

RECEIPT

DATE 05/30/24 No. 654458

RECEIVED FROM GI Junk, LLC.

\$ 350.00

Three hundred fifty and $\frac{00}{100}$ DOLLARS

FOR RENT DE-SW-1985

ACCOUNT	
PAYMENT	
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM 1351 TO _____

BY M.M.



RECEIVED

MAY 30 2024

DNREC - WHS

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES
COMPLIANCE AND PERMITTING SECTION

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403
FAX: (302) 739-5060

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference:

Instructions: You must complete this application in its entirety and attach all applicable documentation. (Note: For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

The application must be signed by the company owner or a corporate officer. A check or money order payable to the "State of Delaware" must accompany this application and be sent to:

Delaware Department of Natural Resources and Environmental Control
Compliance and Permitting Section
89 Kings Highway
Dover, DE 19901

1. Type of Permit

[] New - SCRAP TIRES ONLY Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.

[] New - ALL OTHERS Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.

[X] Renewal: Permit # DE-SW- 1985 Expiration Date 6/30/2024

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the "State of Delaware," for the indicated permit fee.

SCRAP TIRES ONLY

- [] One Year - \$75.00
[] Two Years - \$125.00
[] Three Years - \$175.00
[] Four Years - \$225.00
[] Five Years - \$275.00

ALL OTHERS

- [X] One Year - \$350.00
[] Two Years - \$650.00
[] Three Years - \$950.00
[] Four Years - \$1250.00
[] Five Years - \$1550.00

2. Release to Public

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters? Yes No

3. Company Information

Company Name GI Junk, LLC

Location Address:	Mailing Address:
8493 Old Racetrack Rd., Delmar DE 19940	8493 Old Racetrack Rd., Delmar DE 19940

Contact: Shawn Bodio Title: President

Business Phone: 302-745-9860 Fax: _____

E-mail [REDACTED]

24 hr Emergency Contact Phone: 302-745-9860

4. Company Ownership Information

(a). Please indicate the company type:

- Proprietorship
- Partnership
- Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: _____ State: _____ Date: _____

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: DE
- Other: (must specify) _____

(b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

Attachment _____

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

- Attachment _____
- No parent company

5. Company locations in Delaware

List name and street address of each company location, including freight terminals, within the State of Delaware.

- Attachment _____
 No Delaware locations

6. Company Affiliates

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- Attachment _____
 No affiliates

7. Type of Waste to be Transported

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- Residential waste
 Commercial waste (from **non-manufacturing, non-processing** businesses and offices)
 Industrial waste (from a manufacturing or industrial process)
 Dry waste: construction/demolition debris
 trees/stumps
 other (must specify) Yard Waste
 Ash: municipal incinerator
 coal ash
 other (must specify) _____
 Infectious waste
 Non-hazardous petroleum-hydrocarbon contaminated soils
 Asbestos-containing waste
 Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? Yes No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? Yes No N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? Yes No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? Yes No

8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? Yes No
- (b). Identify in an attachment **all** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.

- Delaware Solid Waste Authority locations: (attachment) _____
- Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
- Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
- Other in-state solid waste facilities, including private facilities: (attachment) _____
- Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)

- Attachment _____
- Not applicable-No transporter permit required for these solid waste types in our home state.

- (b). List solid waste transporter permits held in other states.

- Attachment _____
- No transporter permits in other states

- (c). Indicate your Federal DOT number and Motor Carrier number:

DOT# _____ MC# _____

- N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

Combined GVWR of vehicle and trailer is under DOT requirements for a DOT or MC number

10. Proof of Financial Responsibility

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Compliance and Permitting Section** as the certificate holder.)

- (a). Are you for-hire in interstate commerce? Yes No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)? Yes No
- (c). Do you transport Interstate? Yes No

- (d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input checked="" type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input checked="" type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input checked="" type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

11. Spill Control and Safety

List all spill control and safety equipment which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401**, and (6) Cleanup and decontamination measures.

- ✓ Spill Control Plan: Attachment _____

12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- (a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- (c). Describe how drivers are instructed in the following:
 - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
 - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - (iii) Familiarity with the conditions of the solid waste transporter's permit.

- ✓ Driver Training, attachment _____

13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes

What tax form do you submit to the IRS for your vehicle operators?

- Form W-2
 Form 1099-Misc
 Other

15. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

- Attachment _____
 No violations within the specified time period

16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

**Signature  _____ Date 5/27/24
Print Name Shawn Bodio Title President

****A legal owner or corporate officer must sign the application****

GI Junk

Shawn Bodio



President of Administration

8493 Old Racetrack Rd., Delmar, DE 19940

50% Ownership

Jonathan Buchanan



President of Operations



50% Ownership

Company Location

8493 Old Racetrack Rd.,

Delmar, DE 19940

Driver Training

As small owner-operators there are only 2 drivers

Jonathan Buchanan has over 13 Years Driving experience

Shawn Bodio has over 30 years of driving experience

Disposal Facilities

DSWA Locations:

1107 Willow Grove Rd.

Felton DE 19943

28560 Landfill Lane

Georgetown, DE 19947

1706 E 12th St.

Wilmington, DE 19809

Environmental Record

2-20-2023

Jonathan Buchanan

TRANSPORTATION, STORAGE, IR COLLECTION OF SOLID WASTE WITHOUT PERMIT

VEHICLE CONSTRUCTED/LOADED TO PREVENT CONTENTS FROM DROPPING SIFTING, LEAKING

Ticket# T972300026

Jonathan Buchanan - Member

50% Ownership



Shawn Bodio – Manager



8493 Old Racetrack Rd.
Delmar, DE 19940

OUT OF STATE FACILITIES

Solid Waste Division

6948 Brick Kiln Road

Salisbury, MD 21801

Spill Control and Safety

Ford F-250

(1) List of safety and spill control equipment carried in the vehicle,

Fire Extinguisher

Safety Vest

Shovel

Medical Aid Kit

(2) Driver preventive measures,

Experienced drivers practicing defensive driving techniques

(3) Driver immediate corrective actions,

Call Either Jonathan Buchanan or Shawn Bodio for any incidents

(4) Company internal communications,

Shawn Bodio 302-745-9860

Jonathan Buchanan [REDACTED]

(5) Company external communications

Delaware Emergency Reporting Numbers:

1-800-662-8802 and 302-739-9401

(6) Cleanup and decontamination measures.

Remove any and all debris for any cleanup needed

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

(1) Spill control and safety equipment carried in each vehicle:

- 1). Reflectors and/or flares
- 2). Fire extinguisher
- 3). First aid kit
- 4). Heavy-duty gloves, hard hat
- 5). Flashlight

(2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.

(3) The driver will perform the following pre-trip inspections:

- 1). Ensure tires are not flat or low
- 2). Ensure the load is properly tarped
- 3). Ensure all doors to containers are locked and safety hooks are engaged

(4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:

Shawn Bodio Phone: 302-745-9860

Or

Jonathan Buchanan: 302-858-7487

(5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers: Delaware: 911, (302) 739-9401 or 1-800-662-8802 (Other numbers may be listed as follows, however, the listed Delaware numbers must be included in the spill control plan.)

Maryland: 911

(6) The designated coordinator will contract for clean-up services with another company if needed

(7) This plan will be carried in all vehicles, along with the permit

Davis, DaQuan (DNREC)

From: Shawn Bodio <shawn@bodio.net>
Sent: Friday, June 7, 2024 5:02 PM
To: Davis, DaQuan (DNREC)
Subject: Re: GI Junk
Attachments: 2024 auto lease agreement.pdf

Auto lease agreement attached

Thank you

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>
Sent: Friday, June 7, 2024 3:54 PM
To: Shawn Bodio <shawn@bodio.net>
Subject: RE: GI Junk

Hi,

Yes, please draw up a lease agreement.

Thank you,
DaQuan Davis



DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

302-739-9403

daquan.davis@delaware.gov

89 Kings Hwy SW, Dover, DE 19901

dnrec.delaware.gov



From: Shawn Bodio <shawn@bodio.net>
Sent: Friday, June 7, 2024 2:38 PM
To: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>
Subject: GI Junk

Attached is the auto insurance policy and vehicle list that was missing the state of registration.

Currently there is no lease agreement between bamcis cabling and gi junk because the same people own both companies and saw no need for a lease agreement.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/07/2024

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. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HOBAN INSURANCE AGY P O BOX 70, FRANKFORD, DE 19945	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: United Financial Casualty Company</td> <td>11770</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: United Financial Casualty Company	11770	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED BAMCIS CABLING LLC DBA: GI JUNK 8493 OLD RACE TRACK ROAD DELMAR, DE 19940-0000															

COVERAGES **CERTIFICATE NUMBER:** 64336794426566180D060724T181218 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	00432634	03/14/2024	03/14/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	Y	N	00432634	03/14/2024	03/14/2025	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

DNREC
 89 Kings Hwy SW
 Dover, DE 19901

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY HOBAN INSURANCE AGY		NAMED INSURED BAMCIS CABLING LLC DBA: GI JUNK 8493 OLD RACE TRACK ROAD DELMAR, DE 19940-0000	
POLICY NUMBER 00432634		EFFECTIVE DATE: 03/14/2024	
CARRIER United Financial Casualty Company	NAIC CODE 11770		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Personal Injury Protection/Property Protection Ins	\$100,000/\$300,000 (\$10,000 PPI included)
Uninsured/Underinsured Motorist	\$300,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only

2019 FORD F250 1FT7W2BT3KEG46798	
Collision	\$500 Ded
Comprehensive	\$250 Ded
Rental Reimbursement	\$50 Per Day (\$1,500 Max)
Uninsured Motorist Property Damage	\$10,000 w/\$250 Ded
2022 PRIDE Trailer 7HCGR1429NB029577	
Collision	\$500 Ded
Comprehensive	\$250 Ded

Liability coverage may not apply to all scheduled vehicles.

Additional Information

Certificate holder is listed as an Additional Insured.

VEHICLE LEASE AGREEMENT

This agreement is entered into this day, January 1, 2024 and shall remain in full force and effect through December 31, 2025 between GI JUNK LLC ("Lessee"), of 8493 OLD RACETRACK RD, DELMAR DE, and BAMCIS CABLING LLC ("Lessor"), of 8493 OLD RACETRACK RD, DELMAR, DE, organized and existing under the laws of the State of Delaware. The following terms and conditions shall apply for the length of the lease:

1. RECITALS

WHEREAS, the Lessor is the registered owner of the Vehicle,

WHEREAS, the Lessor is desirous of leasing the Vehicle to the Lessee on such terms as are set out in this Vehicle Lease Agreement (the Agreement") and the Lessee is desirous of leasing the Vehicle from the Lessor on said terms,

WHEREAS, this Agreement is a lease-only and Lessee will have no right, title, or interest in or to the Vehicle except for the use of the Vehicle as described in this Agreement,

WHEREAS, this Agreement shall be treated as a true lease for federal and applicable state income tax purposes with Lessor having all benefits of ownership of the Vehicle,

NOW, THEREFORE, IT IS HEREBY AGREED as follows:

2. DESCRIPTION OF LEASED VEHICLE.

The following vehicle ("the Vehicle") is the subject of this Lease Agreement:

VEHICLE TYPE: PICK UP TRUCK
COLOR: WHITE
YEAR: 2019
MAKE: FORD
MODEL: F-250

3. AMOUNT DUE AT LEASE SIGNING

Lessor and Lessee agree on the following amount due at lease signing, based on these terms:

1. A refundable security deposit shall be paid in the amount of \$1.00.

AMOUNT DUE AT LEASE SIGNING \$1.00

4. TRADE-IN ALLOWANCE, DISCOUNTS, AND REBATES.

1. Lessor is offering the following amount in discounts, rebates, or incentives: \$0.00.

DISCOUNTS TOTAL \$0.00

5. LEASE COSTS AND FEES SUMMARY.

The Lessor and Lessee agree that at the end of the term of this lease the total cost of the lease will be \$24, excluding any costs for repairing any excess wear and tear of the Vehicle.

TOTAL MONTHLY PAYMENT \$1.00

TOTAL COST OF LEASE \$24.00

6. FORM OF PAYMENT.

The monthly payments are to be made on the first day of each month with the first payment due on the first payment day that occurs after the effective date of this lease. Payments may be made by personal check, cashier's check, money order, certified check, cash, or by any other means agreed upon by the Lessor and Lessee. Payments are to be paid to the Lessor at the address listed above, unless the parties agree that payment is to be submitted elsewhere.

7. SECURITY DEPOSIT.

The Lessee shall pay a security deposit of \$1.00 at the time that this Lease is signed. This deposit will be returned to the Lessee at the termination of the Lease, subject to the option of the Lessor to apply it against Lease charges and damages. Any amounts refundable to the Lessee shall be paid at the time this Lease is terminated.

8. MILEAGE PERMITTED.

Lessee will be permitted to drive the Vehicle for unlimited miles per year.

9. GAP LIABILITY NOTICE.

In the event of theft or damage to the Vehicle that results in a total loss, there may be a gap between the amount due upon early termination and the proceeds of your insurance settlement and deductible. THIS LEASE PROVIDES THAT LESSEE IS LIABLE FOR THE GAP AMOUNT.

10. BLANK

11. TAXES AND FEES.

During the term of this Lease, the Lessee shall pay all applicable taxes, assessments, and license and registration fees on the Vehicle.

12. END OF TERM LIABILITY.

(a) The residual value of the Vehicle is based on a reasonable, good faith estimate of the value of the vehicle at the end of the lease term. If the actual value of the vehicle at that time is greater than the residual value, Lessee will have no further liability under this lease, except for other charges already incurred. If the actual value of the Vehicle is less than the residual value, Lessee will be liable for any difference up to three (3) times the monthly payment. For any difference in excess of that amount, Lessee will only be liable if:

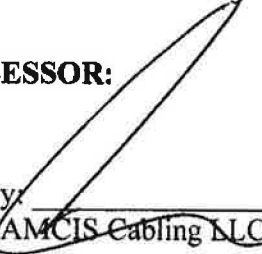
1. Excessive use or damage representing more than normal wear and use resulting in an unusually low value at the end of the term.
2. The matter is not otherwise resolved and Lessor wins a lawsuit against Lessee seeking a higher payment.
3. Lessee voluntarily agrees with Lessor after the end of the lease term to make a higher payment.

By: 
GI JUNK LLC

Date:

1/1/24

LESSOR:

By: 
BAMCIS Cabling LLC

Date:

1/1/24