



RECEIVED
NOV 21 2003
WASH. UT. & TP. COMM

APPLICATION FOR CERTIFICATE OF PUBLIC 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

TOLL FREE 1-888-606-9566 PHONE 360-664-1222
FAX 360-586-1181 or 360-586-1118
TTY 360-586-8203 TTY TOLL FREE 1-887-210-5963
WEBSITE: www.wutc.wa.gov
The UTC has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133.

Type of Solid Waste Authority Requested	Fee Required
<input type="checkbox"/> Expedited Temporary Authority (to meet an urgent need for up to thirty days) - Complete entire application and Attachment A (WAC 480-70-136)	\$ 25
<input type="checkbox"/> Temporary Authority (to meet an immediate or urgent need) - Complete entire application and Attachment A	\$ 25
New Permanent Authority (including extension of authority)- (check appropriate box below) Complete entire application and submit a proposed tariff as outlined in the standard tariff form	\$200
<input type="checkbox"/> New Certificate	
<input type="checkbox"/> Extension of Existing Certificate No. G- _____	
Permanent Authority to Transfer (WAC 480-70-090) (check appropriate box below) - Complete entire application and Attachments B	\$200
<input checked="" type="checkbox"/> All of Certificate No. G- <u>18</u>	
<input type="checkbox"/> Portion of Certificate No. G- _____	
<input type="checkbox"/> Reinstatement of Cancelled Certificate (must be filed within 30 days of cancellation) -Include a statement justifying the reinstatement and complete sections 1, 2 and 8	\$200
<input type="checkbox"/> Name Change - does not include changes resulting in change in ownership - Complete section 1 and Attachment C	\$ 35
<input type="checkbox"/> Mortgage of Certificate - Complete section 1 and Attachment D	\$ 35
Lease of Authority - Complete entire application and Attachment B	\$200
<input type="checkbox"/> All of Certificate	
<input type="checkbox"/> Portion of Certificate No. G - _____	

SECTION 1 - APPLICATION INFORMATION

Name of Applicant: <u>Harold Lemay Enterprises, Inc.</u>		
Trade Name(s) (if applicable):		
Phone Number: <u>(253) 536 4416</u>	Fax Number: <u>(253) 537 8639</u>	E-Mail: <u>JSH@LLDYS@LEMAY.WA.COM</u>
Business Address		Mailing address (if different from Business Address)
Street <u>13502 Pacific Ave</u>		Street <u>PO Box 44459</u>
City <u>Tacoma,</u>		City <u>Tacoma</u>
State/Zip <u>WA 98444</u>		State/Zip <u>WA, 98444</u>

FOR OFFICIAL USE ONLY

Date Filed: <u>11/21/03</u>	Staff Assigned: <u>TS</u>	Motcar: <u>5246</u>	Permit Issued G- <u>08</u>
Tariff: <u>TS</u>	Insurance: <u>TS</u>	Contract:	DOL/SOS:
Application: <u>GA- 79236</u>	RMS Docket #: <u>031944</u>	Related App ID:	Map: <u>TS</u>
Text approved for docket	Reception #: <u>0003373</u>	227-02: <u>200.00</u>	032-05:

SECTION 2 - BUSINESS INFORMATION

Type of business structure:

Individual Partnership Corporation Other(LP, LLP, LLC) _____ UBI No. 278 036 061

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or Percentage of Shares
Nancy Lemay	President	46.284%
Harold Lemay Martital Trust		48.155%

Indicate below the commodity to be hauled and the territory in which you wish to operate. PLEASE NOTE 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.

Garbage Collection Service as delintaed in current certificates G-98
G-97 and G-18.

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."

A corporate merger between Harold Lemay Enterprises, Pacific Disposal
and Lakewood Refuse Service will result in more efficient operations.
These entities are currently under common ownership.

Do you currently hold, or have you ever held, a solid waste certificate?
 No Yes If yes, please indicate your certificate number: G- 98
 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.
Harold Lemay Enterprises, Inc. has collected refuse and recycling
for over 60 years and has adhered to all state mandated safety programs.

Have you been cited for violation of state laws or Commission rules?
 No Yes If yes, please explain: Minor traffic infractions.

SECTION 7 - HEARING INFORMATION

If the Commission assigns this application for formal hearing, estimate the number of witnesses you will present and the amount of time you will need for your presentation.	
Number of witnesses: 1	Amount of time: 10 min.
Will an attorney be representing you? If yes, complete the following:	
Attorney's name:	Attorney's phone number:
Attorney's address:	Fax Number:
Street	E-mail:
City, State, Zip	

TYPE OF PAYMENT:

<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa															
Credit Card Information:															
Expiration Date: _____								Amount: _____							

SECTION 8 - DECLARATION OF APPLICANT:

I understand that filing this application **does not** in itself constitute authority to operate as a solid waste collection company.

As the applicant for a solid waste collection company certificate, I understand the responsibilities of a solid waste collection company, and I am in compliance with all local, state, and federal regulations governing business in the state of Washington.

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 document.

Printed name of applicant: Norman Lehman

Signature of Applicant: *Norman Lehman*

Date, County, State: 11-20-03 Pierce, WA

SECTION 6 – SAFETY AND OPERATIONS

In each of the categories show below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, Fact Sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations.

SAFETY RESPONSIBILITIES

COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle, as defined in Part 383, must have a valid CDL.

Name: Norm Lemay	Position: VP-Operations
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DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: Norm Lemay	Position: VP-Operations
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DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: Norm Lemay	Position: VP-Operations
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CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Part 382) All persons who drive commercial vehicles requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40).

Name: Norm Lemay	Position: VP-Operations
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INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.

Name: Doug Lemay	Position: VP-Equipment
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OPERATIONAL RESPONSIBILITIES

List the person and/or position responsible for understanding and complying with the requirements of each category shown below.

TARIFF RATES AND CHARGES (WAC 480-70-226 through WAC 480-70-351) Companies must file with the Commission a tariff showing all rates and charges it will charge its customers, together with rules that govern how rates and charges will be assessed.

Name: Norm Lemay	Position: VP-Operations
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ANNUAL REPORTS and REGULATORY FEES (WAC 480-70-071 & 076) Companies must annually file a report of their financial operations and pay regulatory fees.

Name: John Lloyd	Position: Controller
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BIOMEDICAL WASTE (WAC 480-70-426 through 476) Companies that transport biomedical waste must handle and transport that waste according to the appropriate requirements of the federal hazardous materials regulations (49 CFR Parts 170-189) and the additional requirements in these rules.

Name: Norm Lemay	Position: VP-Operations
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CUSTOMER SERVICE –Person responsible for customer service complaints, customer notice requirements, and compliance with county solid waste plans.

Name: Norm Lemay	Position: VP-Operations
---------------------	----------------------------

STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the state of Washington, such as, but not limited to: Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: Norm Lemay	Position: VP-Operations
---------------------	----------------------------

Schedule 1000 - COMPARATIVE BALANCE SHEET - Total Company

Instructions: Complete this Balance Sheet in accordance with the beginning & end of year ledger figures as reflected in your books of account. Detail in support of summary amounts herein should be included in the supporting schedules that follow on the indicated schedules.

A. Assets

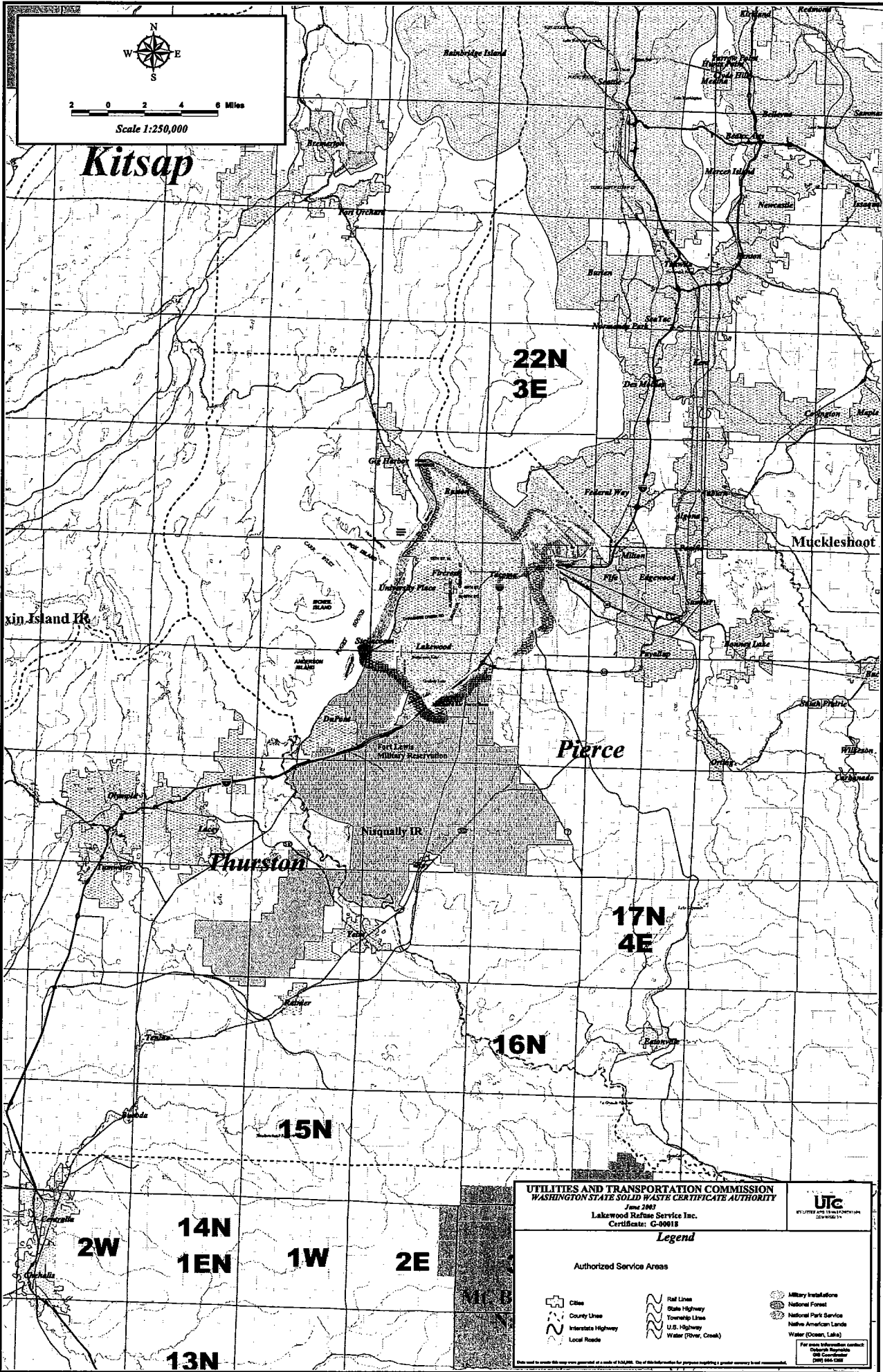
Line No.	Account (a)	Balance at Beginning of Year (b)	Balance at End of Year (c)
1	Current Assets:	\$	\$
2			
3	(1010) Cash & Working Funds	281,396	412,561
4	(1040) Special Deposits	0	63,000
5	(1060) Temporary Cash Investments	0	0
6	(1080) Notes Receivable (Schedule 1080)	376,034	337,340
7	(1100) Receivables from Affiliated Companies (Schedule 1100)	20,978,049	19,082,872
8	(1120) Accounts Receivable	4,483,691	4,528,371
9	less: (1121) Allowance for Uncollectables	141,765	174,270
10	Net Accounts Receivable	4,341,927	4,354,101
11	(1170) Prepayments	251,849	298,801
12	(1180) Material & Supplies	409,194	526,437
13	(1190) Other Current Assets	3,605	6,023
14	Total Current Assets:	26,642,054	25,081,137
15			
16	Tangible Property:		
17			
18	(1200) Operating Property (Schedule 1200 A)	44,711,807	49,686,356
19	less: Accumulated Depreciation (Schedule 1200 B)	25,984,221	30,202,505
20	Net Operating Property	18,727,586	19,483,851
21	(1400) Non - Operating Property		
22	less: Accumulated Depreciation		
23	Net Non - Operating Property	0	0
24	Total Net Tangible Property	18,727,586	19,483,851
25			
26	Intangible Property:		
27			
28	(1500) Organization, Franchises, & Permits (Schedule 1500 A)	1,301,912	1,233,191
29	less: (1501) Accumulated Amortization (Schedule 1500 B)	0	0
30	(1550) Other Intangible Property (Schedule 1550 A)	311,971	311,971
31	less: (1551) Accumulated Amortization (Schedule 1550 B)	51,995	51,995
32	Total Net Intangible Property	1,561,887	1,493,166
33			
34	Other Assets & Deferred Items:		
35			
36	(1600) Investments & Advances	0	0
37	(1620) Undistributed Earnings from Subsidiaries	0	0
38	(1850) Deferred Debits (Schedule 1850)		
39	(1900) Other Assets (Schedule 1900)		
40	Total Other Assets & Deferred Items	0	0
41			
42	TOTAL ASSETS:	46,931,527	46,058,154

Schedule 1000 - COMPARATIVE BALANCE SHEET - Total Company

Instructions: Complete this Balance Sheet in accordance with the beginning & end of year ledger figures as reflected in your books of account. Detail in support of summary amounts herein should be included in the supporting schedules that follow on the indicated schedules.

B. Liabilities & Equity

Line No.	Account (a)	Balance at Beginning of Year (b)	Balance at End of Year (c)
1	Current Liabilities:	\$	\$
2			
3	(2000) Notes Payable (Schedule 2000)		
4	(2030) Payables to Affiliated Companies (Schedule 2030)	0	0
5	(2050) Accounts Payable	4,012,254	4,477,193
6	(2070) Salaries & Wages Payable	924,963	1,232,472
7	(2120) Accrued Taxes	515,921	425,441
8	(2180) Curr. Portion L. T. Debt (Equip. & Other) (Schedule 2300)	1,555,000	1,640,000
9	(2190) Other Current Liabilities	670,609	490,994
10	Total Current Liabilities	7,678,746	8,266,101
11			
12	Long Term Debt Due After 1 Year:		
13	(2300) Equipment Obligations (Schedule 2300)	15,561,897	13,927,224
14	(2360) Other Long Term Debt (Schedule 2300)	0	0
15	(2390) Unamortized Premium/Discount on Debt - (net)		
16	Total Long Term Debt Due After 1 Year	15,561,897	13,927,224
17			
18	Deferred Credits & Other Items:		
19	(2400) Deferred Credits (Schedule 2400)	605,736	634,801
20	(2690) Other Credits (Schedule 2690)		
21	Total Deferred & Other Credits	605,736	634,801
22			
23	Total Liabilities	23,846,380	22,828,126
24			
25	Shareholders' & Proprietors' Equity:		
26	Capital Stock:		
27	(2700) Capital Stock (Schedule 2700)	43,655	43,655
28	(2710) Paid in Capital in Excess of Par (Schedule 2710)	3,935,375	3,975,345
29	(2720) Other Capital		
30	Total Capital Stock	3,979,030	4,019,000
31			
32	Proprietors' Capital:		
33	(2800) Sole Proprietors' Capital (Schedule 2800)		
34	(2810) Partnership Capital (Schedule 2810)	0	0
35	Total Proprietors' Capital	0	0
36			
37	(2930) Retained Earnings (Schedule 2930)	21,255,818	19,211,028
38			
39	Total Equity	25,234,848	23,230,028
40			
41	TOTAL LIABILITIES & EQUITY	49,081,228	46,058,154



N
W E
S

2 0 2 4 6 Miles

Scale 1:250,000

Kitsap

**22N
3E**

Muckleshoot

Pierce

Thurston

**17N
4E**

16N

15N

2W

**14N
1E**

1W

2E

13N

**UTILITIES AND TRANSPORTATION COMMISSION
WASHINGTON STATE SOLID WASTE CERTIFICATE AUTHORITY**
June 2003
Lakewood Refuse Service Inc.
Certificate: G-9001B



Legend

Authorized Service Areas

- | | | |
|--------------------|----------------------|------------------------|
| City | Rail Lines | Military Installations |
| County Lines | State Highway | National Forest |
| Interstate Highway | Township Lines | National Park Service |
| Local Roads | U.S. Highway | Native American Lands |
| | Water (River, Creek) | Water (Ocean, Lake) |

This map was created using data generated as a result of a RFP. Use of this information for purposes requiring a greater accuracy is not recommended.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

5117

For the Operation of Motor Propelled Vehicles

pursuant to the provisions of Chapter 81 RCW

THIS IS TO CERTIFY that authority is granted to operate as a MOTOR CARRIER in the transportation of the commodities and in the territory described herein to

LAKWOOD REFUSE SERVICE, INC.
P O BOX 44459
TACOMA, WA 98444

PERMIT NO.
G-18

THIS CERTIFICATE SUBJECT TO MORTGAGE IN FAVOR OF THE US BANK NATIONAL ASSOCIATION AS SECURITY FOR A PROMISSORY NOTE IN THE PRINCIPAL AMOUNT OF \$1,628,790 AUTHORIZED BY COMMISSION ORDER TG-980963 DATED AUGUST 26, 1998.

GARBAGE COLLECTION SERVICE In That portion of Pierce County described as follows: Beginning at the intersection of the south city limits of Tacoma (S. 80th St.) and old Highway 99 (South Tacoma Way) for businesses and dwellings fronting and having a Highway 99 address from the south city limits of the City of Tacoma to 112th or Airport Road; thence on the centerline of old Highway 99 from the Airport Road or 112th to the intersection of old Highway 99 extended to the southeast corner of the property line of the Tacoma Country Club; thence north along the Tacoma Country Club's west boundary line to American Lake; thence along the shoreline and including the area northerly bordering on the uplands of American Lake to the intersection of the shoreline of American Lake and the Ft. Lewis military reservation; thence north and westward along the Ft. Lewis military reservation to its intersection with Steilacoom City limits; thence following the Steilacoom city limits northward to the intersection of the Steilacoom city limits as they exist on April 1, 1974, and the intersection of Chambers Creek; thence following Chambers Creek east to its meeting with Leach Creek; thence following Leach Creek to its meeting with Alameda Avenue extended; thence north on Alameda Avenue extended to South 48th Street extended west; thence east on South 48th Street to its meeting with Leach Creek; thence following Leach Creek to its meeting with 40th Street; thence east on 40th Street to the intersection with the Tacoma city limits (Orchard Street) thence north

(CONTINUE)

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

By _____



WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

Continuation

Orchard Street) and east (19th Street W.) on the Tacoma city limits to the Puget Sound excluding Day Island; thence north following the shoreline of Puget Sound to Point Defiance and Commencement Bay; thence following the shoreline of Commencement Bay to its intersection with the west city limits of Tacoma located in Section 21, Township 21 North, Range 3E W.M.; thence following the city limits of Tacoma in a clockwise direction to its intersection with old Highway 99, also known as South Tacoma Way, the point of beginning.

Also, all areas within the boundaries of Pierce County occupied by United States Government installations:

TG-980963

08-26-98



ATTACHMENT B

JOINT APPLICATION FOR TRANSFER OR LEASE OF CERTIFICATED AUTHORITY

This attachment must be completed when filing a joint application for permission to transfer or lease rights under Certificate of Public Convenience and Necessity.

Certificate Number G- 18

Check appropriate box:

Transfer All* Transfer Portion* Lease All** Lease Portion**

Lakewood Refuse Service, Inc.
Current Name on Certificate (Seller/Lessor)

PO Box 44459 Tacoma, WA 98444 253-537-8687
Current Trade Name on Certificate (Seller/Lessor)

Address (Seller/Lessor) _____ Phone Number _____

Fax: 253-537-8689 E-mail: lakewoodoffice@lemayinc.com

Have all fines and /or penalties been paid? No Yes

Has the closing annual report been filed? No Yes

Does the buyer/lessee agree to begin service as soon as the Commission authorizes the transfer or lease?

Yes
 No, If not, then when? _____

If the commission assigns this application for formal hearing, does both the seller/lessor and the buyer/lessee agree to be present at the hearing?

Yes
 No

Both the seller/ lessor and the buyer/lessee certify that this application is not made for the purpose of hindering, delaying or defrauding creditors.

This application must include a map and copy of the certificated authority to be transferred/leased. If applying for permission to transfer or lease a portion of the certificated authority, then the application must include a map and description of both the portion to be transferred/leased and the portion to be retained by the existing certificate holder.

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

Norman Kelly Vice-Pres
Seller's/Lessor's Signature

11/20/03 Pierce, Washington
Date, County, State

Norman Kelly Vice-Pres
Buyer's/Lessee's Signature

11/20/03 Pierce, Washington
Date, County, State

*If this application is for transfer, please attach a copy of the sales or other agreement to sell.

**If this application is to lease, please attach a copy of the executed lease agreement.



HAROLD LeMAY ENTERPRISES, INC.

13502 PACIFIC AVENUE

P.O. BOX 44459 • TACOMA, WA 98444-0459

Phone (253) 537-8687

LeMay Enterprises, Inc.
Board of Directors Meeting Minutes
Held at the Aberdeen offices
October 16, 2003

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WASH. UT. & TP. COMM.

In Attendance: Nancy LeMay, Doug LeMay, Hal LeMay, Barb LeMay, Norm LeMay, Scott Penner, Neil Pellegrini

Discussion: Scott reported the Elma Disposal transaction is scheduled to close 10/21/03. Norm gave the board an update on the status of the LRI Takings case. Scott then reviewed the issues surrounding combining the company corporations, after board discussion the following motion was made.

MOTION to combine the companies of LeMay Enterprises, Lakewood Refuse and Pacific Disposal into one corporation under LeMay Enterprises, Inc.
2nd – carried with one member abstaining.

Discussion: The board talked about offering the Edge Learning Institute program company wide. The first seminar is scheduled for 10/21/03-10/22/03, three company facilitators will be trained in November and begin offering the opportunity for classes as soon as possible.

Discussion: Norm talked about the strategy for presenting an offer to the Hoquiam City Council on 10/26/03. He then updated the board on LRI/PCRCD issues as well as the Ft. Lewis contract.

Discussion: Doug talked about the fleet/equipment issues surrounding the upcoming change in recycling to a co-mingled system.

Discussion: Nancy discussed charitable donations and gifting vehicles to the LeMay museum. The board agreed to also support PLU and Pierce College with donations.

DIVISION OF HAROLD LeMAY ENTERPRISES, INC.

Member of:
National Solid Waste Management Association
Washington Waste Management Association

Addendum to transfer application for G-97 and G-98.

Registered trade names for Harold Lemay Enterprises Inc.

Butlers Cove Refuse Service

City Sanitary Co.

EGH Disposal

Harbor Disposal Co.

Joe's Refuse Service

Lakewood Refuse Service

Pacific Disposal

Pierce County Refuse

Rural Garbage Service

White Pass Garbage Co.



HAROLD LeMAY ENTERPRISES, INC.

13502 PACIFIC AVENUE

P.O. BOX 44459 • TACOMA, WA 98444-0459

Phone (253) 537-8687

November 24, 2003

Master License Service
Department of Licensing
P.O. Box 9034
Olympia, WA 98507-9034

Re: Enclosed Master Application to
Add Registered Trade Names

Once the new trade names are added we would like to receive both pages of the Master License showing all trade names for posting at our office. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Neil Pellegrini".

Neil Pellegrini
Administration Manager

Encl.



MASTER LICENSE SERVICE
 DEPARTMENT OF LICENSING
 P.O. BOX 9034
 OLYMPIA, WA 98507-9034
 Telephone: (360) 654-1400

UBI NUMBER 278-036-061
OWNER NAME (Please print clearly) Harold LeMay Enterprises, Inc

FOR VALIDATION - OFFICE USE ONLY

01P-400-731-0003

MASTER APPLICATION

Please type or print clearly in dark ink.

Take your completed application and fees to any location shown on the enclosed listing of offices, or MAIL DIRECTLY to the Master License Service.

A PAYMENT SUMMARY (Use the enclosed Registration and License Description Sheet for the information needed to complete this list.)

LIST REGISTRATIONS AND LICENSES BELOW		FEE
Allstar Recycling		\$ 5.00
AA Better Trash & Junk Clean up		\$ 5.00
Lakewood Recycling Service		\$ 5.00
Lakewood Refuse Service		\$ 5.00
Pacific Disposal		\$ 5.00
		\$
		\$
Enclose check for total amount due, including application fee which MUST be submitted with this form. Make check payable to the WASHINGTON STATE TREASURER.	APPLICATION FEE	\$ 15.00
	TOTAL AMOUNT DUE	\$ 40.00

B PURPOSE OF APPLICATION (You may check more than one box, see the instructions on page 2.)

Open/Reopen Business
 Register Trade Name
 Change Ownership
 Merger
 Hire Employees
 Hire Domestic Employees
 Add License/Registration
 Change Trade Name
 Open New Location
 Obtain Minor Work Permit
 Obtain License for Individual

C BUSINESS OWNERSHIP or INDIVIDUAL TO BE LICENSED (Complete appropriate section for business ownership type or provide information about individual to be licensed; see instructions on page 2.)

Check all that apply (see instructions): <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> INDIVIDUAL TO BE LICENSED	Owner's Name (Last, First, Middle)	Birthdate	Social Security Number
	Home Address (Street or Route, P.O. Box, City, State, Zip)		Home Telephone Number ()
	Spouse (Last, First, Middle) is the name of the spouse to appear on this license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Social Security Number	COMPLETE ONLY Birthdate FOR LIQUOR OR LOTTERY LICENSE
PARTNERSHIP List Partners in Section D	Partnership Name (If any) <input type="checkbox"/> Limited (If limited write name exactly as registered with Secretary of State)		Number of Partners
	Partnership Mailing Address (Street or Route, P.O. Box, City, State, Zip)		
CORPORATION List Corporate Officers in Section D	Corporation Name (Exactly as registered with Secretary of State) Harold LeMay Enterprises, Inc		Date of Incorporation 10/31/58
	Number of Corporate Officers 5	Are any Corporate Officers in Washington also Directors and Shareholders? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	State of Incorporation WA
LIMITED LIABILITY COMPANY List Managers or Members in Section D	Company Name (Exactly as registered with Secretary of State)		Date of Formation
	Number of Managers (if no managers, number of members)	State of Formation	
OTHER List Principals in Section D	Name of the Organization	Type of Organization	Business Mailing Address (Street or Route, P.O. Box, City, State, Zip)

If you need assistance through the Telecommunications Device for the Deaf, call TDD (360) 586-2788. To request this document in an alternate format for the visually impaired, call (360) 654-1400.

INSTRUCTIONS

SECTION A: Payment Summary

Use the *Registration and License Description Sheet* to help you determine the fees, registrations, and licenses you need for yourself and/or your business. List the appropriate registrations, licenses, and fees in Section A.

SECTION B: Purpose of the Application

You may check more than one box in Section B. Each selection listed in Section B is described below. You may not need to complete the entire application, depending upon the purpose of your application.

Note: If the purpose for filing your application does not fit within the categories listed in section B, briefly describe the purpose of your application in section A. Complete ALL sections of the application.

- **Open/Reopen Business:** Check this box if:
 - You are operating a business in Washington for the first time.
 - You are reopening your business.
 Complete ALL sections of the application.
- **Add License/Registration:** Check this box if you are currently conducting business in this state and wish to add a license or registration. Complete sections A, B, C, E1, and K; complete section D if there are changes from the last filing.
 - If you are adding licenses that require additional forms (see *Registration and License Description Sheet*), please call Master License Service at (360) 664-1400 for the forms, or for information about licensing requirements for your business.
- **Register Trade Name:** You are required to register a Trade Name if you are a sole proprietor, partnership, corporation, or limited liability company conducting business in Washington under a name other than the full legal name listed in Section C. Complete sections A, B, C, E1, and K; complete section D if there are changes from the last filing. You may register more than one trade name for this business location.
- **Change Trade Name:** Check this box if you wish to cancel an existing Trade Name and register another Trade Name. List the Trade Name you wish to register and the fee amount in Section A. On the line below, enter the Trade Name you wish to cancel. Write "CANCEL" after that name. Complete sections A, B, C, E1, and K; complete section D if there are changes from the last filing.
- **Change Ownership:** Check this box if you are purchasing an existing business or making an ownership change. (For example:

your business was a sole proprietorship, but is changing to a partnership.) Complete ALL sections of the application.

- **Open New Location:** Check this box if you are opening a new location for an existing business. Complete ALL sections of the application.
- **Merger:** Check this box if two businesses have merged to form a single business entity. Complete ALL sections of the application.
- **Obtain License for Individual:** Check this box if you are applying for a license for an individual. Complete sections A, B, C (*Sole Proprietor or Individual to be Licensed* portion), and K.
- **Hire Employees:** Check this box if you own an existing business and wish to hire employees. A Master Business Application must be filed before employees can be hired. Complete sections A, B, C, E1, J1, J2, and K; complete section D if there are changes from the last filing.
- **Obtain Minor Work Permit:** If you already have coverage for employees and are adding minors, complete sections A, B, C, E1, J1, and K; complete section D if there are changes from the last filing.
- **Hire Domestic Employees:** See *Registration and License Description Sheet* for definition of a domestic employee. Complete sections A, B, C (*Sole Proprietor or Individual to be Licensed* portion), J1, J2, and K. You do NOT have to pay the \$15 application fee.

SECTION C: Business Ownership or Individual to be Licensed

Note: You may apply for a license for an individual and for business registrations and licenses on the same application. Follow the instructions below to ensure that you properly complete the application for both the individual license and the business registrations and licenses.

Individual: If you are applying for a license for an individual, check the appropriate box and complete the *Sole Proprietor/Individual to be Licensed* section. If you are applying only for an individual license, you do not need to complete the spouse information; if you are also applying for business licenses and registrations as a sole proprietor, this information should be provided.

Business: Determine which type of business ownership describes your business and complete the appropriate section. You may find the following ownership definitions helpful.

- **Sole Proprietor:** A self-employed owner operating a business for profit; or a marital community between spouses, unless a legal partnership exists.
- **Partnership:** An agreement between two or more entities engaged in the same business enterprise. Profits and losses are shared. Each partner is an agent for the other(s) and liable for the debts of the firm. Can also be a marital community who has formed a legal partnership.
- **Limited Partnership:** A partnership composed of general and limited partners. General partners are responsible for business management and losses. Limited partners are responsible only to the extent of their investments. *
- **Corporation:** A business entity that has the same rights and privileges as an individual. Foreign (out-of-state) corporations are corporations that have incorporated outside Washington. *
- **Limited Liability Company:** A business entity that is a hybrid between a partnership and a corporation that combines the operational flexibility of a partnership with the limited liability protection associated with limited partnerships and corporations. *
- **Other:** Unincorporated nonprofit associations, trusts, municipalities, political subdivisions, and others that do not fit any of the previous specific categories listed.

SECTION J: Employment

If you are planning to hire employees with a first date of employment more than three months after you file this application, the Departments of Employment Security and Labor & Industries will not open an account for you at this time. You will need to file another application before you hire employees.

- * Limited partnerships, corporations (domestic and foreign) and limited liability companies must file additional documents with the Office of the Secretary of State. The name of a limited partnership, corporation or limited liability company is not guaranteed for use when entered on this application, unless that name has first been registered with the Office of the Secretary of State.

(1st Page 3 of 4)

UBI # 278-036-061

D PARTNERS, CORPORATE OFFICERS OR LIMITED LIABILITY COMPANY MANAGERS (or members if no managers were elected.)

Name (Last, First, Middle) Lemay Nancy L	Birthdate 5-3-36	Social Security Number 534-30-3795	% Owned 97.28%
Home Address (Street or Route, P.O. Box, City, State, Zip) 13502 So C St Tacoma WA 98444		Home Telephone Number (253) 531-5603	Title President Treasurer
Spouse (Last, First, Middle) N/A	Social Security Number	COMPLETE ONLY FOR LIQUOR OR LOTTERY LICENSE Birthdate	
Name (Last, First, Middle) Lemay Norman A	Birthdate 9-13-45	Social Security Number 531-44-6161	% Owned .68%
Home Address (Street or Route, P.O. Box, City, State, Zip) 6513 Marvin Rd NE Olympia WA 98516		Home Telephone Number (360) 491-4335	Title Vice-Pres Operations
Spouse (Last, First, Middle) Lemay Vicki	Social Security Number 537-70-0040	COMPLETE ONLY FOR LIQUOR OR LOTTERY LICENSE Birthdate	
Name (Last, First, Middle) Lemay Harold W	Birthdate 1-23-55	Social Security Number 535-46-9932	% Owned .68%
Home Address (Street or Route, P.O. Box, City, State, Zip) 10004 Alaska St So Tacoma WA 98444		Home Telephone Number (253) 531-3335	Title Vice-Pres Real Estate
Spouse (Last, First, Middle) Lemay Elizabeth	Social Security Number 112-62-8482	COMPLETE ONLY FOR LIQUOR OR LOTTERY LICENSE Birthdate	

(Attach additional sheets if necessary.)

E BUSINESS INFORMATION (Complete for actual location where business will be conducted.)

Date business first will be (was) conducted, under this owner, at this WA location: Mo Day Yr 10 3 15 8	Firm/Trade Name Harold Lemay Enterprises, Inc		
	Business Mailing Address (Street or Route, P.O. Box, Suite # - Do not use building name) P.O. Box 44459		
City Tacoma	State WA	Zip 98444	Business Telephone Number (253) 537-8687
Business Location (Street or Route, City, State, Zip - Physical location only) 13502 Pacific Ave Tacoma WA 98444			FAX Number (253) 537-8689
Is this location within city limits? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, which city?	County	Total number of business locations you have in Washington 5
Is this business <input type="checkbox"/> Part Time <input checked="" type="checkbox"/> Full Time	Estimated Gross Annual Income in Washington (determines reporting frequency) 50,000,000		Your Federal Employer I.D. Number (FEIN) 91-0759963
Describe in detail the principal products sold or services you provide in Washington. Indicate if sales are retail or wholesale, and if products are manufactured in Washington: Refuse Collection, Recycling, Trucking, Real Estate Rentals, Portable Storage Rentals, Vehicle Sales, wrecking Yard and Towing			
Name and Address of Personal or Business Reference (Street or Route, P.O. Box, City, State, Zip) RSM McGladrey, C.P.A.s 1145 Broadway Suite 900 Tacoma WA 98402		Telephone Number (253) 572-7111	
Bank Name (where you do banking) Bank of America		Bank Branch Name Tacoma	
Is this business owned by, controlled by, or affiliated with any other business entity? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		If YES, list other business entity:	
Is this a Nonprofit Organization established for educational, religious, or charitable purposes? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

F ANY OTHER BUSINESS (Complete this section if you are now or have ever been a sole proprietor, business partner, or owner of a corporation.)

Owner Name or Firm Name N/A	Last year in business
Firm Address (Street or Route, P.O. Box, City, State and Zip)	UBI/State Tax Registration Number

G PRIOR OWNER (Complete this section if this business had a prior owner.)

Did you buy, lease or acquire all or part of an existing business? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, check one box <input checked="" type="checkbox"/> ALL <input type="checkbox"/> PART	Prior Business Name N/A	Prior Owner's Telephone No. ()	Is prior owner still in business? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Date bought / leased / acquired Mo Day Yr		Prior Owner's Name and Address		

(2nd Page 3 of 4)

UBI # 278-036-061

D PARTNERS, CORPORATE OFFICERS OR LIMITED LIABILITY COMPANY MANAGERS (or members if no managers were elected.)

Name (Last, First, Middle) LeMay Douglas R	Birthdate 1-21-57	Social Security Number 538-58-9838	% Owned .68%
Home Address (Street or Route, P.O. Box, City, State, Zip) 12915 So C St Tacoma WA 98444		Home Telephone Number (253) 531-1643	Title Vice-Pres, Fleet
Spouse (Last, First, Middle) N/A	Social Security Number	COMPLETE ONLY FOR LIQUOR OR LOTTERY LICENSE	Birthdate
Name (Last, First, Middle) LeMay-Quinn Barbara F	Birthdate 11-14-50	Social Security Number 535-46-9930	% Owned .68%
Home Address (Street or Route, P.O. Box, City, State, Zip) 14116 Scott Turner Rd Eatonville WA 98328		Home Telephone Number (360) 832-3336	Title Secretary
Spouse (Last, First, Middle) Quinn Thomas	Social Security Number 535-46-0791	COMPLETE ONLY FOR LIQUOR OR LOTTERY LICENSE	Birthdate
Name (Last, First, Middle)	Birthdate	Social Security Number	% Owned
Home Address (Street or Route, P.O. Box, City, State, Zip)		Home Telephone Number ()	Title
Spouse (Last, First, Middle)	Social Security Number	COMPLETE ONLY FOR LIQUOR OR LOTTERY LICENSE	Birthdate

(Attach additional sheets if necessary.)

E BUSINESS INFORMATION (Complete for actual location where business will be conducted.)

E1 Date business first will be (was) conducted, under this owner, at this WA location: Mo Day Yr 	Firm/Trade Name		
	Business Mailing Address (Street or Route, P.O. Box, Suite # - Do not use building name)		
	City	State	Zip
Business Location (Street or Route, City, State, Zip - Physical location only)			Business Telephone Number ()
			FAX Number
E2 Is this location within city limits? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, which city?	County	Total number of business locations you have in Washington
Is this business <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Estimated Gross Annual Income in Washington (determines reporting frequency)		Your Federal Employer I.D. Number (F/TIN)
Describe in detail the principal products sold or services you provide in Washington. Indicate if sales are retail or wholesale, and if products are manufactured in Washington:			
Name and Address of Personal or Business Reference (Street or Route, P.O. Box, City, State, Zip)			Telephone Number ()
Bank Name (where you do banking)		Bank Branch Name	
Is this business owned by, controlled by, or affiliated with any other business entity? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, list other business entity:		
Is this a Nonprofit Organization established for educational, religious, or charitable purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO			

F ANY OTHER BUSINESS (Complete this section if you are now or have ever been a sole proprietor, business partner, or owner of a corporation.)

Owner Name or Firm Name	Last year in business
Firm Address (Street or Route, P.O. Box, City, State and Zip)	UBI/State Tax Registration Number

G PRIOR OWNER (Complete this section if this business had a prior owner.)

Did you buy, lease or acquire all or part of an existing business? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, check one box <input checked="" type="checkbox"/> ALL <input type="checkbox"/> PART	Prior Business Name	Prior Owner's Telephone No. ()	Is prior owner still in business? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date bought / leased / acquired Mo Day Yr 		Prior Owner's Name and Address		

(2nd Page 3 of 4)

H FURNITURE/FIXTURES/EQUIPMENT (Complete if you purchased or leased furniture, fixtures or equipment for this business.)

Did you purchase any fixtures or equipment on which you have not paid sales or use tax?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If Yes, purchase price \$ _____	Are you leasing furniture, fixtures or equipment for use in Washington?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If Yes, from whom?
-----------------------------------------------------------------------------------------	------------------------------------------------------------------------	---------------------------------	-------------------------------------------------------------------------	------------------------------------------------------------------------	--------------------

I OUT OF STATE BUSINESS (Complete if your business is based outside of Washington.)

Are sales solicited on your behalf in Washington?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, by:	<input type="checkbox"/> Resident employees <input type="checkbox"/> Non-resident employees <input type="checkbox"/> Traveling representatives	<input type="checkbox"/> Local independent agents <input type="checkbox"/> Other
Do you maintain stocks of merchandise, including consigned stock, in Washington?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you lease articles of personal property to others for use in Washington?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you perform services in Washington for customers, clients, or franchisees?

J EMPLOYMENT (Complete if you employ, or plan to employ, one or more persons in Washington; or if you want optional coverage.)

J1 Date of first employment or planned employment at this location	Mo Day Yr	Number of persons you employ or plan to employ at this location (Do not include owners)	Of these, how many are or will be minors (under age 18)?	Are any of these minors under age 18?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List the specific duties performed by minors at this location					Are the minors working in an agricultural business? <input type="checkbox"/> YES <input type="checkbox"/> NO

J2 If you operate at more than one location, do you wish to report your locations together or separately? TOGETHER SEPARATELY

Do you wish Unemployment Insurance coverage for corporate officers?
 Yes — Completed Form 5200 is required. This form will be sent to you by Employment Security Department.
 No — Officers must be informed in writing by the corporation.

The following categories of employment ARE NOT INCLUDED under the mandatory coverage laws of Washington for Industrial Insurance (if you would like Industrial Insurance coverage for any of these categories, you must request optional coverage below):

Sole proprietor/partner or corporate officers who are directors and shareholders; domestic servants; gardening/maintenance/remodeling in or about the employer's home; services in return for aid; minors under 18 years employed on a family farm; jockey-racing; entertainers; volunteer law enforcement; volunteer workers or student volunteers (K thru 12) (medical only); Indian tribal members; community service workers; cosmetologists, barbers, and manicurists who rent booths; newspaper carriers; insurance agents, brokers, and solicitors; other employment as defined in Title 51 of the Revised Code of Washington.

Indicate if you wish coverage for:
 Sole proprietor, partner or corporate officers who are directors and shareholders YES NO
 Optional coverage for excluded employment YES NO (If yes, write category from above list in employee activity section below.)

Coverage is effective as of the date this form is received, unless a later date is requested (indicate requested date in section below). A letter confirming coverage and providing information and instructions will be provided when the application is processed. Coverage will remain in effect until notification to cancel has been filed by the employer and received by the Department of Labor & Industries.

- You must check the ONE box which best describes the major operation of your business;
- | | | | |
|---------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------|
| (01) <input type="checkbox"/> Construction — Wood Frame Bldg. | (05) <input type="checkbox"/> Shipbuilding | (09) <input type="checkbox"/> Mfg. — Food Products | (13) <input type="checkbox"/> Retail / Wholesale Trade |
| (02) <input type="checkbox"/> Construction — All Other | (06) <input type="checkbox"/> Mining / Quarrying / Sand & Gravel | (10) <input type="checkbox"/> Miscellaneous Mfg. | (14) <input type="checkbox"/> Services or Operations of Maintenance |
| (03) <input type="checkbox"/> Logging / Forestry | (07) <input type="checkbox"/> Mfg. — Wood / Metal / Stone Products | (11) <input type="checkbox"/> Machine Shops / Auto Repair | (15) <input type="checkbox"/> Communications |
| (04) <input type="checkbox"/> Temporary Help or Trucking | (08) <input type="checkbox"/> Mfg. — Chemicals | (12) <input type="checkbox"/> Agricultural / Farming | (16) <input type="checkbox"/> Clerical / Professional Occup. |

DESCRIBE IN DETAIL THE ACTIVITIES OF YOUR EMPLOYEES AND/OR INDICATE THE CATEGORY OF OPTIONAL COVERAGE REQUESTED AND EFFECTIVE DATE	3 MONTH ESTIMATE	
	Number of Employees	Workers hours (include minors)

K SIGNATURE (of sole proprietor or spouse, partner(s), corporate officer(s), or limited liability manager(s) or member(s).)

I (we), the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I (we) am (are) the applicant(s) or authorized representative(s) of the firm making this application and that the answers contained, including any accompanying information have been examined by me (us) and that the matters and things set forth are true, correct and complete.

Signature(s) required (If a corp., corporate officer must sign; if a limited liability co., manager must sign)	Title	Date		
X <i>James J. Lemay</i>	President	11/24/03		
X				
X				
Application prepared by (please print)	Title	Telephone number	Date	
Neil Pellegrini	Admin. Mgr.	(253) 537-8687	11/24/03	
Agency representative assisting with application (Please print)	<input type="checkbox"/> Mail <input type="checkbox"/> Counter	Agency Office	Telephone number	Date



HAROLD LeMAY ENTERPRISES, INC.

13502 PACIFIC AVENUE

P.O. BOX 44459 --- TACOMA, WA 98444-0459

FACSIMILE TRANSMITTAL SHEET

TO: Tami Schultz

FROM: John Lloyd

COMPANY:

DATE:

FAX NUMBER:

360-586-1181

SENDER'S FAX NUMBER: (253) 537-8689

PHONE NUMBER:

SENDER'S PHONE NUMBER: (253) 536-4416

RE:

TOTAL NO. OF PAGES INCLUDING COVER:

NOTES/COMMENTS:

Add'l information for 6-97 to 6-98 transfer application.

DIVISION OF HAROLD LeMAY ENTERPRISES, INC.

Member of:
National Solid Waste Management Association
Washington Waste Management Association

TARIFF ADOPTION NOTICETariff No. 6-98Harold Lemay Enterprises, Inc.
(Name of new company)Pacific Disposal
(Trade name of new company)

adopts all tariffs and supplements to the tariffs,
filed with the Washington Utilities and Transportation by

Pacific Disposal, Inc.
(Name of prior company)

before the date of its (new company) acquired possession
of that (prior) company, or a portion of the authority
of that (prior) company.

Notice issued by:

Name: John LloydTitle: ControllerTelephone Number: 253-536-4416FAX Number: 253-537-8687E-mail Address: John.LLOYD@Lemayinc.comDate filed with Commission: 11-21-03

INFORMATION FROM THE MASTER LICENSE SERVICE DATABASE

For: UTILITIES & TRANSPORTATION COM

Page:1

Owner Name: HAROLD LEMAY ENTERPRISES, INCORPORATED

UBI: 278 036 061 001

Owner Type: DOMESTIC PUBLIC SERVICE CORPORATION

Active

Date of Incorporation: 11/03/1958 State: WA Expiration Date: 11/30/2004

Registered Agent: NANCY LEMAY
 13502 PACIFIC AVE S
 TACOMA WA 98444

Corporate Officers:

NANCY L LEMAY	PRES TREASDIR
NORMAN A LEMAY	VP DIR
BARBRA F LEMAY-QUINN	DIR SEC
DOUGLAS R LEMAY	VP DIR
HAROLD W LEMAY	VP DIR

The corporate officers shown are current as of the last filing by the corporation. For the latest official listing of officers please contact the Secretary of State's office at (360) 753-7115

Registered Name(s)	Date	Cancel Date
LUCKY SALES AND SERVICE	01/23/2002	
LUCKY TOWING	01/23/2002	
AA LUCKY PORTABLE STORAGE	01/23/2002	
PARKLAND AUTO WRECKER	01/23/2002	
HE RECYCLING	01/23/2002	
EGH DISPOSAL	01/23/2002	
LE MAY TRUCKING	01/23/2002	
LUCKY SALES AND SERVICE	01/30/2002	
LEMAY MOBILE SHREDDING	04/17/2003	
ABERDEEN SANITATION CO	09/02/1992	
BUTLERS COVE REFUSE SERVICE	09/02/1992	
CITY SANITARY CO	09/02/1992	
JOES REFUSE SERVICE	09/02/1992	
PIERCE COUNTY REFUSE	09/02/1992	
RURAL GARBAGE SERVICE	09/02/1992	
WHITE PASS GARBAGE CO	09/02/1992	
RECYCLE SERVICES	09/02/1992	
HARBOR DISPOSAL CO	09/02/1992	
HAROLD LEMAY INVESTMENTS	09/02/1992	
LEMAY INC	09/02/1992	

Firm Name: HAROLD LEMAY ENTERPRISES, INCORPORATED

Phone Number: (253) 537-8687

Fax Number: (253) 537-8689

Business Location Address:

13502 PACIFIC AVE

TACOMA WA 98444

Mailing Address:

PO BOX 44459

TACOMA WA 98444

Location Status: ACTIVE

Location First Activity Date: 10/1/1958

11/24/2003

FF=BRSD

INFORMATION FROM THE MASTER LICENSE SERVICE DATABASE

For: UTILITIES & TRANSPORTATION COM

Page:2

Endorsements For This Location:	Status	Exp. Date
UNEMPLOYMENT INSURANCE	A	
INDUSTRIAL INSURANCE	A	
MINOR WORK PERMIT	A	11/30/2004
TAX REGISTRATION	A	
UNDERGROUND STORAGE TANKS	A	11/30/2004
PRIVATE CARRIER	T	06/30/1996
VEHICLE TRANSPORTER	A	11/30/2004

Firm Name: ABERDEEN SANITATION

Phone Number: (253) 537-8687

Fax Number: (360) 533-2507

Business Location Address:
4201 OLYMPIC HWY
ABERDEEN WA 98520

Mailing Address:
4201 OLYMPIC HWY
ABERDEEN WA 98520

Location Status: ACTIVE Location First Activity Date: 10/1/1958

Endorsements For This Location:	Status	Exp. Date
SCALE-LARGE	A	11/30/2004
UNEMPLOYMENT INSURANCE	A	
INDUSTRIAL INSURANCE	A	
MINOR WORK PERMIT	A	11/30/2004
TAX REGISTRATION	A	

Firm Name: LE MAY INC

Phone Number: (360) 736-4769

Fax Number: (000) 000-0000

Business Location Address:
2615 N PEARL
CENTRALIA WA 98532

Mailing Address:
1713 N PEARL ST
CENTRALIA WA 98531

Location Status: TERMINATED Location First Activity Date: 0/0/0

Endorsements For This Location:	Status	Exp. Date
L P GAS METER-SMALL	T	11/30/2002

Firm Name: PARKLAND AUTO WRECKER

Phone Number: (253) 537-8687

Fax Number: (000) 000-0000

Business Location Address:
140 S TULE LAKE RD
TACOMA WA 98444

Mailing Address:
120 S TULE LAKE RD
TACOMA WA 98444

Location Status: ACTIVE Location First Activity Date: 9/1/1975

INFORMATION FROM THE MASTER LICENSE SERVICE DATABASE

For: UTILITIES & TRANSPORTATION COM

Page:3

Endorsements For This Location:	Status	Exp. Date
MOTOR VEHICLE WRECKER	A	11/30/2004

Firm Name: LUCKY TOWING

Phone Number: (253) 537-8687

Fax Number: (000) 000-0000

Business Location Address:
120 TULE LAKE RD
TACOMA WA 98444

Mailing Address:
120 TULE LAKE RD
TACOMA WA 98444

Location Status: ACTIVE Location First Activity Date: 3/27/1986

Endorsements For This Location:	Status	Exp. Date
REGISTERED TOW TRUCK OPERATOR	H	11/30/2003

Firm Name: LUCKY SALES AND SERVICE

Phone Number: (253) 537-8687

Fax Number: (253) 537-8689

Business Location Address:
13502 PACIFIC AVE
TACOMA WA 98444

Mailing Address:
PO BOX 44459
TACOMA WA 98444

Location Status: ACTIVE Location First Activity Date: 2/1/2002

Endorsements For This Location:	Status	Exp. Date
TAX REGISTRATION	A	
MOTOR VEHICLE DEALER	A	11/30/2004

Firm Name: EGII DISPOSTAL

Phone Number: (253) 537-8687

Fax Number: (000) 000-0000

Business Location Address:
41 MARLON RD
ELMA WA 98541

Mailing Address:
4201 OLYMPIC HWY
ABERDEEN WA 98520

Location Status: ACTIVE Location First Activity Date: 1/1/2000

Endorsements For This Location:	Status	Exp. Date
SCALE-INTERMEDIATE	A	11/30/2004
SCALE-LARGE	A	11/30/2004