONTRACTING OFFIC	⊏к (Турс	or print)
			SAR	AH WELCH		
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED	16B.	INITED STATES OF AMERICA	·/ .	16C. DATE SIGNED
				guer 6 Wall	U	01/22/2013
(Signature of person authorized to sign)		L	\bot	(Signature of Contracting Officer)		

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE	P	AGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE0	QUISITION/PURCHASE REQ. NO.	5. PRO.	1 2 JECT NO. (If applicable)
0012	04/12/2013				
6. ISSUED BY CODE		7. AD	MINISTERED BY (If other than Item 6)	CODE	PY1
DOI, NPS, PWR - OLYM MABO 600 E. Park Avenue Port Angeles WA 98362-6798		810	State Route 20	- NOC	<u> </u>
AMENDMENT OF SCILICITATIONMOODIFICATION OF CONTRACT 2 AMENDMENTANCOPICATION NO. SPECIAL PROCESS 04/12/2013 7. ADMINISTRESCRIPT OF (Inform them to them) 012					
Attn: ATTN Pam 1222 WEST WOODIN	PERY	., 10	A. MODIFICATION OF CONTRACT/ORDER N	WO.	
AMENDMENT OF SOLICITA TOWNSON-RATION & CONTRACT AMENDMENT AND PRICE TOWNSON SPREAMEN					
CODE 0071307840	FACILITY CODE	1 1			
00.170.040	11. THIS ITEM ONLY APPLIES TO A	1 1 -			
12. ACCOUNTING AND APPROPRIATION DATA (# reg no change 13. THIS ITEM ONLY APPLIES TO M CHECK ONE A. THIS CHANGE ORDER IS ISSUED F ORDER NO. IN ITEM 10A.	uired) ODIFICATION OF CONTRACTS/ORDER PURSUANT TO: (Specify authority) THE	S. IT N	GES SET FORTH IN ITEM 14 ARE MADE IN 1	THE CON	TRACT
appropriation date, etc.) SET FORTH C. THIS SUPPLEMENTAL AGREEMEN	I IN ITEM 14, PURSUANT TO THE AUT	HORIT	Y OF FAR 43.103(b).		
	(Organized by UCF section headings, in	cluding	solicitation/contract subject matter where leasi	ible.)	
Modification #12 records the Tom Courtney Tug and Barge (attached Novation Agreement agreement, the Government re Barge's successor in interesentitled to all rights, title contracts. Following the ef	Transferor) to Mount which is hereby inco cognizes Mountain Bat in and to the contest, and interests as fective date of the	ain rpor rge ract if nova	Barge Services LLC (Tracted. As stated in the Services LLC as Tom Cours. Mountain Barge Servithey were the original ation agreement, the term	ensfer nova urtney vices party	ree) per the ation y Tug and LLC is now y to the
Continued Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	e document referenced in Item 9A or 10.	A, as he			
I HOMAS COURTNE)	i memder	SA	RAH WELCH		
Thomas Courtry	15C. DATE SIGNED 4/15/20	16B	Smah Controlling Officer)	^	4-12-13
NSN 7540-01-152-8070 Previous edition unusable			, Р	rescribed	

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE)F
CONTINUATION SHEET	P10PC76387/0012	2	2

NAME OF OFFEROR OR CONTRACTOR
STEHEKIN MAINTENENCE & MACHINERY

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	- P10PC76387 (formerly C9473103001) for solid	1			
	waste collection and disposal services.		1 1		
	- P10PX75899 (formerly P9475105033) for bulk		1 1		
	propane.				
	Payment Terms:				
	PP30	1	1 1		
	Period of Performance: 10/01/2012 to 09/30/2013	1	1 1		
	Contact: sarah_welch@nps.gov or 360-854-7220		1 1		
	COR: michael_torkelson@nps.gov or 360-854-7365 x15	1	1 1		
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