

MORRIS COUNTY MUA

Price Proposal

PROPOSAL TO:

Morris County Municipal Utilities Authority

Bid #2026-SW02 Leachate Collection and Disposal for a base period of two (2) years, with two (2) optional one-year extensions subject to change in Consumer Price Index (CPI) at the time of extension, in accordance with N.J.S.A. 40A:11-1 et. seq.

Description of Service	Unit	Year 1 Per Gallon Price	Year 2 Per Gallon Price
Collection and Transportation of Leachate from MCMUA Mt. Olive Transfer Station to Disposal Facility	Per Gallon	\$ 0.089 written price Zero dollars and eighty-nine thousandths cents per gallon	\$ 0.091 written price Zero dollars and ninety-one thousandths Cents per gallon
Bi-Annual Solids Removal and Disposal of Tank Sediment and Tank Cleaning from the MCMUA Mt. Olive Transfer Station	Each	\$ 3,500.00 written price Three thousand five hundred dollars	\$ 3,750.00 written price Three thousand seven hundred fifty dollars

Bidder must provide pricing for Year 1 and Year 2

OPTIONAL EXTENSION YEARS

The contract may be extended for up to two (2) additional one-year periods upon mutual agreement of the MCMUA and the Contractor. Extension year pricing shall be subject to adjustment based on the Consumer Price Index (CPI) as published by the U.S. Bureau of Labor Statistics, applicable at the time of extension. The CPI adjustment shall be calculated from the base year start date to the extension date.

Extension Period	Unit	Pricing Basis	Notes
Extension Year 1 (Year 3)	Per Gallon	Year 2 Price + CPI Adjustment	Subject to mutual agreement
Extension Year 2 (Year 4)	Per Gallon	Year 3 Price + CPI Adjustment	Subject to mutual agreement

Estimated Annual Volume: Approximately 300,000 – 500,000 gallons per year (estimate only; no minimum or maximum guaranteed).

The above prices shall include all costs associated with furnishing all labor, equipment, tractors, tank trailers, fuel, oils, supplies, insurance, permits, licenses, and any other materials or services necessary to perform the leachate collection, transportation, and disposal services as specified in the Technical Specifications.

This bid is submitted in accordance with N.J.S.A. 40A:11-1 et. seq., the Local Public Contracts Law.

MORRIS COUNTY MUA

Price Proposal Signature Form

From: Russell Reid Waste Hauling and Disposal Service Co., Inc.

Vendor: **The undersigned has reviewed the proposal submitted in response Bid#2026-SW02 Leachate Collection and Disposal issued by the MCMUA.**

We affirm that the contents of the proposal (which proposal is incorporated herein by reference) is accurate, factual and complete to the best of our knowledge and belief, and that the proposal is submitted in good faith upon express understanding that any false statements may result in the disqualification of our proposal.

The undersigned hereby agrees to furnish all labor, materials, supplies, supervision, equipment and other means as necessary to perform all the work and furnish all the materials in accordance with the Contract Documents at the proposed prices within the time constraints of Contract Documents:

Business Name: Russell Reid Waste Hauling and Disposal Service Co., Inc.

Representative's Name (print): Jeff Dunlop

Representative's Signature: _____

Title: Vice President

Complete Address: 200 Smith Street, Keasbey NJ 08832

Affix Seal if Corporation:

MORRIS COUNTY MUA

Questionnaire

This questionnaire should be filled out and submitted as a part of the Bid. Failure to complete this form or to provide any of the requested information may be grounds for the rejection of the bid. If additional space is required, the respondent should add additional sheets, which identify the question being answered.

Number of years in business under present name & address:

40+ years

If less than 5 years, list previous names and address:

Within the last 5 years has the business or any officer/partner failed to complete a contract awarded to them: No. If yes, provide the details in on a separate page.

Have any liens and lawsuits been filed against the company in the past 5 years: No

If yes, please provide details:

List similar services you are now providing for which you have signed contract, but not yet started work:

See references below.

List all major subcontractors to be used to complete the service and the area of their responsibility:

We self perform 100%.

Please provide at least 3 references below: See references below.

Name:

Phone:

MUNICIPAL CLIENT REFERENCE LIST

GLOUCESTER COUNTY IMPROVEMENT AUTHORITY

Location: S. Harrison Twp, NJ Office Contact: Kim Faustino Office Phone: 856-478-6045
 Site Contact: Richard Pool Site Phone: 609-820-2060
 Service Description: Transportation and disposal of leachate at Gloucester County Utilities Authority in West Deptford, NJ. Contract value exceeds \$715K per year.

EAST WINDSOR MUA

Location: East Windsor, NJ Contact: Dennis Roehr & Chad Sprague Phone: 609-443-7600
 Service Description: Provide sludge hauling transportation and disposal services from East Windsor MUA three times a week. Contract exceeds \$100K per year.

WARREN COUNTY MUA (OXFORD AND BELVIDERE PLANTS)

Location: Warren County, NJ Contact: John Wasser Phone: 908-475-5412
 Service Description: Provide sand filter cleaning services that include combination sewer cleaning jet-vac services, roll-off containers for solid waste collection and transportation and disposal of all wastes at both Warren County MUA sites.

TOWNSHIP OF SMITHTOWN, NY

Location: Kings Park, NY Contact: Mike Engleman Phone: 631-269-6600
 Service Description: Transportation and disposal of leachate at Kings Park Sewer District in Kings Park, NY. Contract value exceeds \$90K per year.

CITY OF TRENTON, NJ

Location: Trenton, NJ Contact: Lehigh Jones Phone: 609-989-3171
 Service Description: 50,000 gallons of liquid sludge per day to Passaic Valley Water Commissioners.
 Contract Value: Exceeds \$500,000

BAYSHORE REGIONAL SEWERAGE AUTHORITY

Location: Union Beach, NJ Contact: Charles Theodora Phone: 732-739-1095
 Service Description: Hauling of dewatered sludge cake to the Stony Brook Regional Sewerage Authority.
 Contract Value: \$125,000

LONG ISLAND RAILROAD

Location: Jamaica, NY Contact: John Bartolotta Phone: 718-725-2668
 Service Description: Rail car toilet servicing.
 Contract Value: \$2,00,000

OXFORD LANDFILL (POLLUTION CONTROL WARREN COUNTY)

Location: Warren County, NJ Contact: Jim Williams Phone: 908-459-2556
 Service Description: Provide lechate hauling, jet rod and jet vac services in Warren County, NJ.

800-356-4468
 customercare@russellreid.com
 www.russellreid.com

Russell Reid
 200 Smith Street
 Keasbey, NJ 08832



MORRIS COUNTY MUA

Questionnaire

References provided above.

Address: _____

Equipment/Service Provided: _____

Contract Amount: _____

Name: _____ **Phone:** _____

Address: _____

Equipment/Service Provided: _____

Contract Amount: _____

Name: _____ **Phone:** _____

Address: _____

Equipment/Service Provided: _____

Contract Amount: _____

Name: _____ **Phone:** _____

Address: _____

Equipment/Service Provided: _____

Contract Amount: _____

MORRIS COUNTY MUA

MCMUA Mount Olive Transfer Station Safety and Operational Rules

The Morris County Municipal Utilities Authority (MCMUA) are required to adhere to all Federal, State, and Local regulations and to provide a safe, healthy, and sanitary workplace. Each of us has the responsibility to make the safety of our coworkers, our customers, and the general public a primary concern. This objective is fundamental to the company and our employees' wellbeing, as well as the efficient operation of our business. Therefore, it becomes imperative that all persons entering the MCMUA Transfer Station in Mount Olive Township know, understand, and abide by these safety rules. This listing is not intended to be all-inclusive.

1. Hardhat, high visibility clothes/reflective safety vests, safety shoes, and eye protection are to be worn when outside the vehicle.
2. All vehicles must comply with the posted traffic signs, with special attention to the posted speed limit of **5 MPH** and **DO NOT ENTER** signs.
3. Do not pass moving vehicles.
4. Report **ALL** injuries and/or accidents to the Traffic Coordinator or at the Scale House immediately.
5. Report **ALL** fuel/oil leaks or spills to the Traffic Coordinator or at the Scale House immediately.
6. Riding on the outside of the vehicle or standing on the vehicle's rear hopper step is forbidden when vehicle is moving/driving onsite.
7. Drivers are not to use cell phones or two-way radios while driving or operating machinery. This is prohibited on the MCMUA Transfer Stations' property, especially during a backing maneuver.
8. Listening devices i.e. ear buds, earphones, blue tooth devices are not to be worn while on site.
9. Smoking and/or Vaping is prohibited while outside your vehicle, especially on the tipping floor, loading bays and on tarp rack.
10. Firearms, and/or weapons of any type are not allowed on the MCMUA County property for any reason.
11. The use of intoxicating beverages (alcohol) or any other restricted substances on MCMUA County property is strictly prohibited. Any drugs or drug paraphernalia will be turned over to an appropriate law enforcement agency and may result in criminal prosecution.
12. All commercial solid waste vehicles entering the facilities shall be equipped with external audible back-up alarms. A minimum 85 dBa alarm must sound whenever the machine is in reverse.
13. Blind side backing is not to be attempted without guidance.
14. The backs of packer trucks and roll-off containers must be opened and closed on the tipping floor only.
15. "Jake Brakes" may not be used on site at any time.
16. Photography/videography is prohibited unless there is written permission from the MCMUA Facility Manager.
17. All visitors must sign in and check in at the Scale House and/or Transfer Station Main Office.
18. Upon entering the MCMUA Transfer Stations all collection vehicles/Customers must yield to any transfer trailer traffic. Heavy equipment operators/yard trucks have the right-of-way throughout the facility.
19. Loads must be tarped prior to entering the facilities. All tarps are to be removed in designated tarp removal areas only, prior to entering the tipping floors. Under no circumstances are tarps to be removed before entering the facility.
20. Heavy Equipment Operators have the right-of-way on the tipping floor. All vehicles are to yield to operating machinery, Transfer Station trucks, and all pedestrians.
21. All vehicles must come to a full stop before proceeding onto the inbound and outbound truck scales.

22. Customers preparing to enter the tipping floor must STOP and wait at stop the sign in the queuing area for Traffic Coordinators direction.
23. Drivers preparing to enter tipping areas must await directions from the Traffic Coordinator and/or Heavy Equipment Operator. All drivers need to maintain eye contact with operating personnel.
24. Passengers and helpers must remain in the cab of the vehicle. Drivers must stay within six (6) feet of their vehicle when outside of their vehicle. When outside of vehicle, please keep clear of tipping area bay door (s) as loader(s)/operator(s) will be in motion.
25. Residential customers can have up to two (2) additional individuals helping unload their vehicle, all wearing appropriate PPE. No children and No pets are allowed on the tipping floor at any time.
26. A minimum distance of ten (10) feet must be maintained between all personnel, trucks, rolling stock, and heavy equipment within the facilities.
27. Conforming safety chains must be used to hold open roll-off container doors while unloading. Use of rubber bungee cords, wires, ropes, etc. will not be permitted.
28. While dumping the load, stay clear of the back of the vehicle. Never stand under an open tailgate or raised hopper.
29. Cleaning out from behind the blade of a vehicle (truck cleanouts) must be done in designated clean out areas separate from the work zone and approved by Traffic Coordinator.
30. Tailgates, bodies, and hoists should be lowered before exiting the building to ensure compliance with NJDEP Permits. Equipment should not be moved around with tailgates, doors, hoists, or bodies open or in the extended position. All open top trucks must be completely empty before exiting the tipping floor doors.
31. Violence, threatening behaviors, horseplay, scavenging of the loads is **strictly forbidden**.
32. Any customers that need to enter the tipping area on foot, must notify the Traffic Coordinator. Once all movement of equipment and vehicles are stopped, entry can be performed under direction of the Traffic Coordinator. Movement cannot resume until the person(s) on foot has communicated to the Traffic Coordinator and the customer has left the area.

THANK YOU FOR YOUR COOPERATION

Please review with your employees who have access to the MCMUA Transfer Station. Please sign this form below and return to the MCMUA confirming that they have received, have read, understand, and will abide by these Safety and Operational Rules:

SIGNATURE

Jeff Dunlop

PRINT NAME

Russell Reid Waste Hauling and Disposal Service Co., Inc.

COMPANY NAME and ACCOUNT #

MORRIS COUNTY MUA

Administrative Documents

A. Failure to submit the following documents at the time of bid opening is a MANDATORY cause for rejection of the bid in accordance with N.J.S.A. 40A:11-23.2.









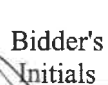
Owner's Checkmarks		Bidder's Initials
X	Bid Security by way of a certified check, cashier's check, or bid bond	/
X	Consent of Surety	/
X	Statement of Ownership Disclosure	/
X	Acknowledgement of receipt of any notice(s) or revision(s) or addenda to an advertisement, specifications or bid document(s)	/
X	Subcontractor Utilization Form	N/A
X	Non-Collusion Affidavit	/

B. Failure to submit the following documents at the time of bid opening may be cause for rejection of the bid.





Owner's Checkmarks		Bidder's Initials
X	Administrative Documents Acknowledgement	/
X	Price Proposal Table	/
X	Price Proposal Signature Form	/
X	Questionnaire	/
X	Affirmative Action Compliance Notice	/
X	Mandatory EEO Language	/
X	Certificate of Employee Information Report/AA-302	/
X	Americans with Disability Act of 1990	/
X	Pay to Play Advisory Notice	/
X	W-9	/
X	N.J Anti-Discrimination Form	/
X	Bidder's Agreement to Provide Equipment and Vehicles	/

MORRIS COUNTY MUA

Administrative Documents

Owner's Checkmarks		Bidder's Initials
X	Third Party Equipment and Vehicle Owner's Agreement to Provide Bidder with Equipment and Vehicles	N/A
X	Equipment and Vehicle Certification Form	
X	Corporate Acknowledgement	
X	Acknowledgement of Contractor, if Bidder is a Partnership	N/A
X	Acknowledgement of Contractor, if Bidder is an Individual	N/A
X	Acknowledgement of Contractor, LLC	N/A
X	Certified Copy of Resolution of Board of Directors, if Bidder is a Corporation	
X	Copy of Certificate of Public Convenience and Necessity	
X	Copy of all A-901 Licenses	
X	Affidavit of Non-Debarred Status	
X	Bid Security Statement	
X	Surety Acknowledgement	
X	Surety Disclosure Statement & Certificate	

C. The following documents are to be submitted prior to contract award.

Owner's Checkmarks		Bidder's Initials
X	New Jersey Business Registration Certificate	
X	Mount Olive Transfer Station Safety and Operational Rules	
X	Disclosure of Investment Activities in Iran	
X	Certification of Non-Involvement in Prohibited Activities in Russia & Belarus	
X	Performance Bond & Payment	
X	Certificate of Insurance	

D. The undersigned hereby acknowledges and has submitted the above required documents.

MORRIS COUNTY MUA

Administrative Documents

Business Name: Russell Reid Waste Hauling and Disposal Service Co., Inc.

Representative's Name: Jeff Dunlop

Representative's Signature:

Date: 4/22/2026

Phone: 800-356-4468

MORRIS COUNTY MUA

Acknowledgement of Receipt of Addenda

Pursuant to the NJSA 40A:11-23.1a, the undersigned Bidder hereby acknowledges receipt of the following notices, revisions or addenda to the Bid Advertisement, Bid Specifications or Bid Documents. By indicating date of receipt, Bidder acknowledges the submitted Bid takes into account the provisions of the notice, revision or addendum. Note that the local unit's record of proper notice to Bidders, per NJSA 40A:11-23(c), shall take precedence and Bidder's failure to acknowledge receipt of addenda shall result in rejection of Bid.

Title of Addendum/Revision	Received Via (email, fax, etc.)	Date Received

No Addenda Issued Initials _____

ACKNOWLEDGEMENT OF BIDDER

Name of Bidder: Russell Reid Waste Hauling and Disposal Service Co., Inc.

Bidder's Signature: 

Printed Name & Title: Jeff Dunlop, Vice President

Date: 4/22/2026

MORRIS COUNTY MUA

Mandatory EEO Language

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L.1975, c.127)

N.J.A.C. 17:27 et seq.

GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.

The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it

MORRIS COUNTY MUA

Mandatory EEO Language

will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions. The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval;

Certificate of Employee Information Report; or

Employee Information Report Form AA-302 (electronically provided by the Division and distributed to the public agency through the Division's website at: http://www.state.nj.us/treasury/contract_compliance.)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq

Business Name: Russell Reid Waste Hauling and Disposal Service Co., Inc.

Representative's Name (print): Jeff Dunlop, Vice President

Representative's Signature:

Date: 4/22/2026

MORRIS COUNTY MUA

Affirmative Action Compliance Notice

EXHIBIT A

GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES CONTRACTS

This form is a summary of the successful vendor's requirement to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.

The respondent shall submit to the public agency, one of the following three documents as forms of evidence:

1. Letter of Federal Affirmative Action Plan Approval
2. Certificate of Employee Information Report
3. A photocopy of an Employee Information Report (AA302) provided by the Division and distributed to the public agency to be completed by the vendor in accordance with N.J.A.C. 17:27-4.

The vendor must submit the copies of the AA302 Report to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts (Division). The Public Agency copy is submitted to the public agency, and the vendor copy is retained by the vendor.

The undersigned vendor further understands that his/her proposal shall be rejected as non-responsive if said vendor fails to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27.

Business Name: Russell Reid Waste Hauling and Disposal Service Co., Inc.

Representative's Name (print): Jeff Dunlop, Vice President

Representative's Signature:

Date: 4/22/2026

Certification 6723

CERTIFICATE OF EMPLOYEE INFORMATION REPORT RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of **15-Jan-2024 to 15-Jan-2027**

RUSSELL REID WASTE HAULING & DISP
200 SMITH STREET
KEASBEY NJ 08832



Elizabeth Maher Muoio
ELIZABETH MAHER MUOIO
State Treasurer

MORRIS COUNTY MUA

Bidder's Agreement to Provide Equipment and Vehicles

AGREEMENT TO PROVIDE EQUIPMENT AND VEHICLES CONTINGENT UPON AWARD OF CONTRACT FOR LEACHATE COLLECTION AND DISPOSAL

Russell Reid Waste Hauling and Disposal Service Co., Inc.

_____ (Bidder) hereby agrees to provide and commit, contingent upon the award of the Contract for Leachate Collection and Disposal (the "Contract"), that equipment and those vehicles listed in the EQUIPMENT AND VEHICLE CERTIFICATION included in the Bid Documents and any such other equipment and/or vehicle(s) reasonably calculated to ensure safe, adequate and proper service, for use in connection with the Contract, during the entire Term of the Contract.

Dated 4/22/2026 _____

By _____

Name Jeff Dunlop _____

Title Vice President _____

MORRIS COUNTY MUA

Equipment and Vehicle Certification

INSTRUCTIONS FOR COMPLETING THE EQUIPMENT AND VEHICLE CERTIFICATION

If the Bidder owns, leases or controls all the necessary equipment and vehicles required, Bidder shall complete Part 1A together with the Bidder's Agreement to Provide Equipment and Vehicles included in the Bid Documents. If the Bidder owns, leases or controls a portion of the necessary equipment and vehicles required, Bidder shall complete Part 1B together with the Bidder's Agreement to Provide Equipment and Vehicles included in the Bid Documents and Bidder shall have Part 2 completed together with the Third Party Equipment and Vehicle Owner's Agreement to Provide Bidder with Equipment and Vehicles included in the Bid Documents for the remaining portion of the necessary equipment and vehicles required to accomplish the Work in the Bid Documents. Should the Bidder not own, lease or control the necessary equipment and vehicles required, Bidder shall have Part 2 completed together with the Third Party Equipment and Vehicle Owner's Agreement to Provide Bidder with Equipment and Vehicles included in the Bid Documents. This Equipment and Vehicle Certification shall be attached to and submitted with the Bid.

Part 1A

This is to certify that I, the Bidder signing the attached Bid, own, lease or control all the necessary equipment and solid waste vehicles required and list below to accomplish the Work described in the Bid Documents.

I certify that the foregoing statements made by me are true. I understand that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Signature of Bidder

Part 1B

~~This is to certify that I, the Bidder signing the attached Bid, own, lease or control a portion of the necessary equipment and solid waste vehicles required and list below to accomplish the Work described in the Bid Documents. I certify that the remaining necessary equipment required to accomplish the Work described in the Bid Documents are set forth in Part II.~~

~~I certify that the foregoing statements made by me are true. I understand that if any of the foregoing statements made by me are willfully false, I am subject to punishment.~~

Date

Signature of Bidder

MORRIS COUNTY MUA

Equipment and Vehicle Certification

List of Equipment and Vehicles

(Attachment to Equipment and Vehicle Certification)

VIN	LICENSE PLATE	DECAL #'S	MAKE	MODEL

Bidder to attach copies of CPCN and all A-901 Licenses

RUSSELL REID WASTE HAULING PARTIAL EQUIPMENT LISTING:

- (45) Vacuum Straight Trucks
- (34) Tractors
- (30) 7,000 Gallon Vacuum Trailers
- (4) Combination Jet-Vac Trucks
- (1) Hydro-Excavator
- (1) Guzzler
- (6) High Pressure Sewer Jet Trucks
- (20) Grease Trap Service Trucks
- (9) Roll Off Container Trucks
- (300) Roll Off Containers
- (3) Vacuum Box Roll Off Containers
- (10) 21,000 Gallon Bulk Liquid Storage Tanks
- (8) 10,000 Gallon Bulk Liquid Storage Tanks
- (4) Specialty Chase Vehicles

MR. JOHN PARTIAL EQUIPMENT LISTING:

- (48) Service Trucks
- (20) Delivery Trucks
- (22) Portable Restroom Delivery Trailers
- (7) Workmate Service / Delivery / Installation Specialty Vehicle
- (8) Water Delivery / Waste Vacuum Trucks
- (1) 48' Delivery Trailer]
- (4) Self Contained - Restroom Containers
- (50) Restroom Trailers - Various Configurations
- (14,000) Temporary Restrooms

MORRIS COUNTY MUA

Americans with Disabilities Act of 1990

The CONTRACTOR and the OWNER do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "ACT") (42 U.S.C. S12101 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereto, are made a part of this contract. In providing any act benefit, or service on behalf of the OWNER pursuant to this contract, the CONTRACTOR agrees that the performance shall be in strict compliance with the Act. In the event that the Contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the CONTRACTOR shall defend the OWNER in any action or administrative proceeding commenced pursuant to this Act. The Contractor shall indemnify, protect, and save harmless the OWNER, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The CONTRACTOR shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the OWNER grievance procedure, the CONTRACTOR agrees to abide by any decision of the OWNER which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the OWNER or if the OWNER must any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the CONTRACTOR shall satisfy and discharge the same at its OWN expense.

The OWNER shall, as soon as practicable after a claim has been made against it, give written notice thereof to the CONTRACTOR along with full and complete particulars of the claim. If any action or administrative proceedings is brought against the OWNER or any of its agents, servants, and employees, the OWNER shall expeditiously forward or have forwarded to the CONTRACTOR every demand, complaint, notice, summons, pleading, or other process received by the OWNER or its representatives.

It is expressly agreed and understood that any approval by the OWNER of the services provided by the CONTRACTOR pursuant to this contract will not relieve the CONTRACTOR of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the OWNER pursuant to this paragraph.

It is further agreed and understood that the OWNER assumes no obligation to indemnify or save harmless the CONTRACTOR, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the CONTRACTOR expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the CONTRACTOR'S obligations assumed in this Agreement, nor shall they be construed to relieve the CONTRACTOR from any liability, nor preclude the OWNER from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

MORRIS COUNTY MUA

Americans with Disabilities Act of 1990

Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Business Name (Print): Russell Reid Waste Hauling and Disposal Service Co., Inc.

Representative's Name (Print): Jeff Dunlop

Representative's Title: Vice President

Representative's Signature: 

Phone: 800-356-4468 **Date:** 4/22/2026

MORRIS COUNTY MUA

New Jersey Anti-Discrimination

Pursuant to N.J.S.A. 10:2-1:

- a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;
- b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;
- c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and
- d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

Business Name (Print): Russell Reid Waste Hauling and Disposal Service Co., Inc.

Representative's Name (Print): Jeff Dunlop

Representative's Title: Vice President

Representative's Signature:

Phone: 800-356-4468

Date: 4/22/2026

STATEMENT OF OWNERSHIP DISCLOSURE

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.

Name of Organization: Russell Reid Waste Hauling and Disposal Service Co., Inc.

Organization Address: 200 Smith Street, Keasbey NJ 08832

Part I Check the box that represents the type of business organization:

- Sole Proprietorship (skip Parts II and III, execute certification in Part IV)
- Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)
- For-Profit Corporation (any type) Limited Liability Company (LLC)
- Partnership Limited Partnership Limited Liability Partnership (LLP)
- Other (be specific): _____

Part II

The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. **(COMPLETE THE LIST BELOW IN THIS SECTION)**

OR

No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. **(SKIP TO PART IV)**

(Please attach additional sheets if more space is needed):

Name of Individual or Business Entity	Address
United Site Services, Inc.	2487 W. Navigator Drive, Meridian ID 83642
USS Ultimate Holdings, Inc.	2487 W. Navigator Drive, Meridian ID 83642

Part III DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. **Attach additional sheets if more space is needed.**

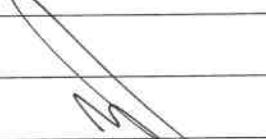
Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s

Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II other than for any publicly traded parent entities referenced above. The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. **Attach additional sheets if more space is needed.**

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Address

Part IV Certification

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the **Morris County Municipal Utilities Authority** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with **Morris County Municipal Utilities Authority** to notify the **Morris County Municipal Utilities Authority** in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the, permitting the **Morris County Municipal Utilities Authority** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	Jeff Dunlop	Title:	Vice President
Signature:		Date:	4/22/2026

See attached Corporate Resolution

MORRIS COUNTY MUA

Certified Copy of Resolution of Board of Directors

(Name of Corporation)

RESOLVED that _____, _____
(Person Authorized to Sign) (Title)

of _____ be authorized to sign and submit the Bid of this
(Name of Corporation)

Corporation for the following project:

Leachate Collection and Disposal

The foregoing is a true and correct copy of the Resolution adopted by

_____ at a meeting of its Board of Directors

held on the _____ day of _____, 20_____.

By _____

Title _____

(SEAL)

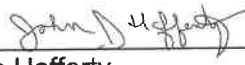
This form must be completed if the Bidder is a Corporation.

**OMNIBUS CERTIFICATE OF
OFFICER
OF
UNITED SITE SERVICES, INC. AND
USS ULTIMATE HOLDINGS, INC.**

The undersigned, John Hafferty, Chief Financial Officer, Vice President and Treasurer of United Site Services, Inc. and USS Ultimate Holdings, Inc. (the "Company"), does hereby certify that each person listed below has been duly elected and qualified as an officer the Companies, having the title set forth opposite such person's name and has the authority to sign and bind the Company to contracts and agreements:

<u>Name</u>	<u>Title</u>
Jeffrey Dunlop	Vice President and Assistant Secretary

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 9th day of May, 2024.



John Hafferty
Chief Financial Officer, Vice President
and Treasurer



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	RUSSELL REID WASTE HAULING AND DISPOSAL SERVICE CO., INC.
Trade Name:	MR. JOHN
Address:	200 SMITH ST PO BOX 130 KEASBEY, NJ 08832-0130
Certificate Number:	0022679
Effective Date:	April 22, 1981
Date of Issuance:	May 15, 2025

For Office Use Only:
20250515123155792

[Return](#)

MORRIS COUNTY MUA

Pay to Play Advisory

PAY TO PLAY ADVISORY **Disclosure Requirement** **(N.J.S.A. 19:44A – 20.27)**

Any business entity that has received \$50,000 or more in contracts from government entities in a calendar year will be required to file an annual disclosure report with ELEC.

The report will include certain contributions and contract information for the current calendar year.

At a minimum, a list of all business entities that file an annual disclosure report will be listed on ELEC's website at www.elec.state.nj.us.

If you have any questions please contact ELEC at:
1-888-313-ELEC (toll free in NJ) or
609-292-8700

An analyst from ELEC's Special Programs Section will assist you.

Initials _____



MORRIS COUNTY MUA

Certification of Non-Involvement in Prohibited Activities in Russia or Belarus

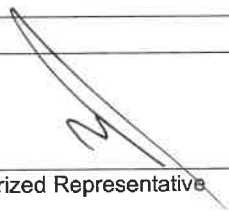
Pursuant to N.J.S.A. 52:32-60.1, et seq. and N.J.S.A.40A:11-2.2 (L. 2022, c. 3) any person or entity (hereinafter "Vendor") that seeks to enter into or renew a contract with a local contracting unit subject to the Local Public Contracts Law for the provision of goods or services, or the purchase of bonds or other obligations, must complete the certification below indicating whether or not the Vendor is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: <https://sanctionssearch.ofac.treas.gov/>. If the Department of the Treasury finds that a Vendor has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

I, the undersigned, certify that I have read the definition of "Vendor" below, and have reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so certify

(Check the Appropriate Box)

- A. That the Vendor is not identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.
- OR**
- B. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.
- OR**
- C. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list. However, the Vendor is engaged in activity related to Russia and/or Belarus consistent with federal law, regulation, license or exemption. A detailed description of how the Vendor's activity related to Russia and/or Belarus is consistent with federal law is set forth below.

(Attach Additional Sheets If Necessary.)



4/22/2026

Signature of Vendor's Authorized Representative

Jeff Dunlop, Vice President

Print Name and Title of Vendor's Authorized Representative

Date

22-2365208

Vendor's FEIN

800-356-4468

Vendor's Phone Number

Vendor's Fax Number

www.russellreid.com

Vendor's Email Address

Russell Reid Waste Hauling and Disposal Service Co., Inc.

Vendor's Name

200 Smith Street

Vendor's Address (Street Address)

Keasbey NJ 08832

Vendor's Address (City/State/Zip Code)

¹ Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section 1701(c)(3) of the International Financial Institutions Act, 22 U.S.C. 262r(c)(3); or (3) Any parent, successor, subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2).

MORRIS COUNTY MUA

Disclosure of Investment Activities in Iran

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are the subject of this law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the person or entity.

I certify, pursuant to Public Law 2012, c. 25, that the person or entity listed for which I am authorized to bid/renew:

Bidder/Offorer: Russell Reid Waste Hauling and Disposal Service Co., Inc.

- is not providing goods or services of \$20,000,000 or more in the energy sector of Iran, including a person or entity that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran; is not a financial institution that extends \$20,000,000 or more in credit to another person or entity, for 45 days or more, if that person or entity will use the credit to provide goods or services in the energy sector in Iran.

In the event that a person or entity is unable to make the above certification because it or one of its parents, subsidiaries, or affiliates has engaged in the above-referenced activities, a detailed, accurate and precise description of the activities must be provided in part 2 below to the Division of Purchase under penalty of perjury. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

Name: _____ Relationship to Bidder/Offorer: _____

Description of Activities: _____

Duration of Engagement: _____ Anticipated Cessation Date: _____

Bidder/Offorer Contact Name: _____ Contact Phone Number: _____

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that Town/ Township/ Borough/Government Agency is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the MCMUA to notify the MCMUA in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with Morris County Municipal Utilities Authority, New Jersey and that the MCMUA at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): Jeff Dunlop Signature: _____

Title: Vice President Date: 4/22/2026

MORRIS COUNTY MUA

Non-Collusion Affidavit

MASSACHUSETTS

~~STATE OF NEW JERSEY~~

MORRIS COUNTY MUNICIPAL UTILITIES AUTHORITY ss:

I certify that I am Vice President

of the firm of Russell Reid Waste Hauling and Disposal Service Co., Inc.

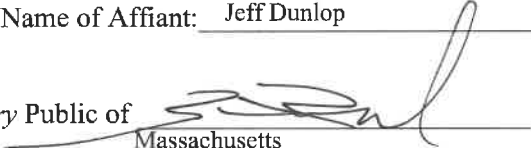
the Respondent making this Proposal for the bid or proposal for the above named project, that I executed the said proposal with full authority to do so; that said bidder has not, directly or indirectly entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said proposal and this affidavit are true, correct, and made with full knowledge that the Morris County Municipal Utilities Authority relies upon the truth of the statements contained in said Proposals and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies.


Signature of Representative: 

Subscribed and sworn to before me this 22nd day of April, 2026

Print Name of Affiant: Jeff Dunlop

Notary Public of 
Massachusetts

My commission expires _____

 **SEAN M.MCDOWELL**
Notary Public
Commonwealth of Massachusetts
My Commission Expires
September 22, 2028

MORRIS COUNTY MUA

Bid Security Statement

This Bid is accompanied by bid security either in the form of a certified check on the

_____ Bank of _____

in the amount of 10 Percent of Bid total

Dollars or a Bid Bond in the amount of 10 Percent of Bid total

Dollars guaranteed by the undersigned as Bidder and Atlantic Specialty Insurance Company

as Surety. This Bid is also accompanied by a Consent of Surety for Performance and Payment Bond in accordance with the conditions in the Bid Documents.

The Bidder hereby agrees that if this Bid shall be accepted by the MCMUA and the Bidder fails to execute and deliver the Contract and Contract bonds in accordance with the terms of this Bid and the requirements of the foregoing Information for Bidders and Requirements of Bid, then the Bidder shall be deemed to have abandoned the Contract and forfeited the bid security and there-upon the Bid and its acceptance shall be null and void.

Jeff Dunlop
(Name of Firm or Individual)


(Signature)


Vice President
(Title)

4/22/2026
(Date)

Subscribed and sworn to before me this
22nd day of April, 2026


Notary Public of MA

My Commission expires _____

 **SEAN M. MCDOWELL**
Notary Public
Commonwealth of Massachusetts
My Commission Expires
September 22, 2028

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Russell Reid Waste Hauling and Disposal Service Co., Inc.

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor C corporation S corporation Partnership Trust/estate

LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) **5**

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) **N/A**

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions

5 Address (number, street, and apt. or suite no.). See instructions.

P.O. Box 735008

6 City, state, and ZIP code

Dallas, TX 75373-5008

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-						
--	--	--	--	---	--	--	--	--	--	--

or

Employer identification number

2	2	-	2	3	6	5	2	0	8
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person *Linda Aries*

Date *1/2/2026*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

This Certificate is
Non-Transferable.

State of New Jersey

NO. SW. 1499

DEPARTMENT OF PUBLIC UTILITIES
BOARD OF
PUBLIC UTILITY COMMISSIONERS

CERTIFICATE
OF
PUBLIC CONVENIENCE AND NECESSITY

Hereby issued to:

NAME RUSSELL REID WASTE HAULING AND DISPOSAL SERVICE CO., INC.

ADDRESS 450 RARITAN CENTER, P.O. BOX 415, EDISON, NJ 08817

FOR AUTHORITY TO ENGAGE IN THE BUSINESS OF SOLID WASTE COLLECTION AS DEFINED IN
N.J.S.A. 48:13A-1 ET SEQ. AND N.J.S.A. 13:1E-1 ET SEQ. IN AND ABOUT THE STATE OF NEW JERSEY

N.J.B.S.W.M. CERTIFICATE NO. 5785

The authority granted herein shall not exceed that previously requested in the
application and tariff in Docket No. 712R-125 and authorized by SW 556. The
Order of July 23, 1981 in Docket No. 815-473 authorized the transfer of assets
from Alan Garrettson to Russell Reid Waste Hauling and Disposal Service and
issuance of Certificate of Public Convenience and Necessity SW No. 1499.

IT IS MADE A CONDITION OF THIS CERTIFICATE THAT THE HOLDER SHALL
OPERATE IN COMPLIANCE WITH THE AUTHORITY HEREIN GRANTED UNDER
THE PROVISIONS OF N.J.S.A. 48:13A-1 ET SEQ. AND N.J.S.A. 13:1E-1 ET SEQ.
AND FAILURE SO TO DO SHALL CONSTITUTE SUFFICIENT GROUNDS FOR
SUSPENSION, CHANGE OR REVOCATION, PURSUANT TO N.J.S.A. 48:1-1 ET SEQ.

Date of Issue 7/29/81

BOARD OF PUBLIC UTILITY COMMISSIONERS


Secretary

Not valid without this Seal

Copy of a. A-901 Licenses
Vehicle Registration Online Summary

Service Information

Service ID: 1866564
Service Type: Solid/Hazardous Waste - Vehicle Registration Renewal
- New
Created On: 02/20/2025

Vehicle Registration Information

NJDEP #: 07911
Vehicle Registration Holder: RUSSELL REID WASTE HAULING & DISP SVS CO INC
Program Interest #: 213422
Mailing Address Updated? NO
Street Address: 200 SMITH STREET
City/State/Zip: Keasbey/NJ/08832

Contacts

Name: MELISSA EGLOW
Title: Applicant
Contact Type: Applicant
Organization Name: MELISSA.EGLOW@UNITEDSITESERVICES.COM
Organization Type: (732) 962-8094 (Work Phone Number)
E-Mail: 200 Smith Street
Phone: Keasbey, New Jersey 08832
Contact Address:

Equipment Information

Vehicles Renewed: 312

Vehicles Added: 1

Vehicles Modified: 0

of Containers: 300

Include?	Equipment Type	VIN	Licensed Plate No.	State/Country	Leased?	Lessor Name
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVN18J9J4S50503	AE33013	Connecticut	<input checked="" type="checkbox"/>	UNITED SITE SERV NORTHEAST
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NKZLP0X6LJ429760	3198Z78	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDAAA7NS003729	3334848	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2GR3GC0P031446	3358567	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	3HAEUMML5NL393604	3460512	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	3HTPCAPT8PN114558	3525387	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	3HTPCAPTORN413975	3525388	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	3HTPCAPT9RN082832	3525389	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	3HTPCAPTXRN001112	3525390	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	3HTPCAPT9RN413974	3525391	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	4V5KC9EH9RN654062	3572828	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NPSLK0XXPD888146	3572985	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NPSLK0X8PD888145	3599418	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2GR3GC7P031444	3461062	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NPNHDX11M543475	AF405R	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NPNLDX13M808443	AG732T	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NPSX0EX5AD108191	AH111G	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NP3LN9XXCM173073	AN162W	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8J2E4S50076	AP297V	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NPWL4EX5CD170133	AP310F	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NPWL40X7DD185404	AP311F	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8J8E4S80079	AP340W	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NPSX7EX8DD212901	AP551K	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NPSX7EX3DD212899	AP553K	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NPNHDX762M580801	AP793U	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NP3LJ0X2EM252343	AR379E	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NPSXPEX2GD300122	AS498T	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NKZX4TXXFJ470797	AT211K	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NPWL40XXCD148006	AT249D	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NPWL40X8CD148005	AT250D	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NPWL40X8CD148005	AT250D	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NPWX4EXXCD168192	AT251D	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NP3LJ0X3HM388663	AT312D	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NKZX4TX6FJ464446	AT435N	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NPRMN0X89M792705	AT938W	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NPSX7EX3ED218610	AU172W	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO

Includes?	Equipment Type	VIN	Licensed Plate No.	State/Country	Leased?	Lessor Name
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NPCXPEX7JD499471	AU189H	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NPCXPEX9JD498469	AU201J	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NPCXPEX9JD499472	AU202J	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NP2HNTX5CM134665	AU204G	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8JL2H4S50388	AU255H	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8JL3J4S59471	AU282F	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NPND9X91M563730	AU506T	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NPCXPEX0KD499703	AJ832G	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NPRLZ0X77M743034	AU960Y	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	2PNLD9X72M560835	AW429J	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	4V5KC9EH2LN267084	AW783R	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8J0G4550242	AX100S	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8J2G4S50243	AX101S	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	2FZACGCS33AL78344	AX105S	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NPND9X53M808056	AX107S	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	4V5KC9EH5CN542415	AX113S	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	4V5KC9EH7CN542416	AX114S	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	4V5KC9EH7EN175245	AX115S	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NPSX7EX4GM322553	AX116S	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	4V5KC9EH7GN940425	AX118S	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	4V5KC9EH5MN269753	AX152L	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NPLHD7X65M825186	AX233Y	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1NKZX4TX4FJ464445	AX235Y	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	3ALHCYFE9LDLJ9117	AX407X	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2GR3GC1NM029671	AX408X	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2GR3GC3NM029672	AX409X	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2GR3GC5NM029673	AX410X	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NPRLNDX99M762291	AX610G	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1FVMG3DV7GHGV6123	AX653D	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NKHLJ0X9LM410217	AX931H	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NKHLJ0X9LM410217	AX931H	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NKHLJ0X9LM410220	AX932H	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8JT8D4S53001	AY460F	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	4V5KC9EH3NN606101	AY519B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	4V5KC9EH5NN606102	AY520B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8J2F4S90267	XAHG94	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1FDUF5GT6FED28446	XCRF57	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8J8H4S50387	XCVA88	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8J7H4S50353	XCVA92	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8J6J4S50446	XEJU18	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8J8J4S50447	XEJU19	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8JXX4S50655	XEJU46	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8J1J4S50497	XEJU48	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8JP6E4551117	XFWA66	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8JU3J4S50498	XFZR82	New Jersey	<input type="checkbox"/>	

Include?	Equipment Type	VIN	Licensed Plate No.	State/Country	Leased?	Lessor Name
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8JLJ4J\$50498	XFZR86	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8JLJ4S50550	XFZR89	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NPYHM5X98M767684	XGPJ12	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNV8JJ9H4S50354	XGPJ13	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NP2HM8X4JM481039	XJFT56	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	4V5KC9EH7MN269754	XKHC39	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	4V5KC9EH5MN289753	XKHC45	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1FDUF5GT8LDA13441	XKHG72	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1FDUF5GT6LDA13440	XKHG73	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1FDUF5GTXLDA13439	XKHG76	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNJ8JV9L5S79930	XKHL77	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNJ8JV1L5S79932	XKHL79	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA5NS002195	XKJE36	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA6NS002514	XKJG55	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA8NS002529	XKJG56	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA0NS002525	XKJG57	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA4NS002527	XKJG58	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA5NS002519	XKJG59	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA3NS002521	XKJG61	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA1NS002520	XKJG62	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA7NS002831	XKNN22	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA2NS002820	XKNN23	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1FDNF7AY9KDF15720	XKYP20	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2GR3GC9PM031445	XLSA96	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2GR3GC0PM031446	XLSA98	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1FDUF5GY1KDA01643	XM833Z	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1FDUF5GY1KDA12304	XM835Z	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	54DC4W1BXHS802619	XM836Z	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	54DC4W1C9HS803480	XM837Z	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1FDUF5GY2JEC67035	XM839Z	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA6NS004456	XMCE94	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA8NS004457	XMCE95	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA7NS004448	XMCE96	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA0NS004470	XMCE99	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA0NS004467	XMCF11	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA9NS004502	XMCF59	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA0NS004458	XMJV91	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDAAA5NS003728	XMJW31	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDAAA3NS003730	XMJW32	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDAAA5NS003731	XMJW33	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDAAA7NS003732	XMJW34	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDAAA9NS003733	XMJW35	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDAAA0NS003734	XMJW36	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDAAA4NS003736	XMJW37	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNJ8JV1L5S79929	XN6W79	New Jersey	<input type="checkbox"/>	

Include?	Equipment Type	VIN	Licensed Plate No.	State/Country	Leased?	Lessor Name
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2GR3GC3PM031442	XNHR29	New Jersey	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NPLH6X48M792699	XR431V	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	2NPLH6X99M792701	XR432V	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNE8JL1D4S50098	XX387E	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA7NS004451	30721NC	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	JHHDH2H4F K001 440	31384ML	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1FDUF5GT4HEE09772	31400ML	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNJ8JV5L5S78671	32256NB	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNJ8JV5L5S78668	32257NB	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNJ8JV3L5S78684	32258NB	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNJ8JV1L5S78666	32262NB	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA3NS002096	33538NB	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MD3AA5NS002097	33719NB	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1FDWF6DC0NDF07802	46418ND	New York	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	1FDWF6DC2NDF07803	46417ND	New York	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	JALC4W164M7K00267	75269NB	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA7NS002523	75270NB	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA5NS002522	75271NB	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	1M2MDBAA9NS002524	75272NB	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	3C7WRNBL7MG535528	75503NB	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	3C7WRNBL4MG539844	75504NB	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	3C7WRNBL0MG539842	75505NB	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	JALE5W164M7303209	75506NB	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	JALE5W163M7303136	75507NB	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	JALC4W165M7K00679	75735NB	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	JHGD2H3GK001099	99883MH	New York	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNJ8JJ5K4S51035	ZNY2321	Pennsylvania	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Single Unit Vehicle	5PVNJ8JJ3K4S51034	ZRD0285	Pennsylvania	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Cab	4V5X99EJ5JN894639	2619269	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Cab	4V5X99EJ1JN894640	2619270	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Cab	4V5X99EJ3JN894641	2619271	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Cab	4V5X99EJ5JN894642	2628722	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Cab	1M1AN4GY6NM026109	3199216	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Cab	INPSLK0X6PD888144	3570030	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Cab	INPSLK0X4PD888143	3570031	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Cab	1XPBDDP9X4HD450744	3601815	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Cab	1XPBDDP9X8HD450746	3625695	Indiana	<input checked="" type="checkbox"/>	PENSKE TRUCK LEASING CO
<input checked="" type="checkbox"/>	Cab	1XPBD08XGAD108196	AM784L	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XPBD09X7AD108194	AM797L	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1FUJA6AV17LX28264	AN186A	New Jersey	<input checked="" type="checkbox"/>	CESAR TRUCKING LLC
<input checked="" type="checkbox"/>	Cab	1M1AK06786N009438	AT496F	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XPBDDP9X8HD445871	AT698N	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XPBD89X17N670459	AT766Z	New Jersey	<input checked="" type="checkbox"/>	NORITZ TRUCKING LLC
<input checked="" type="checkbox"/>	Cab	5PVNV8JL5LJ4504 10	AT767U	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XBDDP9X4JD457540	AT777T	New Jersey	<input type="checkbox"/>	

Include?	Equipment Type	VIN	Licensed Plate No.	State/Country	Leased?	Lessor Name
<input checked="" type="checkbox"/>	Cab	1XPBDF9X6JD457538	AT779T	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XPBDP9X8JD457539	AT780T	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	2NP3LJ0X3HM430934	AT835U	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XP5DB9X37N692692	AT869Y	New Jersey	<input checked="" type="checkbox"/>	J A R & amp; SON LLC
<input checked="" type="checkbox"/>	Cab	1XP5D89X57N746607	AT901V	New Jersey	<input checked="" type="checkbox"/>	JRW TRUCKING LLC
<input checked="" type="checkbox"/>	Cab	1XPBAP9X2JD496166	AU967E	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XPBAP9X4JD496167	AU968E	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1NPCXPEX7LD647654	AW150H	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4WB99EH3MN600161	AW192Y	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4NC9EH1FN186146	AW369C	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XP5D49X97N692787	AW371C	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	2FZNEXYB2YAF82842	AW373C	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4NC9EJ3JN890845	AW374C	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1NP5LB9X45D860968	AW375C	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XPWD40X2ED234187	AW444B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4NC9EJ7JN890847	AW445B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4WB99EH8LN265817	AW445N	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4NC9EJ5JN890846	AW446B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4WB99EHXLN265818	AW446N	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4WB9EH1LN265819	AW447N	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4WB9EH8LN265820	AW448N	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4WB9EHXLN265821	AW449N	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	5PVNV8JL5L4S50555	AW462C	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	2NP3LJ0X8LM652128	AW463C	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XP5DB9X67N688822	AW495B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XPWDB9X7AD797186	AW496B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1NPCXPEX16LD642204	AW537F	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1NPCXPEX2LD647657	AW538F	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1NPCXPEX0LD647856	AW539F	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1NPCXPEX9LD647655	AW540F	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4NC9EJ9JN890848	AW560B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V5X99EJ3JN894638	AW561B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XPWD40X4ED234112	AW699B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1NP5LB9X17D653506	AW696B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XPWDP0X7ED234154	AW697B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	3AKJGLDV8SESF0366	AW706C	New Jersey	<input checked="" type="checkbox"/>	CHALLENGER TAVAREZ TRANSPORT LLC
<input checked="" type="checkbox"/>	Cab	1NKDXUEX17J197800	AW914C	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1NKZX4TX6FJ429406	AW915C	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1NPCX4EX7GD334057	AW918C	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4WB9EH3MN600	AW919U	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4WB9EH5MN600159	AW920U	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4WB9EH1MN600160	AW921U	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4WB9EH5MN600162	AW922U	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XPWD09X2AD797536	AX119S	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XPBDF9X8GD297168	AX122S	New Jersey	<input type="checkbox"/>	

Include?	Equipment Type	VIN	Licensed Plate No.	State/Country	Leased?	Lessor Name
<input checked="" type="checkbox"/>	Cab	1XPBDP9XXGD297169	AX123S	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4MC9EH1CN535670	AX126S	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4MC9EH4DN141078	AX127S	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4MC9EH2FN927335	AX128S	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4MC9EHXGN963033	AX130S	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XPBDP9XXHD445872	AX131S	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XPBAP9X3KD613237	AX132S	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XPBAP9X5KD613238	AX133S	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4WB9EH1PN606044	AX411X	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4WB9EH3PN606045	AX412X	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4WB9EH7PN606047	AX413X	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4WB9EH9PN606048	AX414X	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	1XPXD49X8ND783433	AX543H	New Jersey	<input checked="" type="checkbox"/>	TY TRUCKING LLC
<input checked="" type="checkbox"/>	Cab	1M1PNA9Y2MM008585	AY110A	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4WB9EH5PN606046	AY450H	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Cab	4V4NC9TH1DN137481	AY725E	New Jersey	<input checked="" type="checkbox"/>	RSBN TRUCKING LLC
<input checked="" type="checkbox"/>	Cab	3AKJGEBG4GDH19953	X721004	New Jersey	<input checked="" type="checkbox"/>	KAUFMAN JOSEPH
<input checked="" type="checkbox"/>	Cab	1FDLIF5GT3KEE91873	XHVL14	New Jersey	<input checked="" type="checkbox"/>	ENTERPRISE FM TRUST
<input checked="" type="checkbox"/>	Cab	1FDUF5GT2KDA07309	XHVL33	New Jersey	<input checked="" type="checkbox"/>	ENTERPRISE FM TRUST
<input checked="" type="checkbox"/>	Cab	2XP5DB9X24M818651	XPCF33	New Jersey	<input checked="" type="checkbox"/>	FLESCH JOHN G
<input checked="" type="checkbox"/>	Trailer	1Z9VC4026MM310671	32-40854	Maine	<input checked="" type="checkbox"/>	UNITED SITE SERV NORTHEAST
<input checked="" type="checkbox"/>	Trailer	1Z9VC4026MM310672	32-40855	Maine	<input checked="" type="checkbox"/>	UNITED SITE SERV NORTHEAST
<input checked="" type="checkbox"/>	Trailer	1UNST4221SS199815	5419800	Maine	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4224SS199808	5419801	Maine	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4226SS199809	5419802	Maine	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4222SS199810	5419803	Maine	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4224SS199811	5419804	Maine	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4226SS199812	5419805	Maine	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4228SS199813	5419806	Maine	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST422XSS199814	5419807	Maine	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4227SS199818	5436209	Maine	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4229SS199819	5436210	Maine	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4225SS199817	5436211	Maine	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4223SS199816	5436212	Maine	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1Z9VC402XPM310726	76-647	Maine	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	3E9H344H9J034041	TWJ81R	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	5HTNL452525F14638	T51S1W	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1PMA1422691034888	TGF71R	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1PMA1422691034888	TGF71R	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1PMA1422081037730	TJL97U	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1PMA14323C1038838	TKP39M	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1PMA14327G1046842	TPW17U	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1PMA14323G1047223	TPW48Y	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST422NL0888933	TRU60D	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4228CL109152	TRU63D	New Jersey	<input type="checkbox"/>	

Include?	Equipment Type	VIN	Licensed Plate No.	State/Country	Leased?	Lessor Name
<input checked="" type="checkbox"/>	Trailer	1P9JK22A18A509049	TRW72b	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1PMS14325G1047809	TSH24A	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1PMA14226A1036077	TSH41A	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1PMA14228A1036078	TSH66D	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1P81422A98A509050	TSH57D	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	558MRAM27JK004056	TTX71L	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4228KS174023	TUN50W	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST422XKS174024	TUN51W	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	558MRAN24K004760	TVC97X	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	558MRAN28K004759	TVC98X	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4225LS174255	TVH58G	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4220LS174289	TVH59G	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST422XLS174252	TVH62G	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4226LS174281	TVH64G	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1Z9VC4026LM310653	TVH70H	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4225LS174174	TVL49B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4220LS174180	TVL50B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4224LS174182	TVL51B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4222LS174181	TVL52B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4226LS174183	TVL53B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4228LS174184	TVL54B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST422XLS174185	TVL55B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4221LS174186	TVL56B	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1L9BT41270G223385	TVP14L	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1L9BT41239G223361	TVP16L	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4228LS174167	TVR66L	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST422XLS174168	TVR67L	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4221LS174169	TVR68L	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4228LS174170	TVR69L	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST422XLS174171	TVR70L	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4221LS174172	TVR71L	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4223LS174173	TVR72L	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4227LS174175	TVR73L	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4229LS174176	TVR74L	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST422XLS174283	TVT38F	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4222LS174293	TVT39F	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4227LS174290	TVT40F	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4227LS174287	TVT41F	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4225LS174286	TVT42F	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1UNST4223LS174285	TVT43F	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	3E9H344H9JT634036	TVV68K	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1L9BT41206G223513	TVV68K	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	558MRAL27HK003372	TVV69K	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1L9BT41243G223462	TVV71K	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1L9BT41276G223511	TVV73K	New Jersey	<input type="checkbox"/>	

Include?	Equipment Type	VIN	Licensed Plate No.	State/Country	Leased?	Lessor Name
<input checked="" type="checkbox"/>	Trailer	1L9BT41200G223387	TVV75K	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1L9BT41264C223464	TVV77K	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	1L9BT41215G223311	TVV78K	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	10BFV7211SF0A5259	TVV84K	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	3E9H344H5JT034036	TVV86K	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	3E9H344HTJ034040	TWJ79R	New Jersey	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Trailer	3E9H344H0JT034039	TWJ80R	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	1NPALUEX45N884150	AD726K	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	2NPNDH7X23M802381	AG188S	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	1NPALUEX06N884146	AJ185L	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	2NPLLZ0X35M876974	AJ579K	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	1NPSX0EX9AD108193	AM152N	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	1NPSX7EX6DD212900	AP552K	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	2NPRLN0X78M762290	AS241B	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	2NPNDH7X82M580184	AS475V	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	2NPNDH7XX1M582638	AT626E	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	1NPALUEX26N884147	AT628V	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	1NPSX0EX3AD108190	AU712A	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	2NPLHD6XX6M669141	AU900L	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	2NPNHD7X82M581320	AW721P	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	1NPNHD7X9Y5499821	AW791N	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	2NPNHD7X63M808054	AX103S	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	2NP2HM7X9EM249718	AX104S	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	2FZHAZCYX6AV61947	AX109S	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	4V5KC9EH6AN286427	AX111S	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	2NPLHD7X06M658437	AX999R	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	JHHGDM2HXGK001097	XCVA82	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Single Unit Vehicle	2NPLHN6X28M761918	XW396V	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Cab	1XP5DU9X77N742053	AB908D	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Cab	1XP5DB9X1YN519349	AK141S	New Jersey	<input checked="" type="checkbox"/>	MAZZACCHI MARIO
<input type="checkbox"/>	Cab	1XPWDU9X88D763392	AL915L	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Cab	1XPHD79X7DD180297	AN432X	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Cab	1XPHD49X58N759299	AP245D	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Cab	1XPHD09X68D115848	AU648X	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Cab	1XPHD09X9AD108195	AU959E	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Cab	1FUJACK2LX77234	AW376C	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Cab	1XKWD49X1PR215936	AW658V	New Jersey	<input checked="" type="checkbox"/>	HARRIS & SONS LLC
<input type="checkbox"/>	Cab	3AKJGLDYSESF0366	AW706C	New Jersey	<input checked="" type="checkbox"/>	CHALLENGER TAVAREZ TRANSPORT LLC
<input type="checkbox"/>	Cab	1XKDDBOX67J171780	AW957K	New Jersey	<input checked="" type="checkbox"/>	NORISTZ TRUCKING LLC
<input type="checkbox"/>	Cab	1M2AX04C8DW015343	AX120S	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Cab	4V4NC9EH98N261033	AX125S	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Cab	4V4MC9EH6EN170714	AX128S	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Cab	1XPHD79X9DD180298	AX234Y	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Cab	1XP5DB9XXYN490174	AX455C	New Jersey	<input checked="" type="checkbox"/>	NORISTZ TRUCKING LLC
<input type="checkbox"/>	Cab	1XPXDP9X9GD304683	XMCM96	New Jersey	<input checked="" type="checkbox"/>	Peak Logistics LLC

Include?	Equipment Type	VIN	Licensed Plate No.	State/Country	Leased?	Lessor Name
<input type="checkbox"/>	Cab	1XPBD49X8GD333480	XMCM97	New Jersey	<input checked="" type="checkbox"/>	Peak Logistics LLC
<input type="checkbox"/>	Trailer	1PMA14321G1047222	TPW49Y	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Trailer	1UNST4220BL088991	TRU69D	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Trailer	1L9BT4129YG223241	TRW70B	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Trailer	3E9H344H7JT934037	TVV64K	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Trailer	1L9BT41231G223403	TVV76K	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Trailer	1PMS34321Y102434	TVV93K	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Trailer	1T9SL42251C588123	TVV85K	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Trailer	1L9BT41205G223463	TVV87K	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Trailer	1A911422941005031	TWK75LU	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Trailer	1A911412451005040	TVV97W	New Jersey	<input type="checkbox"/>	

Additional Registration Information

U.S. Department of Transportation (DOT) #: 525743

Overnight Parking Location:

Address	Address Line 2	Address Line 3	City	State	Zip Code
2157 Rte. 31			Glen Gardner	New Jersey	08826
330 Bismark Road			Jackson Township State Forest	New Jersey	08527
200 SMITH STREET			Keasbey	New Jersey	08832
1710 Hurrville Road			Deptford Twp	New Jersey	08080
160 Gold Mine Road			Mount Olive	New Jersey	07836
670 MUNCY AVE			Lindenhurst	New York	11757
1075 US 22			Phillipsburg	New Jersey	08865
635 Delancy Street			Newark	New Jersey	07105
3115 Sanatoga Road			Pottstown	Pennsylvania	19464

Pre-Certification

- I certify I have the authority to operate as a transporter on the public highways and meet any applicable State or Federal Insurance requirements. In addition, pursuant to N.J.A.C. 7:26-3.2(i) I understand that I am responsible for the actions and omissions of any lessors and their vehicle operators utilized by my company.
- If I transport waste across state lines I certify that I maintain an MCS-90 or MCS-82 - otherwise I will maintain a Certificate of Insurance (listing my company as insured with the vehicle info or the phrase, "any vehicle").
- I certify that I have identified all address locations where our owned and leased equipment is parked overnight on the Additional Registration Information screen.
- Before submitting your request, take time to carefully review the certifications made above. Submission of false or inaccurate information is punishable by substantial fines, regardless of whether it is a deliberate act, pursuant to N.J.A.C. 7:26-5.6

Certification

Certifier:

Melissa Eglow
RRWHDSCI

Certifier ID:

What is your mother's maiden name?

Challenge/Response Question:

Challenge/Response Answer:

Certification PIN:

Date/Time of Certification:

03/25/2025 13:34

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Melissa Eglow

03/25/2025

Individual With Direct Knowledge

Date

Payment Information

Total Payment Amount:

\$41,300.00

Payment Date:

03/25/2025

Payment Method:

Bill Me

MORRIS COUNTY MUA

Surety Acknowledgement

STATE OF Massachusetts)
) SS:
COUNTY OF Bristol)

On this 24th day of April in the year 2026 before me personally came Anne M. Higginbottom to me known, who being by me duly sworn, did depose

and say, that he resides in Fall River, MA,

that he is the Attorney-in-Fact of Atlantic Specialty Insurance Company,

the Corporation described in and which executed the foregoing instrument; that he knows the seal of said Corporation; that the seal affixed to said instrument is such Corporate seal; that it was so affixed

by order of the Board of Directors of said Corporation and that he signed his name thereto in like order.

Alyssa R. Michael (Seal)

ALYSSA R. MICHAEL
Notary Public
Commonwealth of Massachusetts
My Commission Expires
May 3, 2030

CONTRACTOR ACKNOWLEDGMENT

STATE OF _____)
) SS:
COUNTY OF _____)

On this _____ day of _____ in the year 20____, before me personally

came _____ to me known, who being by me duly

sworn, did depose and say, that he resides in _____; that he is the

_____ of _____, the

Corporation described in and which executed the foregoing instrument, that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Corporation and that he signed his name thereto in like order.

(Seal)



Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Alyssa R. Michael, Anne M. Higginbottom, Barry J. Horgan, Lisa Correia, William L. Labbe**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.


This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

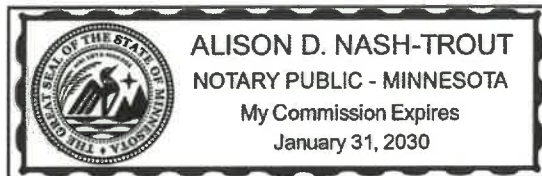
IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this first day of January, 2023.

STATE OF MINNESOTA
HENNEPIN COUNTY



By 
Sarah A. Kolar, Vice President and General Counsel

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.




Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 24th day of April, 2026




Kara L.B. Barrow, Secretary

This Power of Attorney expires
January 31, 2030

Atlantic Specialty Insurance Company

SURETY DISCLOSURE STATEMENT AND CERTIFICATION

Pursuant to N.J.S.A. 2A:44-143

Atlantic Specialty Insurance Company, (hereinafter called "Surety") the surety on the attached bond, hereby certifies the following:

1. The Surety meets the applicable surplus requirements of R.S. 17:17-6 or R.S. 17:17-7 as of the Surety's most current annual filing with the New Jersey Department of Insurance.
2. The surplus of Atlantic Specialty Insurance Company, as determined in accordance with the applicable laws of this State, totals \$1,056,481,580 as of the calendar year ended December 31, 2024, which amount has been included in the audit of Intact Insurance Group USA conducted by Ernst & Young, LLP, Suite 1400, 220 South Sixth Street, Minneapolis, MN 55402, and is included in the Annual Statement on file with the New Jersey Department of Insurance, 20 West State Street, CN-325, Trenton, New Jersey 08625-0325
3. Atlantic Specialty Insurance Company has received from the U.S. Secretary of the Treasury, a certificate of authority pursuant to 31 U.S.C. Section 9305, with an underwriting limitation established therein on March 17, 2025 in the amount of \$103,589,000.
4. The amount of the bond to which this statement and certification is attached is \$ 10% of Attached Bid.
5. If, by virtue of one or more contracts of reinsurance, the amount of the bond indicated under item (4) above exceeds the total underwriting limitation of all sureties on the bond as set forth in terms (3) above, or both, then for each such contract of reinsurance:
 - a. The name and address of each such reinsurer under that contract and the amount of that reinsurer's participation in the contract is as follows:

Not Applicable; and

- b. Each surety that is party of any such contract of reinsurance certifies that each reinsurer listed under item (5) (a) satisfies the credit for reinsurance requirement established under P.L.1993, c.243 (C.17:51B-1 et seq.) and any applicable regulations in effect as of the date on which the bond to which this statement and certification is attached shall have been filed with the appropriate public agency.

Not Applicable.

CERTIFICATION

I, John Treacy, as Senior Vice President of Atlantic Specialty Insurance Company, an insurance company domiciled in the State of New York, DO HEREBY CERTIFY that, to the best of my knowledge, the foregoing statements made by me are true, and ACKNOWLEDGE that, if any of those statements are false, this bond is VOIDABLE.

ATLANTIC SPECIALTY INSURANCE COMPANY

By: 
John Treacy, Senior Vice President

Dated: April 24, 2026



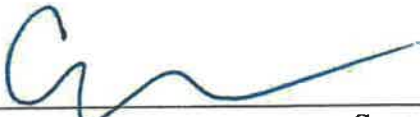
Atlantic Specialty Insurance Company
Period Ended 12/31/2025

Dollars displayed in thousands

Admitted Assets		Liabilities and Surplus	
Investments:		Liabilities	
Bonds	\$ 2,885,455	Loss Reserves	\$ 1,403,740
Preferred Stocks	-	Loss Adjustment Expense Reserves	<u>330,086</u>
Common Stocks	934,259	Total Loss & LAE Reserves	<u>1,733,826</u>
Mortgage Loans	-		
Real Estate	-	Unearned Premium Reserve	866,171
Contract Loans	-	Total Reinsurance Liabilities	51,082
Derivatives	-	Commissions, Other Expenses, and Taxes due	83,583
Cash, Cash Equivalents & Short Term Investments	1,000,755	Derivatives	-
Other Investments	<u>29,147</u>	Payable to Parent, Subs or Affiliates	-
Total Cash & Investments	<u>4,849,616</u>	All Other Liabilities	<u>1,357,715</u>
		Total Liabilities	<u>4,092,377</u>
Premiums and Considerations Due	361,651	Capital and Surplus	
Reinsurance Recoverable	34,446	Common Capital Stock	9,001
Receivable from Parent, Subsidiary or Affiliates	15,668	Preferred Capital Stock	-
All Other Admitted Assets	<u>93,238</u>	Surplus Notes	-
Total Admitted Assets	<u>5,354,619</u>	Unassigned Surplus	682,458
		Other Including Gross Contributed	<u>570,784</u>
		Capital & Surplus	<u>1,262,242</u>
		Total Liabilities and C&S	<u>5,354,619</u>

State of Minnesota
County of Hennepin

I, Sarah A. Kolar, Secretary of Atlantic Specialty Insurance Company do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company, on the 31st day of December, 2025, according to the best of my information, knowledge and belief.



 Secretary

Subscribed and sworn to, before me, a Notary Public of the State of Minnesota on this 5th day of March, 2026.



 Notary Public



MORRIS COUNTY MUA

Consent of Surety

In consideration of the premises and of One Dollar (\$1.00), lawful money of the United States, to it in hand paid by the Contractor, the receipt whereof is hereby acknowledged, the undersigned surety consents and agrees that if the Contract, for which the preceding estimate and Bid is made, be awarded to the person or persons submitting the same as contracted, it will become bound as surety and guarantor for its faithful performance, and shall provide a one year performance bond in the amount equal to 100% of the contract amount prior to the execution of the contract. The Contractor shall also execute thereafter a bond as party of the third part thereto when required to do so by Owner.

In witness whereof, said surety has caused these present to be signed and attested by a duly authorized officer and its corporate seal to be hereto affixed this 24th day of April, 2026

(A corporate acknowledgment and statement of authority to be hereto attached by the surety company)

By Anne M. Higginbottom
Surety Company Atlantic Specialty Insurance Company
Attorney-in-Fact Anne M. Higginbottom

Attest:

Bessie Conner

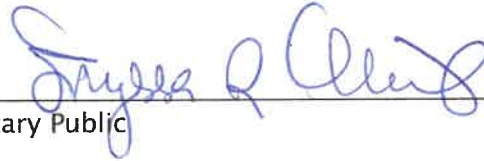


SURETY ACKNOWLEDGEMENT
(Corporate Officer)

State of MA

County of Bristol


On this 24th day of April, 2026 before me, a Notary Public within and for said county, personally appeared Anne M. Higginbottom who being first duly sworn, says he/she is the Attorney-in-Fact of Atlantic Specialty Insurance Company, Surety herein, a corporation duly organized and existing under laws of the State of New York, and executed the forgoing instrument for and in its behalf, by authority of its Board of Directors; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; and further acknowledged said instrument and the execution thereof to be the voluntary act and deed of said corporation.



Notary Public

May 3, 2030

My Commission Expires

 **ALYSSA R. MICHAEL**
Notary Public
Commonwealth of Massachusetts
My Commission Expires
May 3, 2030



Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Alyssa R. Michael, Anne M. Higginbottom, Barry J. Horgan, Lisa Correia, William L. Labbe**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

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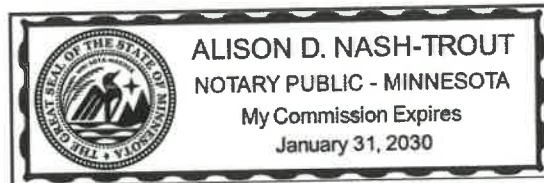
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By 
Sarah A. Kolar, Vice President and General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.




Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 24th day of April, 2026




Kara L.B. Barrow, Secretary

This Power of Attorney expires
January 31, 2030



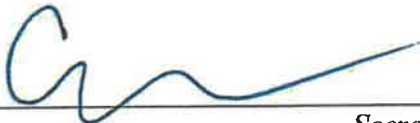
Atlantic Specialty Insurance Company
Period Ended 12/31/2025

Dollars displayed in thousands

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State of Minnesota
County of Hennepin

I, Sarah A. Kolar, Secretary of Atlantic Specialty Insurance Company do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company, on the 31st day of December, 2025, according to the best of my information, knowledge and belief.



 Secretary

Subscribed and sworn to, before me, a Notary Public of the State of Minnesota on this 5th day of March, 2026.



 Notary Public

