

SOLID WASTE COMPANIES

Class A

Annual Intrastate Gross Operating Revenue More Than \$5 Million

Class B

Annual Intrastate Gross Operating Revenue Less Than \$5 Million

2021 ANNUAL REPORT

Report Year Ended: December 31, 2021

Registered Name of Business on file with Commission

Basin Disposal of Yakima, LLC dba: N/A

Official Physical Address

1405 W Ahtanum Rd

Certificate Number

N/A

City

Union Gap

State

WA

ZIP Code

98903

Official Email Address

office@basindisposal.com

Official Mailing Address

X if same as above

PO Box 3850

City

Pasco

State

WA

Zip Code

99302

Telephone

509-547-2476

Fax

509-547-8617

Official Email Address office@basindisposal.com

Company Website www.basindisposal.com

NOTE: If any information listed above has been updated, you must immediately inform the UTC.

Please send updates to records@utc.wa.gov

Inquiries concerning this Annual Report should be addressed to:

| | | | |
|------------|--|-----------|-------|
| Name: | Darrick Dietrich | | |
| Title: | Member | | |
| Address: | PO Box 3850 | | |
| City: | Pasco | | |
| State: | WA | Zip Code: | 99302 |
| Telephone: | 509-547-2476 | | |
| Email: | office@basindisposal.com | | |



REPORT MUST BE RECEIVED NO LATER THAN: May 1, 2022

NOTE: If May 1 falls on a weekend, unless you are filing your report and making your payment electronically, you **must** make sure your report and payment reaches the UTC offices the business day **before** May 1.



Ownership

Instructions:

- List the first name (or Company Name), last name (or State of Registration), title, and percentage of all owners **holding directly or indirectly five percent or greater** of voting securities of the Company.
- Group all owners holding less than five percent as 'Other Owners'.
- **Represent Percentage in decimal form (e.g., 80% is entered as 0.8000).**

| First Name (or Company) | Last Name (or State Registered) | Title | Ownership |
|--|---------------------------------|--------------|-----------|
| Darrick | Dietrich | Member | 0.9900 |
| Child Trust | Washington | Other Owners | 0.0100 |
| N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A |
| Sum of Other Owner's holding less than 0.0500 (5%) individually | | | - |

Industry Specific Information

USDOT Number

If you need to locate your USDOT number, go to

[U.S. Department of Transportation Federal Motor Carrier Safety Administration](http://www.fhwa.dot.gov/safety/uscma/)

USDOT No. 1886772

Insurance Information

List current insurance information

| Insurance Company | Policy No. | Company Phone No. |
|-----------------------------------|----------------------------|-------------------|
| Alaska National Insurance Company | 20G AS 11815, 20G LU 11815 | 1-800-231-1363 |
| Travelers | 105661078 | 1-888-401-5529 |
| Alaska National Insurance Company | 20G PS 11815, 21G IA 11815 | 1-800-231-1363 |

Emergency Contact Information

List the Name and Contact Information for the Safety Director and Claims Manager.

| Title | Name | Principal Business Address | Phone No. |
|-----------------|------------------|--|----------------|
| Safety Director | Jasen Markee | 2021 N. Commercial Ave. Pasco, WA 99301 | (509) 547-2476 |
| Claims Manager | Francisco Alcalá | 2021 N. Commercial Ave. Pasco, WA 99301 | (509) 544-7709 |

Does the company understand and acknowledge the responsibilities under Washington Administrative Code (WAC) 480-70-386? To review the requirements, go to the websites below

[WAC 480-70-386](#)

Please type Yes or No:

Yes

The UTC may receive a consumer complaint against your company. The UTC will send the complaint to your company for a response. Please enter your company's contact information for any UTC referred consumer complaints.

| Name | Title | Address | Email | Phone |
|-----------------------------|-------|------------------------------|--|--------------|
| Customer Service Department | N/A | PO Box 3850, Pasco, WA 99302 | customerservice@basindisposal.com | 509-547-2476 |
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |

SCHEDULE 1
Vehicle and Mileage Information

Vehicle Information

Instructions

- Indicate the number of drivers and vehicles used **in UTC-regulated** operations.
- **Do not leave fields blank** - if not applicable, enter 0.

| | |
|---|---|
| Drivers employed | 5 |
| Total vehicles operated | 5 |
| Total vehicles owned | 5 |
| Total vehicles leased | 0 |
| Total vehicles under 10,000 lbs. (gvw rating) | 0 |

Total Operating Miles

Instructions

- Report all miles driven by company vehicles.
- **Intrastate** miles are all miles driven where both the start and end points were within Washington.
- **Interstate** miles are all miles driven where the start and/or end point of the trip were outside Washington.
- **Do not leave fields blank** - if not applicable, enter 0.

| | |
|--------------------------------|---------|
| UTC-Regulated Intrastate Miles | 105,101 |
| Interstate Miles | 0 |

Recordable Intrastate and Interstate Accidents

Instructions

- Report only accidents that meet one or more of the three criteria below.

Here is how this schedule should be completed. For recordable accidents, the accident should include a fatality, an injury, or disabling damage. The number of recordable accidents **is not** a total of the other categories.

Example: An accident that includes a fatality, an injury to a person requiring immediate treatment away from the scene, as well as disabling damage to a vehicle requiring it to be towed from the scene, you would enter 1 for each of those columns. It would still be recorded as 1 recordable accident, not 3.

For more information about your company's recordable accidents, please visit the Safety Measurement System by clicking the link below, enter your U.S. DOT number and click the Crash Indicator link.

- **Do not leave fields blank** - if not applicable, enter 0.

| | |
|---|---|
| Safety Measurement System (dot.gov) | Click here to also review 49 Code of Federal Regulations (eCFR) §390.5 Definitions. |
|---|---|

| Recordable Accidents | UTC-Regulated Intrastate | Interstate |
|---|--------------------------|------------|
| A fatality | 0 | 0 |
| An injury to a person requiring immediate treatment away from the scene of the accident | 0 | 0 |
| Disabling damage to a vehicle, requiring it to be towed from the accident scene | 0 | 0 |
| Number of recordable accidents | 0 | 0 |

SCHEDULE 6

Balance Sheet - Assets - Total Company

(As of December 31, 2021)

Instructions

- Do not leave fields blank - if not applicable, enter 0.
- Schedule 6, Line 27 must equal Schedule 7, Line 28

| Line (L) | Account Name (a) | Balance End of Year (b) |
|---|--|----------------------------|
| Current Assets: | | |
| 1 | Cash and Working Funds | \$125,815 |
| 2 | Special Deposits | \$1,083 |
| 3 | Temporary Cash Investments | \$0 |
| 4 | Notes Receivable | \$0 |
| 5 | Receivables from Affiliated Companies | \$14,173 |
| 6 | Accounts Receivable | \$341,701 |
| 7 | Less: Allowance for Uncollectables | (\$7,000) |
| 8 | Net Accounts Receivable | \$334,701 |
| 9 | Prepayments | \$149,866 |
| 10 | Materials and Supplies | \$0 |
| 11 | Other Current Assets (specify in Footnote)* | \$0 |
| 12 | Total Current Assets | \$625,638 |
| Tangible Property: | | |
| 13 | Solid Waste Operating Property (Schedule 5, Line 12) | \$4,376,735 |
| 14 | Less: Accumulated Depreciation (Schedule 5, Line 22) | \$2,759,873 |
| 15 | Net Solid Waste Operating Property | \$1,616,861 |
| 16 | Total Net Tangible Property | \$1,616,861 |
| Intangible Property: | | |
| 17 | Organization, Franchises, and Permits | \$0 |
| 18 | Less: Accumulated Amortization - Credit | \$0 |
| 19 | Other Intangible Property | \$0 |
| 20 | Less: Accumulated Amortization - Credit | \$0 |
| 21 | Total Net Intangible Property | |
| Other Assets and Deferred Items: | | |
| 22 | Investment and Advances | \$30,571 |
| 23 | Undistributed Earnings from Subsidiaries | \$0 |
| 24 | Deferred Debits | \$0 |
| 25 | Other Assets and Deferred Items: (specify in Footnote) | \$0 |
| 26 | Total Other Assets and Deferred Items | \$30,571 |
| 27 | Total Assets (add lines 12, 16, 21 and 26) | \$2,273,071 |

Schedule 6 Footnotes:

Line 11 - None

Line 19 - None

Line 25 - None

SCHEDULE 7

Balance Sheet - Liabilities and Equity - Total Company

(As of December 31, 2021)

Instructions

- Do not leave fields blank - if not applicable, enter 0.
- Schedule 6, Line 27 must equal Schedule 7, Line 28.

| Line (L) | Account Name (a) | Balance End of Year (b) |
|---|--|----------------------------|
| Current Liabilities: | | |
| 1 | Notes Payable | \$0 |
| 2 | Payables to Affiliated Companies | \$58,064 |
| 3 | Accounts Payable | \$126,933 |
| 4 | Salaries and Wages Payable | \$63,632 |
| 5 | Accrued Taxes | \$109,625 |
| 6 | Current Portion of Long Term Debt (Equipment and Other) | \$0 |
| 7 | Other Current Liabilities (specify in Footnote) | \$48,627 |
| 8 | Total Current Liabilities | \$406,882 |
| Long Term Debt After 1 Year: | | |
| 9 | Equipment Obligations | \$0 |
| 10 | Other Long Term Debt (specify in Footnote) | \$562,350 |
| 11 | Unamortized Premium / Discount of Debt - (net) | \$0 |
| 12 | Total Long Term Debt After 1 Year | \$562,350 |
| Deferred Credits and Other Items: | | |
| 13 | Deferred Credits | \$12,875 |
| 14 | Other Credits (specify in Footnote) | \$0 |
| 15 | Total Deferred and Other Credits | \$12,875 |
| 16 | Total Liabilities (Add Lines 8, 12, and 15) | \$982,106 |
| Shareholder's and Proprietor's Equity: | | |
| 17 | Capital Stock | |
| 18 | Capital Stock | \$0 |
| 19 | Paid in Capital in Excess of Par | \$0 |
| 20 | Other Capital (specify in Footnote) | \$0 |
| 21 | Total Capital Stock | |
| 22 | Proprietor's Equity | |
| 23 | Sole Proprietor's Capital | \$664,534 |
| 24 | Partnership Capital | \$0 |
| 25 | Total Proprietor's Capital | \$664,534 |
| 26 | Retained Earnings | \$626,431 |
| 27 | Total Equity (Add Lines 21 and 26 or 25) | \$1,290,965 |
| 28 | Total Liabilities and Equity (Line 16 plus Line 27) | \$2,273,071 |

Schedule 7 Footnotes:

Line 7 - Prepayment refund, Refunds payable, Medical Insurance premiums (self insured), Life insurance premiums, WUTC registration fee, and Purchase order accruals.

Line 10 - Cart Loan

Line 14 - None

Line 20 - None

SCHEDULE 10 INCOME STATEMENT

(For calendar year ended December 31, 2021)

Instructions

- Complete Total Company Income Statement in accordance with the end-of-year accumulated figures.
- **Do NOT leave fields blank** - if a field is not applicable, enter 0.

| Line | Account Name | Total Company |
|--|--|---------------|
| Revenues | | |
| 1 | Solid Waste Operating Revenues (Sch 8, Line 13, Column d) | \$4,049,786 |
| 2 | Grants / Debt Forgiveness | \$0 |
| 3 | Other (specify in Footnote) | \$0 |
| 4 | <i>Total Revenues (Line 1 thru Line 3)</i> | \$4,049,786 |
| Expenses | | |
| 5 | Employee Salaries | \$919,710 |
| 6 | Employee Benefits | \$288,621 |
| 7 | Truck Operating Costs | \$293,529 |
| 8 | Repair and Maintenance | \$334,684 |
| 9 | Insurance and Safety | \$54,439 |
| 10 | Disposal and Processing | \$1,363,679 |
| 11 | Depreciation | \$201,029 |
| 12 | Selling and Advertising | \$10,358 |
| 13 | Office and Administration | \$43,534 |
| 14 | Management Fees | \$77,130 |
| 15 | Taxes and Licenses | \$122,879 |
| 16 | Rents | \$659 |
| 17 | Other Expenses (specify in Footnote) | \$3,273 |
| 18 | <i>Total Expenses before Other Items (add Lines 5 through 17)</i> | \$3,713,524 |
| 19 | Net Income before Other Items (Line 4 minus Line 18) | \$336,263 |
| Other Income and Expenses | | |
| 20 | Other Income/(Loss) (specify in Footnote) | \$2,932 |
| 21 | Interest, Dividends, and Other Investment Income/(Loss) | \$0 |
| 22 | Distrib./Undistrib. Income/(Loss) from Subsidiaries | \$0 |
| 23 | Interest Expense | (\$4,219) |
| 24 | Other Deductions (specify in Footnote) | \$0 |
| 25 | <i>Total Other Income and Expenses (add Lines 20 through 25)</i> | \$1,288 |
| 26 | Net Income before Federal Income Taxes (Line 19 plus Line 25) | \$334,975 |
| 27 | Federal Income Taxes | \$0 |
| 28 | Net Income (Loss) (Line 26 minus Line 27) | \$334,975 |
| Schedule 10 Footnotes: | | |
| Line 17 - Miscellaneous Revenue/Expenses and Other Operating Expenses, Bad Debt Expense/Write offs | | |
| Line 20 - Gain/Loss of Sale of Assets | | |
| Line 24 - None | | |
| | | |
| | | |
| | | |

SCHEDULE 11 Regulated Recycle Program

(For calendar year ended December 31, 2021)

Instructions

- All fields must be completed. Do not leave fields blank - if field is not applicable, enter 0.
- List tonnage and Revenue and Expense for each commodity category.
- If another commodity recycling program is offered, enter commodity category in "Other:"

REGULATED RESIDENTIAL Recycling Program Summary

| Commodity | Annual Tonnage | Commodity Revenue | Commodity Expense |
|---------------|----------------|-------------------|-------------------|
| Mixed Paper | 0 | \$0 | \$0 |
| Cardboard | 0 | \$0 | \$0 |
| Plastic | 0 | \$0 | \$0 |
| Metal | 0 | \$0 | \$0 |
| Glass | 0 | \$0 | \$0 |
| Commingle | 0 | \$0 | \$0 |
| Contamination | 0 | \$0 | \$0 |
| Other: | 0 | \$0 | \$0 |
| Other: | 0 | \$0 | \$0 |
| Total: | 0 | \$0 | \$0 |

REGULATED MULTI-FAMILY Recycling Program Summary

| Commodity | Annual Tonnage | Commodity Revenue | Commodity Expense |
|---------------|----------------|-------------------|-------------------|
| Mixed Paper | 0 | \$0 | \$0 |
| Cardboard | 0 | \$0 | \$0 |
| Plastic | 0 | \$0 | \$0 |
| Metal | 0 | \$0 | \$0 |
| Glass | 0 | \$0 | \$0 |
| Commingle | 0 | \$0 | \$0 |
| Contamination | 0 | \$0 | \$0 |
| Other: | 0 | \$0 | \$0 |
| Other: | 0 | \$0 | \$0 |
| Total: | 0 | \$0 | \$0 |

SCHEDULE 12 Yard Waste/Organics Program

Instructions

- Complete this schedule if Yard Waste/Organic services are offered by company.
If service is not offered, complete first line as "Not Applicable" in Disposal Site Name.
- Add additional lines as necessary to list all facilities and sites.
- Do not abbreviate Disposal Site Name.

| Line No. | Disposal Site Name | End of Year Disposal Fee | | | No. of Units | Total Disposal Fees |
|---|--------------------------|--------------------------|-----|---------------------------------|--------------|---------------------|
| | | USD (\$) | | Unit Type (From drop down list) | | |
| Total of Yard Waste and Organics | | | | | \$177.65 | |
| 1 | TERRACE HEIGHTS LANDFILL | \$19.00 | per | Ton | 9 | \$177.65 |
| 2 | Not Applicable | | per | | | |
| 3 | Not Applicable | | per | | | |
| 4 | Not Applicable | | per | | | |
| 5 | Not Applicable | | per | | | |
| 6 | Not Applicable | | per | | | |
| 7 | Not Applicable | | per | | | |
| 8 | Not Applicable | | per | | | |
| 9 | Not Applicable | | per | | | |
| 10 | Not Applicable | | per | | | |
| 11 | Not Applicable | | per | | | |
| 12 | Not Applicable | | per | | | |
| 13 | Not Applicable | | per | | | |
| 14 | Not Applicable | | per | | | |
| 15 | Not Applicable | | per | | | |
| 16 | Not Applicable | | per | | | |
| 17 | Not Applicable | | per | | | |
| 18 | Not Applicable | | per | | | |
| 19 | Not Applicable | | per | | | |
| 20 | Not Applicable | | per | | | |
| 21 | Not Applicable | | per | | | |
| 22 | Not Applicable | | per | | | |
| 23 | Not Applicable | | per | | | |
| 24 | Not Applicable | | per | | | |
| 25 | Not Applicable | | per | | | |
| 26 | Not Applicable | | per | | | |
| 27 | Not Applicable | | per | | | |

SCHEDULE 13 Garbage Disposal Fees

Instructions

- Total Pass Through Disposal Expenses should equal Total Pass Through Revenue in Schedule 10.
- Add additional lines as necessary to list all facilities and sites.
- Do not abbreviate Disposal Site Name.

| Line No. | Site Name | End of Year MSW Disposal Fee | | Residential & Commercial | | Pass Through | | Total Disposal Fees |
|---------------------------------------|--------------------------|------------------------------|---------------------------------|--------------------------|----------------|------------------|----------------|---------------------|
| | | USD (\$) | Unit Type (From drop down list) | No. of Units (b) | \$ Expense (c) | No. of Units (d) | \$ Expense (f) | |
| Total of Garbage Disposal Fees | | | | | | | | \$1,331,856 |
| 1 | CHEYNE LANDFILL | \$36.68 | per Ton | 3,191 | \$117,056 | 4,194 | \$153,847 | \$270,903 |
| 2 | LOWER VALLEY TRANSFER | \$36.68 | per Ton | 3,545 | \$130,031 | 1,611 | \$59,082 | \$189,113 |
| 3 | TERRACE HEIGHTS LANDFILL | \$36.68 | per Ton | 14,546 | \$533,546 | 9,223 | \$338,294 | \$871,840 |
| 4 | N/A | | per | | | | | |
| 5 | N/A | | per | | | | | |
| 6 | N/A | | per | | | | | |
| 7 | N/A | | per | | | | | |
| 8 | N/A | | per | | | | | |
| 9 | N/A | | per | | | | | |
| 10 | N/A | | per | | | | | |
| 11 | N/A | | per | | | | | |
| 12 | N/A | | per | | | | | |
| 13 | N/A | | per | | | | | |
| 14 | N/A | | per | | | | | |
| 15 | N/A | | per | | | | | |
| 16 | N/A | | per | | | | | |
| 17 | N/A | | per | | | | | |
| 18 | N/A | | per | | | | | |
| 19 | N/A | | per | | | | | |
| 20 | N/A | | per | | | | | |
| 21 | N/A | | per | | | | | |
| 22 | N/A | | per | | | | | |

SCHEDULE 14

Medical Waste Disposal and Processing Expenses

Instructions

- Add additional lines as necessary to list all facilities and sites.
- Do not abbreviate Disposal Site Name.

| Line No. | Site Name | Tons | Processing Expense | Disposal Expense | Total Expense |
|---|----------------|------|--------------------|------------------|---------------|
| Total of Medical Waste Disposal and Processing | | | | | |
| 1 | Not Applicable | - | \$0.00 | \$0.00 | |
| 2 | Not Applicable | - | \$0.00 | \$0.00 | |
| 3 | Not Applicable | - | \$0.00 | \$0.00 | |
| 4 | Not Applicable | - | \$0.00 | \$0.00 | |
| 5 | Not Applicable | - | \$0.00 | \$0.00 | |
| 6 | Not Applicable | - | \$0.00 | \$0.00 | |
| 7 | Not Applicable | - | \$0.00 | \$0.00 | |
| 8 | Not Applicable | - | \$0.00 | \$0.00 | |
| 9 | Not Applicable | - | \$0.00 | \$0.00 | |
| 10 | Not Applicable | - | \$0.00 | \$0.00 | |
| 11 | Not Applicable | - | \$0.00 | \$0.00 | |
| 12 | Not Applicable | - | \$0.00 | \$0.00 | |
| 13 | Not Applicable | - | \$0.00 | \$0.00 | |
| 14 | Not Applicable | - | \$0.00 | \$0.00 | |
| 15 | Not Applicable | - | \$0.00 | \$0.00 | |
| 16 | Not Applicable | - | \$0.00 | \$0.00 | |
| 17 | Not Applicable | - | \$0.00 | \$0.00 | |
| 18 | Not Applicable | - | \$0.00 | \$0.00 | |
| 19 | Not Applicable | - | \$0.00 | \$0.00 | |
| 20 | Not Applicable | - | \$0.00 | \$0.00 | |
| 21 | Not Applicable | - | \$0.00 | \$0.00 | |
| 22 | Not Applicable | - | \$0.00 | \$0.00 | |
| 23 | Not Applicable | - | \$0.00 | \$0.00 | |
| 24 | Not Applicable | - | \$0.00 | \$0.00 | |
| 25 | Not Applicable | - | \$0.00 | \$0.00 | |
| 26 | Not Applicable | - | \$0.00 | \$0.00 | |
| 27 | Not Applicable | - | \$0.00 | \$0.00 | |
| 28 | Not Applicable | - | \$0.00 | \$0.00 | |
| 29 | Not Applicable | - | \$0.00 | \$0.00 | |
| 30 | Not Applicable | - | \$0.00 | \$0.00 | |

SCHEDULE 15 Other Disposal and Processing Expenses

Instructions

- Add additional lines as necessary to list all facilities and sites.
- Do not abbreviate Disposal Site Name.

| Line No. | Site Name | Tons | Disposal Expense | Processing Expense | Total Expense |
|----------|---|------|------------------|--------------------|---------------|
| | Total of Other Disposal and Processing | | | | \$31,822.59 |
| 1 | Yakima Waste Systems | 131 | \$31,822.59 | | \$31,822.59 |
| 2 | N/A | N/A | N/A | N/A | |
| 3 | N/A | N/A | N/A | N/A | |
| 4 | N/A | N/A | N/A | N/A | |
| 5 | N/A | N/A | N/A | N/A | |
| 6 | N/A | N/A | N/A | N/A | |
| 7 | N/A | N/A | N/A | N/A | |
| 8 | N/A | N/A | N/A | N/A | |
| 9 | N/A | N/A | N/A | N/A | |
| 10 | N/A | N/A | N/A | N/A | |
| 11 | N/A | N/A | N/A | N/A | |
| 12 | N/A | N/A | N/A | N/A | |
| 13 | N/A | N/A | N/A | N/A | |
| 14 | N/A | N/A | N/A | N/A | |
| 15 | N/A | N/A | N/A | N/A | |
| 16 | N/A | N/A | N/A | N/A | |
| 17 | N/A | N/A | N/A | N/A | |
| 18 | N/A | N/A | N/A | N/A | |
| 19 | N/A | N/A | N/A | N/A | |
| 20 | N/A | N/A | N/A | N/A | |
| 21 | N/A | N/A | N/A | N/A | |
| 22 | N/A | N/A | N/A | N/A | |
| 23 | N/A | N/A | N/A | N/A | |
| 24 | N/A | N/A | N/A | N/A | |
| 25 | N/A | N/A | N/A | N/A | |
| 26 | N/A | N/A | N/A | N/A | |
| 27 | N/A | N/A | N/A | N/A | |
| 28 | N/A | N/A | N/A | N/A | |
| 29 | N/A | N/A | N/A | N/A | |
| 30 | N/A | N/A | N/A | N/A | |

SCHEDULE 16 Contracted Cities

Instructions

- List all Washington jurisdictions that have contracted the company for one or more services.
- List cities in alphabetical order.
- Do not abbreviate city names.
- Indicate the services provided.
- Add additional lines as necessary to list all facilities and sites. Extra line may be left blank.

| Line No. | City | Solid Waste | Recycle | Yard Waste |
|----------|--------------|-------------|---------|------------|
| | Example City | X | X | X |
| 1 | Moxee | X | X | N/A |
| 2 | Selah | X | X | X |
| 3 | Union Gap | X | N/A | N/A |
| 4 | Wapato | X | N/A | N/A |
| 5 | N/A | N/A | N/A | N/A |
| 6 | N/A | N/A | N/A | N/A |
| 7 | N/A | N/A | N/A | N/A |
| 8 | N/A | N/A | N/A | N/A |
| 9 | N/A | N/A | N/A | N/A |
| 10 | N/A | N/A | N/A | N/A |
| 11 | N/A | N/A | N/A | N/A |
| 12 | N/A | N/A | N/A | N/A |
| 13 | N/A | N/A | N/A | N/A |
| 14 | N/A | N/A | N/A | N/A |
| 15 | N/A | N/A | N/A | N/A |
| 16 | N/A | N/A | N/A | N/A |
| 17 | N/A | N/A | N/A | N/A |
| 18 | N/A | N/A | N/A | N/A |
| 19 | N/A | N/A | N/A | N/A |
| 20 | N/A | N/A | N/A | N/A |
| 21 | N/A | N/A | N/A | N/A |
| 22 | N/A | N/A | N/A | N/A |
| 23 | N/A | N/A | N/A | N/A |
| 24 | N/A | N/A | N/A | N/A |
| 25 | N/A | N/A | N/A | N/A |
| 26 | N/A | N/A | N/A | N/A |
| 27 | N/A | N/A | N/A | N/A |
| 28 | N/A | N/A | N/A | N/A |
| 29 | N/A | N/A | N/A | N/A |

REGULATORY FEE CALCULATION SCHEDULE

Due May 1, 2022

Company Name

Basin Disposal of Yakima, LLC dba N/A

Annual Report Year

2021

In accordance with RCW 81.77.080 Regulatory Fees, the UTC requires solid waste companies to file reports of gross intrastate operating revenue and pay fees on that revenue. Every company subject to regulation shall file with the UTC a statement under oath showing its gross intrastate revenue for the preceding year and pay to the UTC a fee as instructed below.

****Note:** Gross Washington intrastate operating revenue (regulated revenue) is defined as all revenue collected for the year from rates under tariffs, and contracts on file at the Commission. The revenues subject to the commission's regulatory fees are gross Washington intrastate operating revenues before deductions for uncollectibles, unbillables or the payment of state and federal taxes, i.e. "Gross Revenues" means before any deductions from Revenue Receipts.

Regulatory Fee Calculations

| | | |
|---|----------------|----------------|
| 1 Total Gross Intrastate Operating Revenue** (From Schedule 8, Line 13, Column b) | | \$1,063,405.68 |
| 2 If Line 1 is under \$2,000 enter \$0, otherwise amount from Line 1 x 0.51% | \$1,063,405.68 | x 0.0051 |
| | | \$5,423.37 |

NOTE: The minimum regulatory fee is \$20. The \$20 regulatory fee is waived for any solid waste collection company with less than \$2,000 in gross intrastate operating revenue.

Agency Use Only

001-111-0268-227-01

Late Fees and Interest Calculations

| | | | |
|--|--|--------|------------|
| 3 Late Fees on Regulatory Fees being paid after May 1 | | | |
| 3a Late fees on Regulatory Fees owed (Line 2 x 2%) | | x 0.02 | |
| 4 Interest on Regulatory Fees being paid after May 31 | | | |
| 4a Number of months past May 31 x Amount from Line 2 x 1% | | x | x 0.01 |
| 5 Total Late Fees and Interest owed (Line 3a plus Line 4a) | | | |
| 6 Total Regulatory, Late, and Interest Fees Due (Line 2 plus Line 5) | | | \$5,423.37 |

Agency Use Only

001-111-0268-227-11

COMMISSION USE ONLY

| | | | |
|--------------|--------|------------------------|---|
| Reception #: | | 001-111-0268-227-01 | |
| Reference: | AR2021 | 001-111-0268-227-11 | |
| Payment ID: | | 001-111-0268-032-20 | |
| | | 001R-111-0268-032-20 (|) |
| | | Total Paid: | |

PREPARER INFORMATION

| | | | |
|--------------------------------|------------------------|--------|----|
| 'X' if Preparer same as Cover: | N/A | | |
| Person who prepared report: | Maura Valencia | | |
| Title: | Senior Accountant | | |
| If different; Company Name: | N/A | | |
| Telephone: | 509-542-4955 | | |
| Principal Business Address: | 2021 N Commercial Ave. | | |
| City: | Pasco | State: | WA |
| Zip: | 99301 | | |

COMPANY INFORMATION

| | |
|---|-------------|
| Washington Unified Business Identifier (UBI) No.: | 602-403-209 |
| <i>If you do not know your UBI No. contact Secretary of State's Office</i> | |
| Business Structure (please enter the appropriate designation): | LLC |
| <i>Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation</i> | |
| Date First Organized or Regulated: | 2004 |

Accounting Records Information

| | |
|---|--------------------------|
| Method of Accounting: Enter Cash or Accrual | Accrual |
| X if address is same as cover: | <input type="checkbox"/> |
| Location of Books & Records: | 2021 N Commercial Ave. |
| City: | Pasco |
| State: | WA |
| Zip: | 99301 |

CERTIFICATION

I have examined this report and to the best of my knowledge and belief, all statements of fact are accurate, the financial statements, for the period from January 1, 2021 to December 31, 2021, contained in this report, correctly reflect the business affairs of the respondent.

(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)

You may electronically sign by typing your signature in block.

X 

Date

| | | | | | |
|----------------|--|------|----|--------|-------|
| Name | Ruth Franz | | | | |
| Title | Chief Financial Officer | | | | |
| Company | Basin Disposal of Yakima, LLC | | | | |
| Street Address | 2021 N Commercial Ave. | | | | |
| City | Pasco | Stat | WA | Zip Co | 99301 |
| Telephone | 509-547-2476 | | | | |
| Email | office@basindisposal.com | | | | |