## R. Kyle Ardoin Secretary of State



## FOREIGN PARTNERSHIP **ANNUAL REPORT**

For Period Ending 4/29/2022





Mailing Address Only (INDICATE CHANGES TO THIS ADDRESS IN THIS BOX)

41159070 L

SPRINT WASTE SERVICES, L.P.

PO BOX 940820 HOUSTON, TX 77094 (INDICATE CHANGES TO THIS ADDRESS IN THIS BOX)

Principal Place of Business Outside Louisiana 1041 CONRAD SAUER

HOUSTON, TX 77043

Federal Tax ID Number

Our records indicate the following registered agents for the partnership, Indicate any changes or deletions below. The registered agent must have a Louisiana address. Do not use a

CAPITOL CORPORATE SERVICES, INC.

8550 UNITED PLAZA BUILDING II, STE. 305 BATON ROUGE, LA 70809

This report reflects a maximum of three partners from our records for the partnership. Indicate any changes or deletions below. Include a listing of all partners and their municipal address. Do not use a P. O. Box. If additional space is needed attach an addendum.

MEDIO MANAGEMENT, LLC 1041 CONRAD SAUER DR HOUSTON, TX 77043 General Partner

Our records indicate the following addresses for the partnership. Indicate any changes below.

Principal business establishment in Louisiana (Do not use a P. O. Box): 3915 HIGHWAY 30 /ST GABRIEL, LA 70776

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to the fine or imprisonment or both under R.S. 14:133.

SIGN 🗃

To be signed by the partner Title Phone Date **CFO** James L Goodyear 03/30/2022 (SIGNED ELECTRONICALLY) Signee's address **Email Address** (For Office Use Only) ON FILE

Enclose filing fee of \$30.00

Return by:

4/29/2022

Make remittance payable to Secretary of State Do Not Send Cash Do Not Staple

web site; www.sos.louisiana.gov DO NOT STAPLE To: Commercial Division P. O. Box 94125 Baton Rouge, LA 70804-9125 Phone (225) 925-4704

1

## **Employee Information**

| Total     | ارا | uici | ana |
|-----------|-----|------|-----|
| 3 ( ) ( ) |     | 115  | ana |

| Position                      | St Gabriel | Westlake | Ops |
|-------------------------------|------------|----------|-----|
| General Manager               | 1          | 1        | 2:  |
| Safety Manager                | 1          |          | 1   |
| Operations - Manager          | 1          | 1        | 2   |
| Operations - Dispatch Manager | 1          | 1        | 2   |
| Operations - Coordinator      | 1          |          | 1   |
| Drivers                       | 22         | 9        | 31  |
| Mechanics/Shop Supervisor     | 4          | 1        | 5   |
| Yard Support                  | 3          | 1        | 4   |
| Admin Support                 | 3          | 1        | 4   |
| Sales Personnel               | _ 2        | 1        | 3   |
|                               | 39         | 16       | 55  |

| Key Personnel:   | Title      | Location   | Tenure   |
|------------------|------------|------------|----------|
| Ray Mills        | Gen Mgr    | St Gabriel | 11 Years |
| Don Witherwax    | Gen Mgr    | Westlake   | 5 Years  |
| Tillmon Cox      | Safety Mgr | St Gabriel | 3 Years  |
| Nicholas Holt    | Ops Mgr    | St Gabriel | 8 Years  |
| Marcus Duplechin | Ops Mgr    | Westlake   | 4 Years  |

| Regulatory Contacts: | Title                  | Location   | Phone        |
|----------------------|------------------------|------------|--------------|
| Ray Mills            | Gen Mgr - St Gabriel   | St Gabriel | 225-921-8671 |
| Rex Walker           | Director of Safety     | Houston    | 281-831-5502 |
| Steve Howard         | Director Environmental |            |              |
|                      | Compliance             | Houston    | 281-409-9204 |

| Terminal Information-   | St Gabriel                           | Westlake   |  |  |
|-------------------------|--------------------------------------|--|--|--|
| First Open for Business | 2012                                 | 2017   |  |  |
| Address                 | 3915 Hwy 30, St Gabriel, LA<br>70776 | 3222 Cities Services Hwy 105<br>Westlake, LA 70669 |  |  |
| Owned Leased            | Owned                                | Owned  |  |  |
| Size                    | 5 Acres                              | 8.18 Acres   |  |  |

#### Other information -

| Outside CPA Firm  | Jain & Jain, PC, CPAs - 77 Sugar Creek Blvd, Suite 410, Sugar Land, TX 77478 |
|-------------------|--|
|                   | Marionneaux Kantrow, LLC - 10202 Jefferson Hwy, Bldg C, Baton Rouge, LA      |
| Louisiana Counsel | 70809 - 225-769-7473   |
|                   | Ewing & Jones PLLC - 6363 Woodway, Sutie 1000, Houston, TX 77057 - 713-      |
| Texas Counsel     | 590-9669   |

| Year | Make                | Model   | Туре          | Location   | Unit# |
|------|---------------------|---------|---------------|------------|-------|
| 2012 | KENWORTH            | TRACTOR | WINCH         | St Gabriel | 3204  |
| 2016 | FREIGHTLINER        | TRACTOR | WINCH         | St Gabriel | 3601  |
| 2016 | FREIGHTLINER        | TRACTOR | WINCH         | Westlake   | 3602  |
| 2020 | MACK                | TRACTOR | ROLLOFF       | St Gabriel | 4015  |
| 2012 | KENWORTH            | TRACTOR | ROLLOFF       | St Gabriel | 4212  |
| 2012 | FREIGHTLINER        | TRACTOR | ROLLOFF       | St Gabriel | 4214  |
| 2015 | FREIGHTLINER        | TRACTOR | ROLLOFF       | Westlake   | 4404  |
| 2015 | FREIGHTLINER        | TRACTOR | ROLLOFF       | Westlake   | 4517  |
| 2017 | KENWORTH            | TRACTOR | ROLLOFF       | St Gabriel | 4714  |
| 2017 | KENWORTH            | TRACTOR | ROLLOFF       | St Gabriel | 4834  |
| 2017 | KENWORTH            | TRACTOR | ROLLOFF       | Westlake   | 4838  |
| 2017 | KENWORTH            | TRACTOR | ROLLOFF       | Westlake   | 4844  |
| 2019 | MACK                | TRACTOR | ROLLOFF       | St Gabriel | 4917  |
| 2019 | MACK                | TRACTOR | ROLLOFF       | St Gabriel | 4918  |
| 2010 | DRAGON              | TRAILER | ROLL OFF      | St Gabriel | 5004  |
| 2010 | DRAGON              | TRAILER | ROLL OFF      | St Gabriel | 5005  |
| 2010 | DRAGON              | TRAILER | ROLL OFF      | Westlake   | 5006  |
| 2011 | DRAGON              | TRAILER | ROLL OFF      | St Gabriel | 5105  |
| 2011 | TRAVIS              | TRAILER | DUMP          | St Gabriel | 5134  |
| 2001 | FONTAINE            | TRAILER | DROPDECK      | St Gabriel | 5138  |
| 2011 | DRAGON              | TRAILER | ROLL OFF      | St Gabriel | 5143  |
| 2011 | DRAGON              | TRAILER | ROLL OFF      | St Gabriel | 5144  |
| 2011 | DRAGON              | TRAILER | ROLL OFF      | St Gabriel | 5145  |
| 2011 | DRAGON              | TRAILER | ROLL OFF      | St Gabriel | 5146  |
| 2011 | DRAGON              | TRAILER | ROLL OFF      | Westlake   | 5147  |
| 2011 | DRAGON              | TRAILER | ROLL OFF      | Westlake   | 5148  |
| 2013 | DRAGON              | TRAILER | ROLL OFF      | St Gabriel | 5303  |
| 2013 | DRAGON              | TRAILER | ROLL OFF      | St Gabriel | 5305  |
| 2013 | DRAGON              | TRAILER | DOUBLE HAULER | St Gabriel | 5307  |
| 2013 | DRAGON              | TRAILER | DOUBLE HAULER | St Gabriel | 5309  |
| 2013 | DRAGON              | TRAILER | DOUBLE HAULER | St Gabriel | 5309  |
| 2013 | TRAVIS              | TRAILER | DUMP          | St Gabriel | 5319  |
| 2013 | TRAVIS              | TRAILER | DUMP          | St Gabriel | 5320  |
| 2014 | DRAGON              | TRAILER | ROLL OFF      | Westlake   | 5417  |
| 2014 | DRAGON <sup>-</sup> | TRAILER | ROLL OFF      | Westlake   | 5427  |
| 2014 | DRAGON              | TRAILER | ROLL OFF      | St Gabriel | 5428  |
| 2014 | DRAGON              | TRAILER | ROLL OFF      | Westlake   | 5432  |
| 2015 | DRAGON              | TRAILER | ROLL OFF      | St Gabriel | 5507  |
| 2015 | DRAGON              | TRAILER | ROLL OFF      | St Gabriel | 5511  |
| 2015 | DRAGON              | TRAILER | ROLL OFF      | St Gabriel | 5514  |
| 2017 | DRAGON              | TRAILER | ROLL OFF      | St Gabriel | 5604  |
| 2017 | DRAGON              | TRAILER | ROLL OFF      | St Gabriel | 5605  |
| 2017 | DRAGON              | TRAILER | ROLL OFF      | St Gabriel | 5606  |
| 1997 | GREAT DANE          | TRAILER | FLATBED       | St Gabriel | 5705  |
| 2008 | UTILITY             | TRAILER | UTILITY       | St Gabriel | 5805  |
| 2013 | FORD                | TRUCK   | PICK-UP       | St Gabriel | 6227  |

| Year | Make         | Model   | Туре     | Location   | Unit#    |
|------|--------------|---------|----------|------------|----------|
| 2014 | DODGE        | TRUCK   | PICK-UP  | St Gabriel | 6428     |
| 2015 | CHEVROLET    | TRUCK   | PICK-UP  | St Gabriel | 6511     |
| 2015 | ISUZU        | TRUCK   | FLATBED  | Westlake   | 6520     |
| 2009 | FORD         | TRUCK   | FLATBED  | St Gabriel | 6903     |
| 2022 | FREIGHTLINER | TRACTOR | DAYCAB   | Westlake   | 7221     |
| 2012 | FREIGHTLINER | TRACTOR | DAYCAB   | Westlake   | 7302     |
| 2013 | FREIGHTLINER | TRACTOR | DAYCAB   | St Gabriel | 7304     |
| 2023 | KENWORTH     | TRACTOR | SLEEPER  | St Gabriel | 7310     |
| 2014 | FREIGHTLINER | TRACTOR | SLEEPER  | St Gabriel | 7403     |
| 2014 | FREIGHTLINER | TRACTOR | SLEEPER  | St Gabriel | 7407     |
| 2015 | KENWORTH     | TRACTOR | DAYCAB   | St Gabriel | 7511     |
| 2015 | FREIGHTLINER | TRACTOR | DAYCAB   | St Gabriel | 7515     |
| 2015 | FREIGHTLINER | TRACTOR | SLEEPER  | St Gabriel | 7519     |
| 2015 | FREIGHTLINER | TRACTOR | DAYCAB   | St Gabriel | 7522     |
| 2015 | FREIGHTLINER | TRACTOR | DAYCAB   | St Gabriel | 7523     |
| 2015 | FREIGHTLINER | TRACTOR | DAYCAB   | St Gabriel | 7536     |
| 2016 | FREIGHTLINER | TRACTOR | DAYCAB   | St Gabriel | 7609     |
| 2016 | FREIGHTLINER | TRACTOR | DAYCAB   | St Gabriel | 7610     |
| 2016 | FREIGHTLINER | TRACTOR | DAYCAB   | St Gabriel | 7611     |
| 2018 | KENWORTH     | TRACTOR | SLEEPER  | St Gabriel | 7801     |
| 2018 | KENWORTH     | TRACTOR | SLEEPER  | St Gabriel | 7802     |
| 2018 | KENWORTH     | TRACTOR | SLEEPER  | St Gabriel | 7803     |
| 2018 | KENWORTH     | TRACTOR | SLEEPER  | St Gabriel | 7804     |
| 2019 | FREIGHTLINER | TRACTOR | DAYCAB   | Westlake   | 7910     |
| 2019 | FREIGHTLINER | TRACTOR | DAYCAB   | St Gabriel | 7911     |
| 2019 | FREIGHTLINER | TRACTOR | DAYCAB   | St Gabriel | 7912     |
| 2019 | FREIGHTLINER | TRACTOR | DAYCAB   | Westlake   | 7914     |
| 2019 | FREIGHTLINER | TRACTOR | DAYCAB   | St Gabriel | 7919     |
| 2019 | FREIGHTLINER | TRACTOR | DAYCAB   | St Gabriel | 7921     |
| 2019 | FREIGHTLINER | TRACTOR | DAYCAB   | St Gabriel | 7924     |
| 2019 | FREIGHTLINER | TRACTOR | DAYCAB   | St Gabriel | 7931     |
| 2019 | FREIGHTLINER | TRACTOR | DAYÇAB   | Westlake   | 7933     |
| 2019 | FREIGHTLINER | TRACTOR | DAYCAB   | St Gabriel | 7934     |
| 2019 | FREIGHTLINER | TRACTOR | DAYCAB   | Westlake   | 7938     |
| 2013 | WILSON       | TRAILER | DROPDECK | Westlake   | 5325DD   |
| 2018 | DRAGON       | TRAILER | ROLL OFF | Westlake   | 5822DH   |
| 2018 | DRAGON       | TRAILER | ROLL OFF | Westlake   | 5823DH   |
| 2018 | DRAGON       | TRAILER | ROLL OFF | St Gabriel | 5824DH   |
| 2018 | DRAGON       | TRAILER | ROLL OFF | St Gabriel | 5825DH   |
| 1999 | TRAVIS       | TRAILER | DUMP     | St Gabriel | BP23     |
| 1999 | UTILITY      | TRAILER | BOX VAN  | St Gabriel | BV4280   |
| 1998 | WABASH       | TRAILER | BOX VAN  | St Gabriel | BV8019   |
| 2008 | UTILITY      | TRAILER | BOX VAN  | St Gabriel | BV9304   |
| 2017 | BULK         | TRAILER | VACUUM   | St Gabriel | CVT-1613 |
| 2008 | TRAVIS       | TRAILER | DUMP     | St Gabriel | D811     |
| 2008 | TRAVIS       | TRAILER | DUMP     | St Gabriel | D812     |

| Year | Make          | Model   | Type               | Location   | Unit#  |
|------|---------------|---------|--------------------|------------|--------|
| 2017 | DRAGON        | TRAILER | DUMP               | St Gabriel | ED6586 |
| 2016 | DRAGON        | TRAILER | DUMP               | St Gabriel | ED6623 |
| 2014 | LARK          | TRAILER | EMERG RESPONSE     | St Gabriel | ER05   |
| 2019 | LARK          | TRAILER | EMERG RESPONSE     | Westlake   | ER11   |
| 2012 | BENSON        | TRAILER | POLY TANK          | St Gabriel | PDT02  |
| 2011 | DRAGON        | TRAILER | ROLL OFF           | St Gabriel | RT1843 |
| 2011 | DRAGON        | TRAILER | ROLL OFF           | St Gabriel | RT1844 |
| 2008 | ISUZU         | TRUCK   | SEPTIC             | Westlake   | S109   |
| 2022 | BULK          | TRAILER | VACUUM - STAINLESS | Westlake   | SS1139 |
| 2022 | BULK          | TRAILER | VACUUM - STAINLESS | Westlake   | SS1141 |
| 2017 | BULK          | TRAILER | VACUUM - STAINLESS | St Gabriel | SS2428 |
| 2014 | <u>π</u>      | TRAILER | VACUUM - STAINLESS | St Gabriel | SS7003 |
| 2015 | DRAGON        | TRAILER | VACUUM - STAINLESS | St Gabriel | SS8043 |
| 2019 | POPULAR       | TRAILER | UTILITY - TANDEM   | St Gabriel | UT42   |
| 2015 | INTERNATIONAL | TRUCK   | SEPTIC             | Westlake   | V6507  |
| 2012 | DRAGON        | TRAILER | VACUUM             | St Gabriel | VT202  |
| 2012 | DRAGON        | TRAILER | VACUUM             | St Gabriel | VT203  |
| 2012 | DRAGON        | TRAILER | VACUUM             | St Gabriel | VT203  |
| 2011 | GARCIA        | TRAILER | VACUUM             | St Gabriel | VT205  |
| 2012 | DRAGON        | TRAILER | VACUUM             | St Gabriel | VT209  |
| 2013 | DRAGON        | TRAILER | VACUUM             | St Gabriel | VT302C |
| 2013 | DRAGON        | TRAILER | VACUUM             | St Gabriel | VT304C |
| 2016 | DRAGON        | TRAILER | VACUUM             | St Gabriel | VT602C |
| 2016 | DRAGON        | TRAILER | VACUUM             | St Gabriel | VT603C |



## CERTIFICATE OF LIABILITY INSURANCE

7/1/2022

DATE (MM/DD/YYYY) 5/16/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

| If         | PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights t                                      | to th                 | ne ter                | rms and conditions of th  | e polic         | y, certain po                              | olicies may :                             |   |            |
|------------|--|-----------------------|-----------------------|---|-----------------|--|---|---|------------|
| _          | DUCER LOCKTON COMPANIES  | U (NE                 | cert                  | meate notaer in neu of St   | CONTACT NAME:   |  |   |   |            |
| rno        | 3657 BRIARPARK DRIVE, SU   | пте                   | 700                   |   | PHONE           |  |   | FAX<br>(A/C, No):   |            |
|            | HOUSTON TX 77042   | ,,,,,                 | , 00                  |   | E-MAIL          | Ext):                                      |   | (A/C, No):  |            |
|            | 866-260-3538   |                       |                       |   | ADDRE           |  |   |   | 1          |
|            |  |                       |                       |   |                 |  |   | RDING COVERAGE  | NAIC#      |
|            |  |                       |                       |   |                 |  |   | Insurance Company   | 13604      |
|            | Sprint Waste Services LP   |                       |                       |   |                 |  |   | Liability Company   | 38318      |
| 143        | 7871 P. O. Box 940820  |                       |                       |   |                 |  |   | urance Company  | 22945      |
|            | Houston TX 77094-7820  |                       |                       |   | INSURE          | <sub>R D :</sub> Argonai                   | ut-Midwest                                | Insurance Company   | 19828      |
|            |  |                       |                       |   | INSURE          | RE:  |   |   |            |
|            |  |                       |                       |   | INSURE          | RF:  |   |   |            |
| _          |  |                       |                       | NUMBER: 1854270   |                 |  |   |   | XXXXX      |
| IV<br>C    | HIS IS TO CERTIFY THAT THE POLICIES<br>IDICATED. NOTWITHSTANDING ANY RI<br>ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH | EQUIF<br>PERT<br>POLI | REME<br>AIN,<br>CIES. | NT, TERM OR CONDITION<br>THE INSURANCE AFFORDI<br>LIMITS SHOWN MAY HAVE | OF AN'<br>ED BY | Y CONTRACT<br>THE POLICIE:<br>REDUCED BY I | OR OTHER I<br>S DESCRIBEI<br>PAID CLAIMS. | DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALL                 | WHICH THIS |
| NSR<br>LTR |  | INSO                  | SUBR<br>WD            | POLICY NUMBER   |                 | POLICY EFF<br>(MM/DD/YYYY)                 | POLICY EXP<br>(MM/DD/YYYY)                | LIMITS  |            |
| Α          | X COMMERCIAL GENERAL LIABILITY   | Y                     | Y :                   | 1000067423211   |                 | 7/1/2021                                   | 7/1/2022                                  | EACH OCCURRENCE \$ 1,0  | 00,000     |
|            | CLAIMS-MADE X OCCUR  |                       |                       |   |                 |  |   | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100                  | 0,000      |
|            | X Deductible \$5,000   |                       | '                     |   |                 | '  |   | MED EXP (Any one person) \$ 50,                                   | 000        |
|            |  |                       |                       |   |                 |  |   | PERSONAL & ADV INJURY \$ 1,0                                      | 00,000     |
|            | GEN'L AGGREGATE LIMIT APPLIES PER:   |                       | <u> </u>              |   |                 | j  |   | GENERAL AGGREGATE \$ 2,0  | 00,000     |
|            | POLICY PRO- LOC  |                       |                       |   |                 |  |   | PRODUCTS - COMP/OP AGG \$ 2.0                                     | 00,000     |
|            | OTHER:   |                       |                       |   |                 |  |   | s   |            |
| В          | AUTOMOBILE LIABILITY   | Y                     | Y                     | 1000636738211   |                 | 7/1/2021                                   | 7/1/2022                                  | COMBINED SINGLE LIMIT 5 1,0                                       | 00,000     |
|            | X ANY AUTO   |                       |                       |   |                 |  |   |   | XXXXX      |
|            | OWNED AUTOS ONLY X AUTOS X NON-OWNED   |                       |                       |   |                 |  |   |   | XXXXX      |
|            | X HIRED X NON-OWNED AUTOS ONLY   |                       |                       |   |                 |  |   | DDODEDD/D11110C   | XXXXX      |
|            | X MCS - 90   |                       |                       |   |                 |  |   | 1. 0, 200.20.11   | XXXXX      |
| Α          | X UMBRELLA LIAB X OCCUR  | Y                     | Y                     | 1000336927211   |                 | 7/1/2021                                   | 7/1/2022                                  |   | 000,000    |
|            | X EXCESS LIAB CLAIMS-MADE  | ^                     | •                     | 1000330,27211   |                 | 17172021                                   | 11 11 2022                                |   | 000,000    |
|            | DED RETENTIONS   | 1                     |                       |   |                 |  |   |   | XXXXX      |
| _          | WORKERS COMPENSATION   |                       | Y                     | ***************************************                                 |                 |  |   | X PER OTH-  |            |
| C          | AND EMPLOYERS' LIABILITY   |                       | •                     | 0001225797 (TX)<br>92-876-834947-4 (LA/VA)                              |                 | 7/1/2021<br>  7/1/2021                     | 7/1/2022<br>7/1/2022                      |   | 00.000     |
| _          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  | N/A                   |                       | ,   |                 |  |   |   | 00,000     |
|            | (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  | ł                     |                       |   |                 |  |   | E.L. DISEASE - EA EMPLOYEE \$ 1,0                                 |            |
| _          | Contractor's Pollution   | 77                    | 7,                    | 1000067407777   |                 | 7/1 /2021                                  | 7/1/0000                                  | E.L. DISEASE - POLICY LIMIT   S 1.0<br>\$2,000,000 Per Occurrence | 00,000     |
| Α          | Liability  | Y                     | Y                     | 1000067423211   |                 | 7/1/2021                                   | 7/1/2022                                  | \$2,000,000 Per Occurrence<br>\$2,000,000 Per Aggregate           |            |
| DES        | I<br>CRIPTION OF OPERATIONS / LOCATIONS / VEHIC  | LES (A                | CORD                  | 101, Additional Remarks Schedul   | e, may b        | e attached if more                         | space is require                          | ed)   |            |
| The        | General Aggregate applies per written contr  | act.                  |                       |   | • •             |  |   |   |            |
|            |  |                       |                       |   |                 |  |   |   |            |
|            |  |                       |                       |   |                 |  |   |   |            |
|            |  |                       |                       |   |                 |  |   |   |            |
|            |  |                       |                       |   |                 |  |   |   |            |
|            |  |                       |                       |   |                 |  |   |   |            |
| CE         | PTIEICATE UNI DEP  |                       |                       |   | CANC            | TELL ATION                                 | Sac Atta                                  | ahmant  |            |
| UE         | RTIFICATE HOLDER   |                       |                       |   | CANC            | ELLATION                                   | See Atta                                  | ciniicut  |            |
|            | 18542705 Louisiana Public Service Commi  | cein                  | n                     |   | SHO             | ULD ANY OF 1                               | THE ABOVE D                               | ESCRIBED POLICIES BE CANCEL                                       | LED BEFORE |
|            | PO Box 91154   | OSIOI                 |                       |   | THE             | EXPIRATION                                 | DATE THE                                  | REOF, NOTICE WILL BE DE   |            |
|            | Baton Rouge LA 70821   |                       |                       |   | ACC             | ORDANCE WI                                 | TH THE POLIC                              | Y PROVISIONS.   |            |
|            |  |                       |                       |   | ALITA           | NITED DESCRIP                              | APP A TRUMP                               |   |            |
|            |  |                       |                       |   | AUTHO           | RIZED REPRESEI                             | NIALIVE                                   | -2/11   |            |



### CERTIFICATE OF LIABILITY INSURANCE

7/1/2022

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DATE (MM/DD/YYYY) 6/23/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

|             | SUBROGATION IS WAIVED, subject<br>is certificate does not confer rights t   |        |             |  |   |                      |   | require an endorsement                          | . A st        | atement on      |
|-------------|---|--------|-------------|--|---|----------------------|---|---|---------------|-----------------|
|             | DUCER LOCKTON COMPANIES   | - 1110 | 00,0        |  | CONTA<br>NAME:                              |                      | <u>r</u>                                  |   |               |                 |
|             | 3657 BRIARPARK DRIVE, SU  | ITE '  | 700         |  | PHONE                                       |                      |   | FAX   |               |                 |
|             | HOUSTON TX 77042  |        |             |  | (A/C, No, Ext): (A/C, No):  E-MAIL ADDRESS: |                      |   |   |               |                 |
|             | 866-260-3538  |        |             |  | ADDRE                                       |                      |   |   |               |                 |
|             |   |        |             |  |   |                      |   | IDING COVERAGE                                  |               | NAIC#           |
| INGI        | RED G : IN G : ID   |        |             |  |   |                      |   | Insurance Company                               |               | 13604           |
|             | 7071 Sprint Waste Services LP   |        |             |  |   |                      |   | Liability Company                               |               | 38318           |
|             | P. O. Box 940820<br>Houston TX 77094-7820                                   |        |             |  |   |                      |   | urance Company Insurance Company                |               | 22945<br>19828  |
|             | 1100stoll 1X 77034-7620   |        |             |  |   |                      | ut-Mawest                                 | insurance Company                               |               | 19828           |
|             |   |        |             |  | INSURE                                      |                      |   |   |               |                 |
|             | VERAGES CER   | TIEI   | ATE         | NUMBER: 1591557                            | INSURE                                      | RF:                  |   | DEVICION NUMBER                                 | vv            | VVVVV           |
|             | HIS IS TO CERTIFY THAT THE POLICIES   |        |             |  |   | N ISSUED TO          |   | REVISION NUMBER:                                |               | XXXXX           |
| 11/         | IDICATED. NOTWITHSTANDING ANY RE  | QUIF   | REME        | NT, TERM OR CONDITION                      | OF AN                                       | Y CONTRACT           | OR OTHER I                                | DOCUMENT WITH RESPEC                            | OT TO         | WHICH THIS      |
| C           | ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH         | PERT   | AIN,        | THE INSURANCE AFFORDI                      | ED BY                                       | THE POLICIE          | S DESCRIBE                                | D HEREIN IS SUBJECT TO                          | ALL 1         | THE TERMS,      |
| INSR<br>LTR |   |        | SUBR<br>WVD |  | DECIN                                       |                      | POLICY EXP<br>(MM/DD/YYYY)                |   |               |                 |
|             |   |        | 1 1         | POLICY NUMBER                              |   | l .                  |   | LIMITS  |               | 20.000          |
| Α           | CLAIMS-MADE X OCCUR   | N      | N           | 1000067423211                              |   | 7/1/2021             | 7/1/2022                                  | DAMAGE TO DENTED                                |               | 00,000          |
|             | <del></del>   |        |             |  |   |                      |   | -   | \$ 100        | •               |
|             | X Deductible \$5,000  |        |             |  |   |                      |   | MED EXP (Any one person)                        | s 50,0        |                 |
|             | OSAW ACCRECATE LINE APPLIES DES   |        |             |  |   |                      |   | PERSONAL & ADV INJURY                           |               | 00,000          |
|             | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC                     |        |             |  |   |                      |   |   |               | 00,000          |
|             |   |        |             |  |   |                      |   |   | \$ <u>Z,U</u> | 00,000          |
| В           | OTHER: AUTOMOBILE LIABILITY   | Υ      | Υ           | 1000636738211                              |   | 7/1/2021             | 7/1/2022                                  | 60100150 0010151 002                            |               | 20.000          |
|             | X ANY AUTO  | 1      | 1           | 1000030730211                              |   | 11112021             | 11 11 2022                                |   |               | 00,000<br>XXXXX |
|             | OWNED SCHEDULED   |        |             |  |   |                      |   | ' ' '   |               |                 |
|             | IV I HIRED IV I NON-OWNED   |        |             |  |   |                      |   | <del></del>                                     |               | XXXXX<br>XXXXX  |
|             | X MCS - 90  |        |             |  |   |                      |   | (Per accident)                                  |               | XXXXX           |
| A           | X UMBRELLA LIAB X OCCUR   | Y      | Y           | 1000336927211                              |   | 7/1/2021             | 7/1/2022                                  |   |               | 000,000         |
| Λ           | X EXCESS LIAB CLAIMS-MADE   | 1      | *           | 1000330927211                              |   | 77172021             | 11112022                                  |   |               | 000,000         |
|             | DED RETENTION\$   |        |             |  |   |                      |   |   |               | XXXXX           |
| _           | WORKERS COMPENSATION  |        | Y           | 0001005707 (TV)                            |   | 7/1/2021             | 7/1/2022                                  | X PER OTH-                                      | * 77          | AAAAA           |
| C           | AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N             |        | -           | 0001225797 (TX)<br>92-876-834947-4 (LA/VA) |   | 7/1/2021<br>7/1/2021 | 7/1/2022<br>7/1/2022                      |   | \$ 1.00       | 00,000          |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A    |             |  |   |                      |   | E.L. DISEASE - EA EMPLOYEE                      |               |                 |
|             | If yes, describe under<br>DESCRIPTION OF OPERATIONS below                   | •      |             |  |   |                      | ,   |   |               | 00.000          |
| A           | Contractor's Pollution  | N      | N           | 1000067423211                              |   | 7/1/2021             | 7/1/2022                                  | \$2,000,000 Per Occurrence                      |               | 30,000          |
|             | Liability   |        |             |  |   |                      |   | \$2,000,000 Per Aggregate                       |               |                 |
|             |   |        |             |  |   | l                    |   |   |               |                 |
| DES         | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC                                  | ES (A  | CORD        | 101, Additional Remarks Schedul            | e, may b                                    | e attached if more   | space is require                          | ed)   |               |                 |
| The         | General Aggregate applies per written contr                                 | ict.   |             |  |   |                      |   |   |               |                 |
|             |   |        |             |  |   |                      |   |   |               |                 |
|             |   |        |             |  |   |                      |   |   |               |                 |
|             |   |        |             |  |   |                      |   |   |               |                 |
|             |   |        |             |  |   |                      |   |   |               |                 |
|             |   |        |             |  |   |                      |   |   |               |                 |
| CE          | RTIFICATE HOLDER  |        |             |  | CANO  | ELLATION             | See Attac                                 | chment  |               |                 |
|             | 15915579  |        |             |  |   | -                    |   |   |               |                 |
|             | For Evidence Purposes Only  |        |             |  |   |                      |   | escribed policies be ca<br>Ereof, notice will e |               |                 |
|             |   |        |             |  |   |                      |   | Y PROVISIONS.                                   | 021           | TATIVED IM      |
|             |   |        |             |  |   |                      |   |   |               |                 |
|             |   |        |             |  | AUTHO                                       | RIZED REPRESE        | NTATIVE                                   | ->Kell  |               |                 |
|             |   |        |             |  |   |                      | $\langle \mathcal{K} \mathcal{T} \rangle$ | -FKella   |               |                 |

| Licenses and Permits                          | Number (if applicable) |
|---|------------------------|
| General ,                                     | -                      |
| Federal Tax ID #                              | 20-4435522             |
| US DOT #                                      | 1941213                |
| Operating Authority                           | MC744970               |
| IFTA License                                  | TX20443552215          |
| Standard Carrier Alpha Code (SCAC)            | SWVH                   |
| BOC-3-Evilsizor Transportation Services LLC   | (888-718-0709)         |
| TXDMV#  | 006120326C             |
| UCR (Unified Carrier Registration)            | USDOT 1941213          |
| TCEQ Transporter ID#                          | 88036                  |
| EPA ID#                                       | TXR000076257           |
| TRRC WHP permit # RRC                         | WH-4672                |
| TRRC WHP permit # HaulerP-5# RRC              | 810698                 |
| Sludge Transporter Registration#              | 23833                  |
| TCEQ  | CN603124272            |
| TCEQ  | RN105115554            |
| Hazardous Material Registration #             | 032409 550 01QS        |
| Asbestos Transporter                          | 400418                 |
| City of Houston Sludge                        | 908                    |
| Alliance HM Permit                            | UPM-01941213-OK        |
| Illinois                                      | 5306-3                 |
| Tennessee                                     | TXR000076257           |
| Arkansas Permit #                             | H-1614C                |
| Colorado                                      | MHMP-21166             |
| Kansas  | TXR000076257           |
| Alabama                                       | TXR000076257           |
| Pennsylvania Haz Hauling Permit               | PA-AH 0860             |
| South Carolina                                | TXR000076257           |
| Louisiana                                     |                        |
| LA PUC License                                | 7752-A                 |
| St. Gabriel LA Business License               | 20332                  |
| Calcasieu Parish Police Jury Business License |                        |
| Certificate (Westlake/ Sulphur)               | OCC-000037             |

5/13/22, 9:19 AM · LaTAP









Mar-31-2022

| Inspection & | Processed      |
|--------------|----------------|
| Supervision  | Confirmation # |
|              | A 400 374 040  |

0-465-271-616

Mar-31-2022

Excise - Insp/Supv
14:25:31 by Jodi Wilson

1737931-001-760

SPRINT WASTE SERVICES LP
0-465-271-616

Submitted Apr-13-2022

14:25:31 by Jodi Wilson

03:10:40

Inspection/Supervision Return

Return Paid Preparer Information Review and Submit

# Inspection and Supervision Fee

| 1. | Total intrastate gross receipts for the calendar year | 687,436.00 |  |
|----|---|------------|--|
| 2. | Total fee   | 2,500.33   |  |
| 3. | Less total fee from prior quarter                     | 0.00       |  |
| 4. | Net fee due   | 2,500.33   |  |
| 5. | Penalty   | 0.00       |  |
| 6. | Interest  | 0.00       |  |

7. Total Due \_\_\_\_\_\_\_ 2,500.33

< Previous Next >



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#### < Returns

Mar-31-2022

Excise - Insp/Supv 1737931-001-760 SPRINT WASTE SERVICES LP Balance

\$0.00

- > Make a Payment
- > File or Amend a Return

#### Period

| Summary |              |
|---------|--------------|
| Tax     | \$2,500.33   |
| Credit  | (\$2,500.33) |
| Balance | \$0.00       |

# **Period Activity**

| Apr-13-2022 | Processed        | Return Payment for \$2,50 |
|-------------|------------------|---------------------------|
| Apr-13-2022 | Processed        | Return filed              |
| Apr-13-2022 | Ontime-Processed | Inspection & Supervision  |
| Apr-13-2022 | Payment posted   | Payment for \$2,500.33    |



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く Dec-31-2021

# Inspection & Supervision

Dec-31-2021

Excise - Insp/Supv

1737931-001-760

SPRINT WASTE SERVICES LP

## **Processed**

Confirmation # 0-769-200-960

23:57:54

Submitted Jan-13-2022 09:47:06 by Jodi Wilson

Processed Jan-13-2022

## Inspection/Supervision Return

Return

Paid Preparer Information

Review and Submit

# Inspection and Supervision Fee

| 1. | Total intrastate gross receipts for the calendar year | 2,442,968.00 |
|----|---|--------------|
| 2. | Total fee   | 5,809.38     |
| 3. | Less total fee from prior quarter                     | 4,417.06     |
| 4. | Net fee due   | 1,392.32     |
| 5. | Penalty   | 0.00         |
| 6. | Interest  | 0.00         |

| 7. | Total Due | *************************************** | 1,392.32 |
|----|-----------|---|----------|
|    |           |   |          |

| - | -        | 1 | <del></del> - |   |
|---|----------|---|---------------|---|
| < | Previous | 5 | Next          | > |
|   |          |   | Į.            |   |



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#### ≺ Returns

Dec-31-2021

Excise - Insp/Supv 1737931-001-760 SPRINT WASTE SERVICES LP Balance

\$0.00

- > Make a Payment
- > File or Amend a Return

#### Period

| \$1,392.32   |
|--------------|
| (\$1,392.32) |
| \$0.00       |
|              |

# **Period Activity**

| Jan-13-2022 | Processed        | Return filed              |
|-------------|------------------|---------------------------|
| Jan-13-2022 | Processed        | Return Payment for \$1,35 |
| Jan-13-2022 | Ontime-Processed | Inspection & Supervision  |
| Jan-13-2022 | Payment posted   | Payment for \$1,392.32    |
|             |                  |                           |



home about tax fraud faq calendar contact











⟨ Sep-30-2021

| Inspection &  | Processed      |
|---------------|----------------|
| Supervision   | Confirmation # |
| paper risier. | U_08£_30U_4UU  |

0-985-390-400 Sep-30-2021 Submitted Oct-18-2021 Excise - Insp/Supv 14:50:58 by Jodi Wilson 1737931-001-760 Processed Oct-19-2021

SPRINT WASTE SERVICES LP

## Inspection/Supervision Return

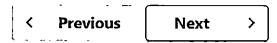
Return Paid Preparer Information

02:31:09

Review and Submit

# Inspection and Supervision Fee

|    | •   |              |
|----|---|--------------|
| 1. | Total intrastate gross receipts for the calendar year | 1,619,241.00 |
| 2. | Total fee   | 4,417.06     |
| 3. | Less total fee from prior quarter                     | 3,385.53     |
| 4. | Net fee due   | 1,031.53     |
| 5. | Penalty   | 0.00         |
| 6. | Interest  | 0.00         |





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#### < Returns

Sep-30-2021

Excise - Insp/Supv

1737931-001-760 SPRINT WASTE SERVICES LP Balance

\$0.00

- > Make a Payment
- > File or Amend a Return

## **Period**

| Summary |              |
|---------|--------------|
| Tax     | \$1,031.53   |
| Credit  | (\$1,031.53) |
| Balance | \$0.00       |
|         |              |

# **Period Activity**

| Oct-18-2021 | Processed        | Return Payment for \$1,03 |
|-------------|------------------|---------------------------|
| Oct-18-2021 | Processed        | Return filed              |
| Oct-18-2021 | Ontime-Processed | Inspection & Supervision  |
| Oct-18-2021 | Payment posted   | Payment for \$1,031.53    |



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√ Jun-30-2021

| Inspection  | & |
|-------------|---|
| Supervision | n |

Jun-30-2021

Excise - Insp/Supv

1737931-001-760

SPRINT WASTE SERVICES LP

## **Processed**

Confirmation # 0-691-971-392

Submitted Jul-12-2021 13:32:28 by Jodi Wilson

Processed Jul-13-2021

02:43:25

## Inspection/Supervision Return

Return

Paid Preparer Information

**Review and Submit** 

# Inspection and Supervision Fee

|    | •   |              |
|----|---|--------------|
| 1. | Total intrastate gross receipts for the calendar year | 1,076,333.00 |
| 2. | Total fee   | 3,385.53     |
| 3. | Less total fee from prior quarter                     | 2,019.15     |
| 4. | Net fee due   | 1,366.38     |
| 5. | Penalty   | 0.00         |

>

7. Total Due 1,366.38



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#### < Returns

Jun-30-2021

Excise - Insp/Supv 1737931-001-760

SPRINT WASTE SERVICES LP

Balance

\$0.00

- > Make a Payment
- > File or Amend a Return

#### Period

| Summary |              |
|---------|--------------|
| Tax     | \$1,366.38   |
| Credit  | (\$1,366.38) |
| Balance | \$0.00       |
|         |              |

# **Period Activity**

| Jul-12-2021 | Processed        | Return filed              |
|-------------|------------------|---------------------------|
| Jul-12-2021 | Processed        | Return Payment for \$1,36 |
| Jul-12-2021 | Ontime-Processed | Inspection & Supervision  |
| Jul-12-2021 | Payment posted   | Payment for \$1,366.38    |



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く Mar-31-2022

## Trans/Comm

Mar-31-2022

Excise - Trans/Comm

1737931-001-880

SPRINT WASTE SERVICES LP

## **Processed**

Confirmation # 0-506-215-232

Submitted Apr-13-2022 14:36:07 by Jodi Wilson

Processed Apr-14-2022

03:10:40

## **Trans/Comm Return**

Return

Paid Preparer Information

Review Return

# **Excise Transportation and Communication**

| 1 | Total gross receipts                             | 687,436.00 |
|---|--|------------|
| 2 | Less total receipts meeting exemption            | 0.00       |
| 3 | Net receipts subject to tax (Line 1 -<br>Line 2) | 687,436.00 |
| 4 | Amount of tax (Multiply Line 3 by 2%)            | 13,749.00  |
| 5 | Penalty  | 0.00       |

>



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#### < Returns

Mar-31-2022

Excise - Trans/Comm 1737931-001-880 SPRINT WASTE SERVICES LP Balance

\$0.00

- > Make a Payment
- File or Amend a Return

## **Period**

# Summary

| Tax     | \$13,749.00   |
|---------|---------------|
| Credit  | (\$13,749.00) |
| Balance | \$0.00        |

# **Period Activity**

| Apr-13-2022 | Processed        | Return Payment for \$13,7 |
|-------------|------------------|---------------------------|
| Apr-13-2022 | Processed ·      | Return filed              |
| Apr-13-2022 | Ontime-Processed | Transportation & Commu    |
| Apr-13-2022 | Payment posted   | Payment for \$13,749.00   |



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C Dec-31-2021

# **Transportation &**

Communication Dec-31-2021

Excise - Trans/Comm 1737931-001-880 SPRINT WASTE SERVICES LP

## **Ontime-Processed**

> Amend

Due Jan-31-2022 Received Jan-13-2022

Return

Return

Paid Preparer Information

Review Return

# **Excise Transportation and Communication**

|   |   | ••         |
|---|---|------------|
| 1 | Total gross receipts                          | 823,727.00 |
| 2 | Less total receipts meeting exemption         | 0.00       |
| 3 | Net receipts subject to tax (Line 1 - Line 2) | 823,727.00 |
| 4 | Amount of tax (Multiply Line 3 by 2%)         | 16,475.00  |
| 5 | Penalty                                       | 0.00       |
| 6 | Interest                                      | 0.00       |
| 7 | Total due (Add Lines 4, 5, and 6)             | 16,475.00  |

**Previous** 

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#### **≺** Returns

Dec-31-2021

Excise - Trans/Comm 1737931-001-880

SPRINT WASTE SERVICES LP

Balance

\$0.00

- > Make a Payment
- > File or Amend a Return

#### Period

## **Summary**

Tax \$16,475.00 Credit (\$16,475.00) Balance \$0.00

# **Period Activity**

| for \$16,4 |
|------------|
| . Commı    |
| 475.00     |
|            |



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Sep-30-2021

## Trans/Comm

Sep-30-2021
Excise - Trans/Comm
1737931-001-880
SPRINT WASTE SERVICES LP

## **Processed**

Confirmation # 1-555-012-928 Submitted Oct-18-2021 14:52:54 by Jodi Wilson Processed Oct-19-2021 02:31:09

## Trans/Comm Return

Return Paid Preparer Information Review Return

# **Excise Transportation and Communication**

| _, |  |            |  |
|----|--|------------|--|
| 1  | Total gross receipts                             | 542,908.00 |  |
| 2  | Less total receipts meeting exemption            | 0.00       |  |
| 3  | Net receipts subject to tax (Line 1 -<br>Line 2) | 542,908.00 |  |
| 4  | Amount of tax (Multiply Line 3 by 2%)            | 10,858.00  |  |
| 5  | Penalty (V).                                     | 0.00       |  |

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#### **≺** Returns

Sep-30-2021

Excise - Trans/Comm 1737931-001-880 SPRINT WASTE SERVICES LP Balance

\$0.00

- > Make a Payment
- > File or Amend a Return

#### Period

## Summary

 Tax
 \$10,858.00

 Credit
 (\$10,858.00)

 Balance
 \$0.00

# **Period Activity**

| Oct-18 | -2021 | Processed        | Return Payment for \$10,8 |
|--------|-------|------------------|---------------------------|
| Oct-18 | -2021 | Processed        | Return filed              |
| Oct-18 | -2021 | Ontime-Processed | Transportation & Commu    |
| Oct-18 | -2021 | Payment posted   | Payment for \$10,858.00   |



home about tax fraud faq calendar contact











\ Jun-30-2021

## Trans/Comm

Jun-30-2021
Excise - Trans/Comm
1737931-001-880
SPRINT WASTE SERVICES LP

## **Processed**

Confirmation # 0-466-634-048 Submitted Jul-12-2021 13:22:37 by Jodi Wilson Processed Jul-13-2021 02:43:25

## Trans/Comm Return

Return

Paid Preparer Information

**Review Return** 

Next

**Previous** 

# **Excise Transportation and Communication**

| 1 | Total gross receipts                          | 568,440.00 |
|---|---|------------|
| 2 | Less total receipts meeting exemption         | 0.00       |
| 3 | Net receipts subject to tax (Line 1 - Line 2) | 568,440.00 |
| 4 | Amount of tax (Multiply Line 3 by 2%)         | 11,369.00  |
| 5 | Penalty                                       | 0.00       |

>



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#### < Returns

Jun-30-2021

Excise - Trans/Comm 1737931-001-880

SPRINT WASTE SERVICES LP

Balance

\$0.00

- > Make a Payment
- > File or Amend a Return

## **Period**

## **Summary**

| Tax     | \$11,369.00   |  |  |
|---------|---------------|--|--|
| Credit  | (\$11,369.00) |  |  |
| Balance | \$0.00        |  |  |

# **Period Activity**

| Jul-12-2021 | Processed        | Return Payment for \$11,3 |
|-------------|------------------|---------------------------|
| Jul-12-2021 | Processed        | Return filed              |
| Jul-12-2021 | Ontime-Processed | Transportation & Commu    |
| Jul-12-2021 | Payment posted   | Payment for \$11,369.00   |



home about tax fraud faq calendar contact





April 26, 2022

Louisiana Public Service Commission PO Box 91154 Baton Rouge, LA 70821-9154

Re: Motor Carrier Annual Report – LPSC # 7752-B (Formerly 7752-A)

Dear Commission,

I have attached the Motor Carrier Annual Report for the above referenced license.

As a point of clarification, and in a manner similar to the prior year report, on page 3, I included in lines 1-3 information specifically related to our Louisiana operation. We maintain a separate income statement for our Louisiana operation (about 13% of our total revenue is generated in Louisiana). It was suggested by the Commission that since we maintain separate accounts for our Louisiana operation it would be more appropriate to include only those operations in this section. The Balance Sheet information includes our entire Company's assets, liabilities and net worth.

If you have any questions, please feel free to contact me at 281-690-5015.

Sincerely,

Nabeel Shafi

Assistant Controller

STATE OF LOUISIANA LA Public Service Commission Post Office Box 91154 Baton Rouge, Louisiana 70821-9154

Telephone:

(225) 342-4439 or (888) 342-5717

LPSC Website: <u>lpsc.louisiana.gov</u>

The commission maintains a listing of all Intrastate Motor Carriers, which contains certain general information as requested on this form, which should be completed and immediately returned to this office. \*I understand the Commission must be notified in writing of any changes to our company's account. This is to inform the Commission of the following changes:

| OMPANY NAME*: SPRINT W   | PASTE SERVICE                          | S LP   | LPSC#: 7752-B  |
|--|--|--|--|
| If your company name has changed, you n  | aust contact this office to o          | btain the proper na                              | me change application.   |
|  | /                                      | (Y)  |  |
| NEW MAILING ADDRESS:   | / ,                                    |  |  |
|  |  |  |  |
| \  | 1 '                                    | $\mathcal{V}$ .                                  |  |
| NEW PHYSICAL ADDRESS:  | <del></del>                            | <del>\</del>                                     |  |
| TELEPHONE: ()  | F                                      | X:   |  |
| COLUMN COLUMN CONTRACTOR (   |  |  | 1  |
| OTHER CONTACT NUMBERS: (   | <del></del>                            | <del>-</del>                                     |  |
| EMAIL  |  | <u>'</u> @                                       |  |
| _  |  |  |  |
| COMPANY FEIN#  |  | ) /  |  |
| NOTE: To change your COMPANY TAX R   | EPORTING YEAR please                   | contact our office at                            | (225) 342-4439   |
| TYON AT COMPANY OTHERS OFF   | OFFIN AND OF BARRADED                  | C NED CENTA                                      |  |
| LIST ALL COMPANY OWNERS, OFFICOWNERShip changes must be filed with the LPSC. F | CERS AND/OR WEIVIBER                   | S and PERCENTAG                                  | GES OF OWNERSHIP: ("Note: All puropriate forms) or contact us via ultour |
| to request the form(s.)  | 1                                      |  | , proposition and a second and a second                                  |
| Name   | Title                                  | /  | Percentage of Ownership  |
|  | ☐ President or                         | / Member   |  |
|  | ☐ VicesPresident or                    | r / Member                                       |  |
|  | Secretary or                           | / Member   |  |
|  |  | <del>i                                    </del> |  |
| LIST ALL COMPANY REGULATOR   | OV CONTACTO FOR F                      | CHCATECODA                                       | PELOW.   |
| LIST ALL COMPANY REGULATOR   | XX CONTACTS FOR E                      | CH CALEGOR)                                      | BELOW:   |
| Name /   | Phone Number                           | Ema  | ail  |
| Annual Reports:  |  |  |  |
| Renewals:  |  |  |  |
| Insurance:   |  |  |  |
| All Other Regulatory:  |  |  |  |
|  |  | <del></del> ,-                                   | -  |
| LIST ALL COMPANY TERMINALS   | :                                      |  |  |
|  |  |  |  |
|  |  |  |  |
| understand that the information contained on this form ma                      | ly be shared with the Louisiana Depart | artment of Revenue for pu                        | poses of Inspection and Supervision Fees.                                |

### Louisiana Public Service Commission



#### POST OFFICE BOX 91154 BATON ROUGE, LOUISIANA 70821-9154

COMMISSIONERS

Craig Greene, , Chairman

Eric F. Skrmetta Vice Chairman

Telephone: (225) 342-4439 (888) 342-5717

BRANDON M. FREY Executive Secretary

Ipsc.louisiana.gov

KATHRYN H. BOWMAN Executive Counsel

District I
Foster L. Campbell
District V

District II

JOHNNY E. SNELLGROVE, JR Deputy Undersecretary

Lambert C. Boissiere III
District III
Mike Francis
District IV

November 2021

# LPSC ANNUAL COMPLIANCE PACKET

All needed & required reports, renewals, and other information that should be filed in the upcoming year.

#### To all LPSC Certificated Carriers:

#### This packet contains:

- Annual <u>2022 Renewal Forms due</u> in this office by *January 31, 2022*.
- Blank <u>2021 Annual Report</u> to be completed and returned to this office by *April 30<sup>th</sup>*, 2022 for carriers reporting on a calendar year or 120 days after the end of their fiscal year for those reporting on a previously accepted fiscal reporting year.
- If your company has made any changes to your address, phone numbers, email, etc.... you must notify the Commission in writing of the changes by using the T-33 form on the back of this letter.
- If your company is <u>no longer in business</u> or <u>no longer operates within the state of Louisiana</u> and you wish to <u>close</u> your account, <u>PLEASE CONTACT THIS OFFICE IMMEDIATELY</u> for instructions to cancel your authority (Form T-80) or you may print the form and instructions from our website.
- CARRIERS OF HOUSEHOLD GOODS, PASSENGERS, WASTE or SALTWATER: In addition to the above mentioned items we are strongly suggesting that your company review your current tariff (for Common Carriers Pursuant to tariff rules dated October 02, 2012) or contracts (for Contract Carriers) on file with the Commission. Your company is REQUIRED to charge only the rates in your published tariffs or contracts. A review of your most recent tariff/contract filings can be found on our website <a href="mailto:louisiana.gov">louisiana.gov</a> under "Document Access" then do a "Transportation Search". You may contact this office for more complete instructions.
- ALL CARRIERS You are required to keep your company's <u>Inspection & Supervision Fee filings</u>
   and payments up to date with the Louisiana Department of Revenue. If you need to contact LDR
   they can be reached by phone (855) 307-3893 (press Option 2 then Option 1) or email
   excise\_inquirles@la.gov



## Louisiana Public Service Commission

POST OFFICE BOX 91154 BATON ROUGE, LOUISIANA 70821-9154 Telephone: (888) 342-5717 (225) 342-4439

lpsc.louisiana.gov

## ANNUAL REPORT

## \*\*PLEASE NOTE THIS FORM HAS CHANGED\*\*

TO ALL INTRASTATE MOTOR CARRIERS AUTHORIZED TO TRANSPORT HOUSEHOLD GOODS, WASTE, PASSENGERS, CHARTER BUS SERVICES, AND NON-CONSENSUAL WRECKER/TOW SERVICES:

Attached you will find a blank Annual Report Form. If you misplace this form or need additional copies, you may print a copy from our website or contact this office to obtain another copy. IT IS THE CARRIER'S RESPONSIBILITY TO OBTAIN THE ANNUAL REPORT FORM EACH YEAR AND TO FILE IN A TIMELY MANNER.

IT IS REQUIRED THAT THE REPORT BE NOTARIZED and it is the CARRIER'S RESPONSIBILITY to be able to prove the report was mailed PRIOR to the due date. Use a certificate of mailing or certified mail receipt (Green Card) through the United States Postal Service OR by using FedEx or UPS to our physical address LPSC 602 North 5<sup>th</sup> Street; Baton Rouge, LA 70802. MAKE SURE TO KEEP YOUR RECEIPT and tracking number along with α completed copy of the annual report for your records.

The entire 4-page report properly completed and notarized must be received in this office on or before <u>April 30</u> of each year for those filing on a calendar year basis and one hundred twenty (120) days after the fiscal year has ended for those filing on a fiscal year basis as required by General Order 2 dated July 21, 1921 and General Order dated April 23, 2001 amended March 18, 2021.

Annual Reports received after the April 30<sup>th</sup> due date (or the 120-day date for fiscal carriers) are subject to a \$500.00 Late Filing Fee. If the carrier is cited an additional Citation Fee of \$25.00 will be added to the \$500 Late Fee.

An Extension may be requested <u>in writing prior</u> to the deadlines above. The request MUST include your company's name, address, LPSC number, reason for requested extension and length of extension desired. You will be notified in writing if your request was accepted or denied. In order to be granted an extension your account MUST be in full compliance.

Your correct certificate or permit number (LPSC #) or RI# (for Charter Buses) must be shown on the cover of your report along with your name as it appears on your certificate of authority.

### ANNUAL REPORT INSTRUCTIONS

- PAGE 1: COVER PAGE List any changes to the company address, telephone and/or fax numbers and email, as well as listing the reporting year and type of authority(s) you hold.
- PAGE 2: GENERAL BUSINESS SUMMARY \*\*IF YOUR BUSINESS HAS CLOSED YOU MUST CONTACT THIS OFFICE IMMEDIATELY!\*\*

Items 1-7 - List business name, LPSC number(s), company representative contact information in regards to the report including their title, email and phone numbers, type of company, ownership information and recent changes to company name and ownership.

Line 8 - List other business terminals or locations if you conduct business at a location not listed on page 1.

- <u>PAGE 3:</u> INCOME STATEMENT/BALANCE SHEET Companies should use an <u>accrual</u> basis for regulatory reporting to the LPSC. Using an accrual basis of accounting:
  - (1) Income is accounted for as it is <u>earned</u> (or when the <u>service is performed</u>), although the money may be received at a later date; and,
  - (2) Expenses are accounted for as they are incurred, although they may be paid at a later date.
  - Line I Please state the percentage of your revenue that is regulated intrastate\*. To get this percentage, divide total regulated intrastate operating revenues by company's total operating revenue earned (Total operating revenue is the total of both regulated and non-regulated revenues). For example, ABC, Inc. dba ABC Trucking had revenues from regulated intrastate operations of \$50,000 and total cumulative operating revenue of \$500,000; thus, \$50,000 + \$500,000 = .010 or 10%. Therefore, 10% of total operating revenue is from regulated intrastate operations. This percentage will also be used to prorate expenses. See item 2 on page 3.
    - \* Regulated Intrastate Operating Revenues should include only regulated revenues for intrastate motor carrier operations as outlined in your current certificate. <u>Do not include</u> revenues earned from non-carrier operations, for example dividends, interest received or miscellaneous revenues from (a) sales of commodities, equipment or real estate (b) furnishing other services not necessary to accomplish actual transportation service.
  - Note: Towing Companies regulated intrastate revenues = All revenue received as a result of a non-consensual tow.

    Waste & Saltwater Carriers regulated intrastate revenues = All revenue received as a result of for hire Waste & Saltwater transportation & disposal.

    Passenger Carriers regulated intrastate revenues = All revenue received as a result of operating 10 miles past your domiciled municipality.
    - Household Goods Movers regulated intrastate revenues = All revenue received as a result of a move within Louisiana.
  - Line 2 Total operating expenses should include all expenses relating to motor carrier operations including by not limited to office supplies, rent, utilities, advertising, other supplies and expenses, insurance, payroll and payroll related items, contract employees, accounting fees, lawyer fees, oil, lubricants and coolants, vehicle parts, vehicle maintenance, tires and tubes, fuel, etc. multiplied by intrastate percentage from line 1.
  - Line 3 Net Carrier Income: monetary figure showing if you had a profit or loss for the year. Total "Regulated Intrastate" Operating Revenue (Line 1 Column 1) Minus Total Intrastate Operating Expenses (Line 2 Column 3) (If your company had a loss, zeros and/or negative numbers will be acceptable, and you MUST explain on page 3 item #7)
  - Line 4 Total Assets Things you own that help operate the business

    Total Accumulated Depreciation Cumulative loss of the use of an asset over a period of time (or life) of the asset, i.e., a car is considered a 5-year asset, and with each year that passes, 1/5 of the useful life of the car is depreciated till the fifth year. Each year of depreciation for the car is accumulated in this account.
  - Line 5 Liabilities Total Expenses <u>owed</u> that help operate the business

    Equity Total value of property minus any mortgage (or other liabilities relating to it) owed
  - *Item 6 & 7-* If your business' regulated <u>intrastate</u> operating revenues had any unusual increases or decreases, was <u>dormant</u> temporarily or reported \$0 regulated revenue you must provide the reason.
  - Item 8- Identify if your company utilizes any owner/operators through leases under your authority.
  - Line 9 List the number and type of vehicles used to conduct your LPSC regulated business.
- PAGE 4: SWORN STATEMENT— The Annual Report <u>must be signed by a company representative in front of a NOTARY</u> or the Commission will <u>NOT</u> accept it. If this report is prepared by an entity other than a company representative or employee, please have that preparer sign the report and include their name, name of their firm, a business address and phone number.

### **EXAMPLE for completing INCOME STATEMENT and BALANCE SHEET**

Information for ABC, Inc. dba ABC Trucking indicates that only a portion of the company's total revenue and expenses is intrastate. Shown below are consolidated or total revenues, expenses, assets, liabilities and depreciation. Also, please note that ABC Trucking uses only trucks and tractors in its waste hauling business and conducts business at more than one location.

| Total Operating Revenue: | \$500,000 (\$125,000 of tota | l operating revenue is derived fro | m <u>regulated intrastate activities</u> . |
|--------------------------|------------------------------|------------------------------------|--|
|--------------------------|------------------------------|------------------------------------|--|

\$300,000 (includes current depreciation expense of \$20,000) Total Operating Expenses:

\$900,000 Total Assets: \$500,000 Total Liabilities:

9. List number of vehicles used in LPSC regulated operations.

Total Accumulated Depreciation: \$100,000 (includes current depreciation expense of \$20,000)

| LPSC# | 1234-A                                      | Period C               | overing Revenue From _   | Jai   | n. 01, 2021                           | _ to        | Dec. 31, 2021   |
|-------|---|------------------------|--|-------|---------------------------------------|-------------|---|
| LINE  |   |                        | EMEND (INDRAS)   |       |                                       |             |   |
| 1.    | Intrastate Percentag                        | APPONENT COMPANY       | 25,000   | **    | \$ 500,000                            |             | 25  |
|       | G .   | To                     | otal "Regulated <u>Intrastate"</u><br>Operating Revenue            | ÷     | Total Operating<br>Revenue            | =           | Percentage (%) of revenu<br>derived from regulated<br>intrastate activities |
| 2.    | OperatingExpenses<br>(Indude interest)Expen | ses)*                  | 300,000<br>Total Operating Expenses                                | ×     | 25 9<br>Percentage (%)<br>from line 1 | /o =        | \$ 75,000<br>Total Intrastate<br>Operating Expenses                         |
| 3.    | Neticamier Income                           | 5 ~                    | Fotal "Regulated Intrastate" Ope<br>Total Intrastate Ope           |       |                                       | <i>is</i> = | \$ 50,000   |
|       |   |                        | BALANG   |       |                                       | 716         | Carlos Regions  |
| 4.    | Total Net Assets                            |                        | 900,000  |       | \$ 100,000                            |             | \$ 800,000  |
|       |   | -                      | Total Assets   | -     | Total Accumulated<br>Depreciation     | 1           | Total Net Assets  |
| 5.    | TLiabilities & Equity,                      | \$ !                   | 500,000  | +     | \$ 300,000                            | =           | \$ 800,000  |
|       | A Company of the same                       |                        | Liabilities  |       | Equity                                |             | Total Liability & Equity  |
|       | PLE   |                        | SSETS ( LINE 4) = TOTAL<br>: Sometimes owner's equity (            |       |                                       | LINE 5)     |   |
|       |   |                        | has there been any unusual in<br>e explain (attached letter if add |       |                                       | or expen    | ses over the preceding year's   |
|       | YOUR COMPANY REPOR                          |                        | TE REGULATED REVENU  | E ABO | VE? ☐ YES* ⊠                          | NO          |   |
| 8 Doc | es your company utilize leased              | owner/operators to ope | erate under your LPSC authori                                      | y? 🔯  | YES   NO                              |             |   |

| TYPES OF VEHICLES                          | NUMBER OWNED   | NUMBER LEASED                        | TOTAL                                       |
|--|--|--------------------------------------|---|
| Passenger Vehicles:                        | 7* (JEPCSE)748 7 <u>1111</u>   | engers of the marking of             | 1976 11 11 11 11 11 11 11 11 11 11 11 11 11 |
| Limousines , Cars & Vans                   |  |                                      |   |
| Buses (scating 16 passengers or more)      |  |                                      |   |
| Waste Vehicles:                            | The state of the s | Lude well and                        | LICENSING STATES                            |
| Vacuum Trucks and/or Vacuum Trailers       | 3  | 2                                    | 5   |
| Roll-un/Roll-off - Dumps- End Dumps        | 1  | 1                                    | 2   |
| All other types of waste disposal trucks   |  |                                      |   |
| All other types of waste disposal Trailers | _  |                                      |   |
| Towing & Recovery Vehicles:                | The state of months and the second   | and and the residence of the section | The second of the second of                 |
| Light & Medium Duty                        |  |                                      |   |
| Heavy Duty                                 |  |                                      |   |
| Rotator Units                              |  |                                      |   |
| Household Moving:                          | The same of the sa | BATE THE LET                         | THE WAR PERSONNELLE                         |
| Trucks & Vans                              |  |                                      |   |
| Household Moving Trailers                  |  |                                      |   |

### LOUISIANA PUBLIC SERVICE COMMISSION Transportation Division

### Post Office Box 91154; Baton Rouge, LA 70821-9154

Telephone: (888) 342-5717 or (225) 342-4439 LPSC Website: www.lpsc.louisiana.gov

### **MOTOR CARRIER ANNUAL REPORT**

### REPORTS WITH BLANK LINES OR MISSING INFORMATION WILL BEREJECTED

LPSC No: 7752-B, 8097 Sprint Waste Services, LP P O Box 419 St. Gabriel, LA 70776

3915 Highway 30 St. Gabriel, LA 70776

| GENERAL INFORMATION (P.   | lease list changes if    | different fro  | m above)  |
|---|--------------------------|----------------|---|
| Legal Name - ** If the name of your<br>form with a name change fee of \$150 |                          |                | pany name you must submit the proper name change acquire the proper form. |
| Physical Address  |                          |                |   |
| Physical City   | Physical State           | <u> </u>       | Physical Zip Code   |
| Mailing Address   |                          |                |   |
| Mailing City  | Mailing State            | ·              | Mailing Zip Code  |
| COMPANY CONTACT INFORM  | ATION:                   |                |   |
| Company Area Code and Pho   | ne Number: 225-642-0/75  | Company Fax N  | Number: 225-642-0177  |
|   | @ SPRINTWASTE            |                |   |
| *** CALENDAR AND FISCAL Y   | EAR INFORMATION - You mu | st provide Cal | endar or Fiscal Year Information)   |
| CALENDAR YEAR IN  | CORMATION                | <del></del>    | -   |
| Calendar Year Ended Date:<br>DECEMBER 31, 20 21                             | 1                        |                | ort is due APRIL 30th** due no later than April 30, 2009)                 |
| FISCAL YEAR ENDED 1   | NFORMATION               | -              |   |
| Month D   | ay                       | Year           | **Must be filed within 120 days<br>after last day of business **          |
| COMPANY CLASSIFICATION  | - Check All That Appl    | Y Control      |   |
| ☐ Household Goods Mover   | ☐ Non-Consensual Towing  | ☐ Passenger (1 | ,   |
| Waste Hauler  | ☐ Saltwater Hauler       | ☐ Dispatched T | axi Service   |
| IMPORTANT INFO  | ORMATION:                | <u> </u>       |   |

Please notarize this report and make a copy for your company records. It is advisable that you send the annual report through certified mail with a return receipt or acquire a certificate of mailing that is available through the U.S. Postal Service. It is the Carrier's responsibility to have proof of mailing.

A late fee of \$500 will be assessed against your LPSC account for failure to file this COMPLETE report on or before your due date and if your company is cited an additional \$25 will be due with a possible loss of your operating authority. REPORTS WITH BLANK LINES OR MISSING INFORMATION WILL BE REJECTED

### GENERAL BUSINESS SUMMARY

| IF YOUR BUSINESS HAS CLOSED OR CEASED OPERA  | TING IN LOUISIANA       | YOU MUST       | CONTACT THIS OFFICE IMMEDIATELY!    |
|--|-------------------------|----------------|-------------------------------------|
| 1. Company Name: SPRINT WASTE  |                         |                |                                     |
| 2. Louisiana Public Service Commission authority number  | r(s): <u>7752-</u>      | B (A           | GRMERLY 7752-A)                     |
| <ol> <li>List person or company employee, to whom commun<br/>process is to be served:</li> </ol>   |                         |                |                                     |
| Name NABEEL SHAFI  |                         | _ Title A      | BBISTANT CONTROLLER                 |
| Name NABEEL SHAFI<br>E-Mail: <u>NShafi@ Speintwast</u>   | E. com Phone:           | 281-6          | 90-5015                             |
| 4. Has the status of your business changed from what wa  |                         |                |                                     |
| *If you answered yes check the new status below  |                         |                |                                     |
| ☐ Private Ownership  |                         | Date of Cha    | nge                                 |
| Louisiana Domestic Corporation   |                         | Date of Inco   | ngeproration                        |
| Louisiana Domestic Limited Liability Company   | (LLC)                   | Date of For    | mation                              |
| ☐ Louisiana Domestic Partnership☐ Louisiana Limited Liability Partnership  |                         | Date of For    | mation                              |
| ☐ Foreign* Corporation in the State of   |                         | Date of Inco   | mation                              |
| Foreign* Limited Liability Company (LLC) in t  | he State of             | Date of For    | mation                              |
| ☐ Foreign* Partnership in the State of   | -                       | Date of For    | mation                              |
| **MUST COMPLETE EVE<br>Company's Owner(s)  SEE ATTACHED  | Percentage of C         |                | Number of Shares (if applicable)    |
| 6. Has a change in ownership occurred during this report *If you answered yes list the name of the new own   | _                       | S* NO          |                                     |
| 7. Has the name of your company changed in any mann *If you answered yes list new name:  | ner from that authorize |                | <del>_</del>                        |
| Date of change*  |                         |                |                                     |
| (*NOTE: If you answered yes to numbers 4, 6 or 7 of LPSC. Please visit our web site, <u>lpsc.louisiana.gov</u> to form(s) if you have not done so already.)  8. List other business terminals or locations in Louisian | download appropriate    | e form(s) or i | contact us via phone to request the |
| (If space provided is not sufficient, attach additional information  |                         |                |                                     |
| Name of Manager(s)   |                         | Physical Lo    |                                     |
| DON WITHERWAX 31   | 23 E NABY               | <u>80N S7</u>  | SUPHUR LA 70663                     |

| COMPANY NAME: SPRINT WAS   | TE SERVICE   | ES, CP  |  |
|--|--|---|--|
|  | g Revenue From   | 1 1 -   | to 12/31/2021  |
|  | _  |   |  |
|  |  | Market 1986 Table To the Control of the San |  |
| Transport of the Control of the Cont |  |   | SELECTION OF SELEC |
| 1. Part 4. 442, 7  |  | 18,918,308  | 15.34  |
| Total "Regul   |  | Total Operating =   | Percentage (%) of revenu   |
| Intrastate" Op   |  | Revenue   | derived from regulated   |
| Revenue (see ins   | <del></del>  |   | intrastate activities  |
| 2. $\$13,701,5$  | <del>20</del> х і  | 5.34 %  | \$2,102,701  |
| A helitide Theoret   | D  | ercentage (%) from =  | Total Intrastate Operating   |
| Total Operating (Expenses)   | expenses   | line 1  | Expenses   |
| Nels Carrier Incomer Total "Regulated In   | ntrastate" Operating Revi  | enue (Line 1 Column 1)  | · <u>·</u>   |
| 3.   | _  | Minus =   | \$ 340,267   |
| Total I  | ntrastate Operating Expe   | nses (Line 2 Column 3)  | 1.0(0,201  |
|  | BALANCESHE   | EII : ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '                                       |  |
| Fill   | out even if incom  | e is zero   | <u> </u>   |
| 4. Nerasseis \$205,315   | 147 : \$   | 00,626,087  | \$104,689,060  |
|  |  | Total Accumulated =   | =  |
| Total Asse   | ets  | Depreciation  | Total Net Assets   |
| 5. (Liabilities, & Equity, \$81,648,   | 394 s  | 23,040,666  | \$104,689,060  |
| Liabilities  | <del>-/</del>  | uity =  | Total Liability & Equity   |
| industrial and the second seco |  |   | 1  |
| PLEASE NOTE: NET ASSETS (1   | INE 4) = TOTAL LIABI   | LITIES & EQUITY (LINE 5)  | •  |
| REMINDER: Sometime   | es owner's equity may be   | a negative number.  |  |
| 6. Has any part of your operating authority been dormant   | or has there been any  | y unusual increases or de   | ecreases in revenues or  |
| expenses over the preceding year's operations? TYE   | S* 🔽 NO #If you ans  | wer yes please explain (attached  | letter if additional space is needed)  |
|  |  |   |  |
| · · · · · · · · · · · · · · · · · · ·  | <del></del> -  | -   |  |
| 7. DID YOUR COMPANY REPORT \$0.00 INTRASTA   | ATE REGULATED I  | REVENUE ABOVE?  | ☐ YES* ☐ NO  |
| *If you answer yes YOU MUST EXPLAIN HERE:  |  |   |  |
|  |  |   |  |
|  | <del>- •</del>   | •   |  |
| <del></del>  |  |   |  |
| 8. Does your company utilize leased owner/operators to   | lo operate under you   | r LPSC authority? 🏻 💭   | YES 🗌 NO   |
| 9. List number of vehicles used in LPSC regulated ope  | rations below  |   |  |
|  |  |   |  |
| Types Of Vehicles  | Number Owned   | Number Leased   | Total  |
| Passenger Vehicles:  |  |   |  |
| Limousines, Cars & Vans  | 0  | 0   |  |
| Buses (seating 16 passengers or more)  | $\sim$   |   |  |
|  | -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1   |   |  |
|  | The state of the s |   | 7,7  |
| Vacuum Trucks and/or Vacuum Trailers   | <del>- /&amp;</del>  | <del>  5</del>  | 12   |
| Roll-on/Roll-off - Dumps- End Dumps All other types of waste disposal Trucks   | <u> </u>   | <del></del>   | 39   |
| All other types of waste disposal Trucks  All other types of waste disposal Trailers   | <del></del>  | <del>  4</del>  |  |
| Towing & Recovery Vehicles:  |  | N VE BONNE  |  |
| Light & Medium Duty  | <i>(</i> )   | O   |  |
| Light & Medium Duty  Heavy Duty  | 0  | <del>-                                     </del>                               | <del></del>  |
| Rotator Units  | <del></del>  | <del>                                     </del>                                | <del>                                     </del>   |
| Household Moving:  | 18 18 18 18 18 18 18 18 18 18 18 18 18 1   | N. 1  |  |
| Trucks & Vans  |  | 0   |  |
| Household Moving Trailers  | . <u>8</u>   | <del>~</del>  | 77   |
| * 10 mo o 100 to 1115 I tottlete   |  | <u> </u>  |  |

| COMPANY NAME: SPRINT WASTE SERVICES LP   |
|--|
| LPSC# 7752-B Period Covering Revenue From 1/1/2021 to 12/31/2021   |
| NOTARIZE THIS REPORT OR IT WILL BE CONSIDERED INCOMPLETE   |
| SWORN STATEMENT OF COMPANY REPRESENATIVE TO BE COMPLETED IN FRONT OF NOTARY  |
| STATE OF TEXAS PARISH/COUNTY OF FORT BEND  |
| BEFORE ME, the undersigned authority, personally came and appeared NASEEL SHAFE, who,  |
| after being duly sworn, did depose and say that his/her title or position is ASSISTANT CONTROLLER and that   |
| he/she has examined this report and accompanying schedules and statements, and they are true, correct, and complete.   |
| Affiant understands that this report may be shared with the Louisiana Department of Revenue for purposes of  |
| Inspection and Supervision Fees and further understands that if this report is received after the due date that a late fee   |
| will be assessed.  |
| SWORN TO AND SUBSCRIBED before me this 20 day of spiel, 2022   |
| SIGNATURE OF COMPANY REPRESENTATIVE  SIGNATURE O |
| Paid Preparer's Use Only (Leave this section blank if this report was prepared by the company officer/owner or a company representative)   |
| Print Preparer's name ►  |
| Preparer's Firm's name   |
| Firm's address >   |
| Phone No. ▶Email ▶   |
| I have compiled the accompanying annual report of the above named company and the related statements of revenues & expenses for the period shown above. I have not audited or reviewed the financial statements and, accordingly, do no express an opinion or provide any assurance about whether the financial statements are true and correct. The owners are responsible for the preparation and fair presentation of the information contained herein. As the preparer I have advised my client to review this report and that they must complete the SWORN STATEMENT section above in front of a notary.  |
| Preparer's Signature: Date   |
|  |

### It is the Carrier's responsibility to have proof of mailing this report.

After completion send this report to the Louisiana Public Service Commission - Transportation Division by using one of the following methods:

<u>United States Postal Service</u>: address to P.O Box 91154; Baton Rouge, LA 70821 using priority, certified or "certificate of mailing" a requesting a return receipt.

FEDEX or UPS: address to 602 North 5th Street Baton Rouge, LA 70802 by "overnight or priority" and obtain a tracking number.

| GP Percer | GP Percer Percer Percer GP 4 | Iype Percer<br>GP<br>LP 4 | Iype Perce<br>GP<br>LP | Sprint Waste Services, LP Ownership Summary | į          |                     |
|-----------|------------------------------|---------------------------|------------------------|---|------------|---------------------|
| 41        | 4 d1                         | LP 4.                     | 4 d1                   | Medio Management, LLC                       | ady<br>GP  | Percentage<br>1.00% |
|           | ď                            |                           | ď                      | Joe Swinbank Family Limited Partnership     | 9          | 49.50%              |
| Li        |                              |                           | AND COF                | Aedio Landfill, LP                          | <u>d</u> ; | 49.50%              |

### LOUISIANA PUBLIC SERVICE COMMISSION

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
AS A COMMON CARRIER OF SPECIAL COMMODITIES OVER IRREGULAR ROUTES

No. 7752-B Caucels (7752-A)

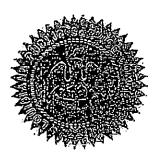
A CERTIFICATE IS HEREBY GRANTED TO SPRINT WASTE SERVICES, LP whose office or place of business is at ST. GABRUEL, LOUISIANA authorizing operations in Louisiana intrastate commerce as a COMMON CARRIER OF SPECIAL COMMODITIES OVER IRREGULAR ROUTES by motor, handling the following described commodities, in territories described:

Transportation of non-bazardous oilfield waste, non-hazardous industrial solid waste, and hazardous waste statewide without restriction.

(Reissued pursuant to Order T-33658 dated October 18, 2017, previously issued pursuant to T-32802 for a sale & transfer from Sprint Waste Services-Louisiana, LLC and originally issued pursuant to T-32072 and L.R.S. 45:164 and the rules and regulations of the Louisiana Public Service Commission. Except for cause beyond control, non-operation of an authority for a period of six (6) months could lead to its cancellation pursuant to La, R.S. 45:166, Paragraphs B and C).

Said <u>SPRINT WASTE SERVICES</u>. LP shall perform such operations under prescribed rates or tariffs now or hereafter filed with the Commission and in compliance with all laws and rules and regulations of the Commission bearing thereon.

WITNESS THE SIGNATURE AND SEAL OF THE COMMISSION AT BATON ROUGE, LOUISIANA, ON THIS THE 19<sup>th</sup> DAY OF OCTOBER 2017.



/S/ERIC F. SKRMETTA
DISTRICT I
CHAIRMAN ERIC F. SKRMETTA

/S/ LAMBERT C. BOISSIERE

DISTRICT III

COMMISSIONER LAMBERT C. BOSSIERIE

S/FOSTER L. CAMPBELL

DISTRICT Y

COMMISSIONER FOSTER L. CAMPBELL

S/MIKB FRANCIS

DISTRICT IV

COMMISSIONER MIKE FRANCIS

/S/ DAMON J. BALDONE

DISTRICT II

COMMISSIONER DAMON J. BALDONE

### Louisiana Public Service Commission

Post Office Box 91154.
Baton Rouge, Louisiana 70821-9154
Telephone (225) 342-4439
Toll Free (888) 342-5717

lpsc:louisiana.gov

### 2022 RENEWAL FOR IDENTIFICATION STAMPS

For all transporters of Household Goods, Waste, Saltwater, and Non-consensual Towing & Recovery

## RENEWAL FORMS DUE JANUARY 31, 2022 Incomplete forms will be RETURNED

- > Register annually and register any additional vehicles acquired after renewal by completing the attached T-44 form and mailing to the above address.
- > Carrier must be in full compliance with the LPSC including proof of insurance and have no outstanding audits before stamps are issued.
- > Carrier must have completed renewal for the previous year before stamps are issued.
- Pay an annual fee of \$10.00 per vehicle\*
  - \*Vehicles registered and renewed under the 2022 UCR program in the exact same name as listed on their current LPSC Certificate<sup>1</sup> may do the following in lieu of paying the \$10:00 fee and are **REQUIRED** to:
    - 1. Identify the number of vehicles being operated intrastate under your authority on the form
    - 2. Attach a copy of the 2022 UCR receipt
    - 3. Sign & return the completed T-44 Form with UCR receipt attached to the address above
- If your certificate allows you to <u>lease any owner/operators</u> to operate under your authority, the lease must conform to the leasing rules, which can be found on our website, and a copy of the lease must be filed with this office along with a \$10.00 filing fee in addition to the annual per vehicle fee. Contact (225) 342-1433 for a current list of <u>owner/operators</u> on your account.

T-44 Revised 10/2021

The name on your LPSC certificate of authority and the name on your DOT number & UCR receipt must match in order to claim UCR receipts in lieu of the \$10 per vehicle fee

LOUISIANA PUBLIC SERVICE COMMISSION

Mail to: LPSC Transportation Division - Post Office Box 91154; Baton Rouge, LA 70821-9154

Telephone: (888) 342-5717 or (225) 342-4439 LPSC Website: www.lpsc.louisiana.gov

### **INTRASTATE STAMP RENEWAL FORM**

**RENEWAL DEADLINE JANUARY 31ST 2022** 

LPSC No: 7752-B, 8097 Sprint Waste Services, LP P O Box 419 St. Gabriel, LA 70776

Stamp Renewal Year: 2022

Louisiana law (LRS 45:169) requires every common and contract motor carrier transporting household goods, waste, or passengers or (LRS 45:180.1(D) operating as a wrecker/tow service to have a current annual Louisiana vehicle identification stamp attached to an intrastate cab card which must be carried in each of their vehicles at all times while operating in this State. The renewal period is from November 1st until January 31st each year.

NOTE: If a carrier HAS registered under the Unified Carrier Registration Program with its base state for the current year, and HAS claimed <u>ALL</u> vehicles under the Unified Carrier Registration Program, an intrastate identification stamp and cab card for <u>the current year</u> will <u>NOT</u> be required. A copy of your current UCR receipt <u>MUST</u> be attached to this <u>completed</u> form and returned to this office to verify fees have been paid.

### PLEASE USE THIS FORM TO REORDER.

|   | INTRASTATE STAMP R                                  | ENEWAL FORM  |
|---|---|--|
| NUMBER OF VEHICLES OPERATING<br>UNDER LPSC AUTHORITY *REQUIRED* | PER VEHICLE FEE FOR INTRASTATE IDENTIFICATION STAMP | AMOUNT DUE MADE PAYABLE TO: LPSC [ ] CHECK HERE IF UCR IS ATTACHED AND ENTER \$0 BELOW |
|   | \$10.00   | = \$   |

<sup>\*\*</sup>Please be advised that your account must be in full compliance before stamps will be issued. \*\*

| PLEAS   | E MAKE ANY CHANGES HERE  |             |
|---|--|-------------|
| NAME: * If the name of your company on this form on the same change fee of \$150. Please call (888) 342-5 | loes not match your current company name you must submit the proper name 717 or visit <a href="www.lpsc.louisiana.gov">www.lpsc.louisiana.gov</a> to acquire the proper form.                  | change form |
| EMAIL Address:  | Phone: ( )   |             |
| Mailing Address:  |  |             |
| Physical Address:   | ,  |             |
| am authorized to execute and file this docume   | nt, do hereby certify that the above information is true and corre<br>ent of behalf of the above applicant. (Federal penalties, maxim<br>I8 U.S.C. 1001: State penalties as prescribed by law) |             |
| Signature   | Date   |             |

Placeholder for Waste Manifests to be Supplemented to Show Substantial Operation Over Six Months Prior to Application

## FINANCIALS FILED AS CONFIDENTIAL

# PURCHASE AGREEMENT FILED AS CONFIDENTIAL