



## CERTIFICATION

I certify that I, Arthur Wilkowski, the responsible official for Point Recycling and Refuse Company (company) have examined the attached report; that to the best of my knowledge, information, and belief all statements of fact contained in said report are true, and said report is a correct statement of the business and affairs of the above-named respondent (company) in respect to each and every matter set forth therein during the period from January 1, 2006 to December 31, 2006, inclusive.

Name (Printed): Arthur Wilkowski      Title: Manager

Signature: Arthur Wilkowski      Date: 4/24/2008

# SOLID WASTE ANNUAL REPORT

## Schedule 1 – Identification, Organization, and Control

### 1. Company Identification:

Company Name: Points Recycling and Refuse L.L.C. Solid Waste Certificate No. G- 155

D/B/A: Point Recycling and Refuse \_\_\_\_\_

### 2. Annual Report/Accounting Contact Person:

Name: Arthur Wilkowski

Title: Manager \_\_\_\_\_

Mailing Address: PMB 1542, 145 Tye Drive

City/State/Zip: Point Roberts, WA 98281

Physical Address: 2005 Johnson Road

City/State/Zip: Point Roberts, WA 98281

Telephone Number: 360-945-1516

Fax Number: 360-945-0414

E-mail Address: prandr@pointroberts.net

Web Site Address: \_\_\_\_\_

### 3. Identifying Numbers:

(a) Washington Unified Business Identifier (UBI) No.: 601-932-469

(Contact Washington Department of Licensing at 360-664-1400 for information)

(b) United States Department of Transportation (USDOT) No.: 0924014

### 4. Type of Business Structure (check that which applies):

Sole Proprietorship  Partnership  Corporation  Other LLC

### 5a. List the name, title, and percentage of partner's share or stock distribution of 5 major stockholders:

Name	Title	Percent
<u>Arthur Wilkowski</u>	<u>Member</u>	<u>100 %</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5b. Total number of stockholders at year's end: one

### 6. List the name, title, and address of officers:

Name	Title	Address
<u>Arthur Wilkowski</u>	<u>Manager</u>	<u>218 Elizabeth Dr., Point Roberts, WA</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Schedule 2 – Insurance, Safety, and Accident Information

Name of Current Insurance Company: KBI Insurance  
Insurance Policy Number: C01 165925

Name of Company Operations Officer: Arthur Wilkowski  
Telephone Number: 360-945-1516

Name of Company Safety Officer Arthur Wilkowski  
Telephone Number: 360-945-1516

Name of Customer Service Officer: Arthur Wilkowski  
Telephone Number: 360-945-1516

Number of commercial motor vehicles operated during the year: \_\_\_\_\_ 4 \_\_\_\_\_

Number of commercial vehicle drivers employed during the year: \_\_\_\_\_ 2 \_\_\_\_\_

Number of recordable (*see note below*) accidents during the year: \_\_\_\_\_ 0 \_\_\_\_\_

Total cost of recordable accidents during the year (net of insurance): \$ \_\_\_\_\_ 0 \_\_\_\_\_

Total number of miles operated during the year: \_\_\_\_\_ 30105 \_\_\_\_\_

*Note:* A recordable accident is defined as an occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce that results in one or more of the following:

1. A fatality,
2. Injury to a person requiring treatment away from the scene of the accident, or
3. Disabling damage to a vehicle requiring it to be towed from the accident scene.

