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CLASS A & B SOLID WASTE COLLECTION COMPANIES

ENTERED IN COMPUTER

ANNUAL REPORT

APR 29 2008

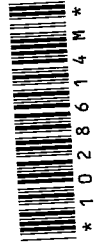
CAC ✓

SANITARY SERVICE COMPANY, INC
 D/B/A SANITARY SERVICE COMPANY AND
 RECYCLING SERVICES, INC.
 1001 ROEDER AVE
 P.O. BOX 1702
 BELLINGHAM WA 98227

Full name and address of Company

RECEIVED
 APR 29 2008
 WASH. UT. & TR. COMM

Correct name and address, if different than shown



WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION for the YEAR ENDED DECEMBER 31, 2007

TYPE OF PAYMENT (DO NOT SEND CASH IN THE MAIL) <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	For Commission Use Only A120514 Payment ID #: A 101863 V00523C
Credit Card Number:	Expiration Date Month/Year
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the company, and that I agree to pay the above total amount according to the card issue agreement.	
Name (Printed): <u>Edward Nikula</u>	Title: <u>v/p</u>
Signature: <u>[Signature]</u>	Date: <u>4/9/08</u>

111-0268-227-01 53,112.35 0008618

Do not remove, rearrange or deface the contents of this Report in any way. If you need copies, please contact the Records Center Staff at 4-1234.

For Commission Use Only

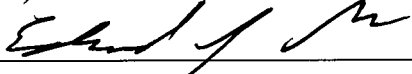
Reception Number: _____ 001-111-02-68-227-11: _____ Ref. No. _____
001-111-02-68-227-01: _____ 001-111-02-68-032-05: _____

Original form to be mailed to the Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250
Web Site: www.wutc.wa.gov

CERTIFICATION

I certify that I, EDWARD J. NIKULA, the responsible official for
SANITARY SERVICE, INC AND RECYCLING SERVICES, INC (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, 2005 to December 31, 2005, inclusive.

Name (Printed): EDWARD J NIKULA Title: VICE PRESIDENT

Signature:  Date: 4/9/08

SOLID WASTE ANNUAL REPORT

Schedule 1 – Identification, Organization, and Control

1. Company Identification:

Company Name: Sanitary Service Co, Inc. Solid Waste Certificate No. G-14
D/B/A: Sanitary Service Company and Recycling services

2. Annual Report/Accounting Contact Person:

Name: Edward J. Nikula	Title: Vice President
Mailing Address: P O Box 1702	City/State/Zip: Bellingham WA 98227
Physical Address: 1001 Roeder Ave	City/State/Zip: Bellingham WA 98225
Telephone Number: 360 734-3490	Fax Number: 360 671-0239
E-mail Address: ed@ssc-inc.com	Web Site Address: ssc-inc.com

3. Identifying Numbers:

(a) Washington Unified Business Identifier (UBI) No.: SSC 600172770 RSI 66513002
(Contact Washington Department of Licensing at 360-664-1400 for information)

(b) United States Department of Transportation (USDOT) No.: 313154

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

Sole Proprietorship Partnership Corporation Other (S-Corp, LP, LLP, LLC, etc.)

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

Name	Title	Percent Shares/Stock/Ownership
<u>Joe Razore</u>	<u>V/P</u>	<u>12,500</u>
<u>Paul Razore</u>	<u>President</u>	<u>12,500</u>
<u>Sepic Trust</u>		<u>16,666</u>
<u>Michael and Sara Torre</u>	<u>Director</u>	<u>4,166</u>
<u>Marc Torre</u>		<u>2,084</u>

5b. Total number of stockholders at year's end: 9

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

Name	Title	Address
<u>Paul Razore</u>	<u>President, Secretary, Treasure</u>	<u>Bellingham WA</u>
<u>Joe Razore</u>	<u>Vice President</u>	<u>Bellingham WA</u>
<u>Myra Torre</u>	<u>Vice President</u>	<u>Lacey WA</u>
<u>Ed Nikula</u>	<u>Vice President</u>	<u>Bellingham WA</u>

Schedule 2 – Insurance, Safety, and Accident Information

Name of Current Insurance Company: Safeco--American State Preferred
Insurance Policy Number: 06CC001472-41

Name of Company Operations Officer: Rodd Pemble
Telephone Number: 360 734-3490 _____

Name of Company Safety Officer: Rodd Pemble _____
Telephone Number: 360 734-3490 _____

Name of Customer Service Officer: Rodd Pemble _____
Telephone Number: 360 734-3490 _____

Number of commercial motor vehicles operated during the year: _____ 79 _____

Number of commercial vehicle drivers employed during the year: _____ 68 _____

Number of recordable (*see note below*) accidents during the year: _____ 2 _____

Total cost of recordable accidents during the year (net of insurance): \$ _____ 2000 _____

Total number of miles operated during the
year: _____ 1177271 _____

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.