

# RECEIPT

DATE

10/14/24

No.

654595

RECEIVED FROM

Aftermath Services LLC

\$

350.00

Three hundred fifty and  $\frac{20}{100}$  DOLLARS☐ FOR RENT☒ FOR

DE-SW-1438

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

38235

TO

BY

M.M.



RECEIVED

OCT 14 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: English

**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.

☒ Renewal: Permit # DE-SW- 1438 Expiration Date 12/31/24

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**

- ☒ 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 Aftermath Services, LLC

Location Address:	Mailing Address:
	75 Executive Drive, Suite 200, Aurora, IL 60504

Contact: Susan Stevens Title: Licensing Specialist

Business Phone: 630-423-4278 Fax: \_\_\_\_\_

E-mail: compliance@aftermath.com

24 hr Emergency Contact Phone: Bryan Warcholek [REDACTED]

## 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: IL/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) \_\_\_\_\_  
☐ 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# 1407143 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.

### 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:

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input 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 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	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
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.

- 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);
- 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;
- Describe how drivers are instructed in the following:
  - Knowledge of proper handling procedures for the type of solid waste being transported.
  - Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
  - 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 10/8/24

Print Name Steve Ford Title President

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

VEHICLE INFORMATION - See Item 13 of the application.

Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

[illegible]

**Hands-on Driver Training**

**Document #: 7501-06-02**

**APPROVED BY:**

*Ben Marks, Director of EHS*

**GUIDANCE FOR SUPERVISORS**

**Supervisors conducting this hands-on driver training must review the following guidance before allowing the trainee to get behind the wheel of the Aftermath Services, LLC (Aftermath) fleet vehicle.**

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This hands-on driver training shall be completed by all new employees who will be awarded driving privileges for Aftermath fleet vehicles. The training shall be conducted by the new employee's direct report, which will commonly be their Supervisor. The training should be conducted with the largest fleet vehicle available at each shop location. At the completion of the training, both the trainer and trainee must sign the Hands-on Driver Training Record Form at the end of this document. The trainer must submit this form to [training@aftermath.com](mailto:training@aftermath.com). This hands-on portion of driver training accompanies a written portion facilitated through Alchemer, Aftermath's online training platform. **The online, written portion of the training must be completed by the new employee prior to this hands-on portion.** Supervisors shall be responsible for ensuring the online portion has been completed by the new employee before conducting this hands-on portion of the training.

Supervisors conducting this training should review the training checklist on the following page to become familiar with the specific driving tasks on which they will be training the new employee. The role of the Supervisor in this process is to advise the driver on safely operating fleet vehicles and ensure they demonstrate competency in these driving tasks. Plan out the route ahead of time to ensure that all driving tasks listed can be efficiently completed. This hands-on driver training activity will take approximately 30 to 45 minutes, with a debrief at the end.

Provide instructions to the driver for the route you have planned and ensure that the driver is able to concentrate on driving in a safe manner while receiving instructions. Being nervous can negatively impact driving performance, so it may be useful to reassure the driver by telling them to relax and drive as they normally would. **BUCKLE UP!**

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**The following page provides a Driver Training Checklist to be completed by the trainer during this hands-on driver training activity.**



## Hands-on Driver Training

Document #: 7501-06-02

APPROVED BY:

Ben Marks, Director of EHS

### DRIVER TRAINING CHECKLIST

Trainee Driver Name:		License #:
Date/Time:	Weather:	Vehicle Type:
Trainer Name:		Shop Location:

Checklist Item	Completed	Comments
<b>Complete the following items before having the trainee put the vehicle in motion:</b>		
<b>Visual Aids</b> (have the driver point out all mirrors in the vehicle, show driver how mirrors are adjusted)		
<b>Lights</b> (show the driver how to operate the headlights, high-beams, hazard lights, fog lights, turn signals, etc.)		
<b>Windshield Wipers</b> (show the driver how to operate the windshield wipers)		
<b>Seat Adjustment</b> (show the driver how to adjust the driver's seat, allow them to find a comfortable position)		
<b>Other Vehicle Features</b> (show the driver all other pertinent vehicle features e.g. cruise control, windows, cabin lights, horn, etc.)		
<b>Vehicle Height</b> (tell the trainee the height of the vehicle, have them exit the vehicle to observe the distance between driver eye level and the top of the vehicle)		
<b>Have the trainee put the vehicle in motion, complete the following items in the Aftermath parking lot, if possible:</b>		
<b>Seat Belt Use</b> (instruct the driver that seat belt use is required when vehicle is in motion)		
<b>Turning Radius</b> (have the driver slowly drive the vehicle around in a circle to become familiar with the turning radius)		
<b>Reversing</b> (have the driver reverse the vehicle in a straight line, then have them reverse through a 90 degree turn)		
<b>Have the trainee take the vehicle on local roads to complete the following items:</b>		
<b>Parking</b> (have the trainee drive to a parking lot nearby, if available, and park the vehicle in a parking spot. Instruct the driver that the vehicle must be backed in to parking spots)		
<b>Parking on Incline</b> (have the trainee drive to a hill with roadside parking and a curb and park the vehicle on an incline. Tell them to turn the wheels outwards [to the left] and use the parking brake)		

## Hands-on Driver Training

Document #: 7501-06-02

APPROVED BY:

Ben Marks, Director of EHS

Checklist Item	Completed	Comments
<b>Parking on Decline</b> (on the opposite side of the same hill, have the trainee park the vehicle on a decline. Instruct them to turn the wheels inwards [to the right] and use the parking brake)		
<b>Parallel Parking</b> (have the trainee execute at least one successful parallel park job)		
<b>Observe Driving Behaviors</b> (tell the trainee the importance of driving in a safe and defensive manner, following posted speed limits, following right-of-way rules, and maintaining adequate following distance and space at stops. Instruct them to use mirrors and turn signals, and to always be alert, aware of other motorists/pedestrians, and in control of the vehicle)		
<b>Have the trainee take the vehicle to the nearest freeway to complete the following items:</b>		
<b>Merging</b> (instruct the trainee to merge the vehicle onto and off of the freeway in a safe and effective manner that does not disrupt the flow of traffic, ensure they use turn signals at the appropriate time)		
<b>Max Speed of 65 mph</b> (instruct the trainee that the vehicle speed should never exceed 65 mph, and that they should drive in the appropriate lane for their speed so as not to disrupt the flow of traffic)		
<b>Changing Lanes</b> (tell the trainee to change lanes in a smooth, safe, and efficient manner, ensure they engage turn signals at the appropriate time and that other drivers are not forced to "get out of their way")		
<b>Observe Highway Driving Behaviors</b> (tell the trainee the importance of driving in a safe and defensive manner, maintaining adequate following distance, and using mirrors and turn signals. Inform them of the importance of adjusting driving for conditions such as inclement weather, construction zones, and emergency vehicles)		
<b>You may now have the trainee return to the Aftermath shop location. Upon your return, walk the trainee through the following post-job procedures:</b>		
Post-Job Checklist Item	Completed	Comments
<b>Post-Job Vehicle Checklist Walkthrough</b>		
<b>Post-Job Vehicle Cleaning Walkthrough</b>		

**Debrief:** The Supervisor conducting the training shall hold a post-training debrief with the driver/trainee. Provide general feedback on the specific checklist items, focusing on their strengths first. You can then review any areas of concern and provide specific suggestions on how the driver can improve their skills, particularly the weaker ones.

**Complete and submit the following Hands-on Driver Training Record form, to be signed by both the trainer and trainee.**

**Hands-on Driver Training Record**

**Document #: 7501-06-02**

**APPROVED BY:**

*Ben Marks, Director of EHS*

\*\*\*EMAIL COMPLETED HANDS-ON DRIVER TRAINING RECORD FORM TO TRAINING@AFTERMATH.COM\*\*\*

Employees conducting this training must utilize the Hands-on Driver Training Checklist on the Portal under Resources/Safety

Test Date:

Branch Office:

Employee Name:

Trainer Name:

Results: ☐ Pass ☐ Fail

*I certify that I am qualified to conduct this hands-on driver training, have trained the above named employee in accordance with this Aftermath Services, LLC Hands-on Driver Training resource, and that the employee has successfully completed the online driver training module and hands-on driver training and demonstrated an understanding of the policies and competency in the assessed driving skills*

\_\_\_\_\_  
Trainer Signature

*I certify that I have been trained on the Aftermath Services, LLC vehicle fleet policies, have successfully completed this hands-on driver training, and I understand and acknowledge my responsibilities while operating an Aftermath fleet vehicle*

\_\_\_\_\_  
Trainee Signature

## 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
  - 6).
- (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).
  - 2).
- (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:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- (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:  
New Jersey:
- (6) The designated coordinator will contract for clean-up services with another company. (*This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.*)
- (7) This plan will be carried in all vehicles, along with the permit.

Aftermath Services LLC

75 Executive Dr. Suite 200

Aurora, IL 60504

Corporate Officers

Steve Ford - President

Bryan Warcholek – Director, Operations Support

Anthony Puglionesi – Director of Operations Field



## Ownership Information

ServiceMaster Brands – 100% Ownership

1 Glenlake Pkwy. NE Suite 1400

Atlanta, GA 30328

## Drivers List

Kendall Zamora

Robert Zywicki

Robert Reynoso

Shaelynn Phillips

Tiffany Schuyler

Donnie Goodwin

Eric Wilson

Mark Dillard

Andrew Brecht

## Affiliate ServiceMaster Companies

Indoor Science

Merry Maids

Two Men and A Truck

Amerispec

Furniture Medic

ServiceMaster Clean

Service Master Restore

# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Aftermath Services LLC**

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

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

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

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

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

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

**75 Executive Drive, Suite 200**

6 City, state, and ZIP code

**Aurora, IL 60504**

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

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

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

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

4 6 - 1 5 0 9 7 2 0

## Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign  
Here

Signature of  
U.S. person ►

Date ►

1/9/24

## General Instructions

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

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

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/12/2024

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).

<b>PRODUCER</b> MARSH USA, LLC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326  CN131651218--GAWU-23-24	<b>CONTACT</b> NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL: ADDRESS:  <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> Admiral Insurance Co <b>INSURER B :</b> Hartford Fire Insurance Co <b>INSURER C :</b> Redwood Fire & Casualty Co <b>INSURER D :</b> Continental Divide Ins Co <b>INSURER E :</b> <b>INSURER F :</b>
<b>INSURED</b> Aftermath Services LLC 75 Executive Drive, Suite 200 Aurora, IL 60504	<b>NAIC #</b> 24856 19682 11673

## COVERAGES

CERTIFICATE NUMBER:

ATL-005489932-11

REVISION NUMBER: 7

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		FEI-ECC-35409-01	11/01/2023	11/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ \$3,000,000 PRODUCTS - COMP/OP AGG \$ \$3,000,000 Deductible Value: \$ 20,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		20 UEN EM0556 (AOS) 20 UEN EM0557 (MA)	11/01/2023 11/01/2023	11/01/2024 11/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Deductible Value: \$ 3,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		FEI-EXS-45237-01	11/01/2023	11/01/2024	EACH OCCURRENCE \$ AGGREGATE \$ Limits \$ 10,000,000
C	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	AFWC553406 (AOS) AFWC553610 (FL,OR)	01/15/2024 01/15/2024	01/15/2025 01/15/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Pollution Liability		FEI-ECC-35409-00	11/01/2023	11/01/2024	Each Occurrence/General Agg 1M/\$3M
A	Professional Liability		FEI-ECC-35409-00	11/01/2023	11/01/2024	Each Occurrence/General Agg 1M/\$3M

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

Evidence of Insurance

## CERTIFICATE HOLDER

## CANCELLATION

Aftermath Services LLC 75 Executive Drive Suite 200 Aurora, IL 60504	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  <i>Marsh USA LLC</i>
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## **Procedure: Biohazardous & Infectious Waste Storage Spill Management Plan**

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### **1. INTRODUCTION**

The services provided by Aftermath Services LLC ("Aftermath") include the cleanup and decontamination for the following trauma and crime scenes: homicide, suicide, gross filth, unattended deaths, personal accidents, and industrial accidents. This list is not intended to be a complete list of the situations which Aftermath will respond to for cleaning and decontamination. No waste generated by Aftermath Services LLC may be recycled. Please visit our website at [www.aftermath.com](http://www.aftermath.com) for more information about Aftermath.

### **2. PURPOSE**

The purpose of this spill management plan is to establish protocols for all Aftermath Supervisors and Technicians in the event there is a spill of biohazardous and infectious waste at the storage site.

### **3. PREVENTATIVE MEASURES**

All Aftermath Supervisors and Field Technicians are trained in the proper handling and storage of biohazardous and infectious waste so as to minimize the risk of a spill. Specifically, the following procedures will be followed so as to minimize the risk of a spill in the transport vehicle:

- 3.1. Biohazardous and infectious waste will be packaged in red plastic bags and contained in sturdy corrugated cardboard bio-boxes with lids that close to prevent any contact with the red bag contents. All required bags and containers needed will be accounted for in the inventory on the van prior to beginning the work. Any waste that can be recycled shall be recycled, however no waste that is considered biohazardous may be recycled.

- 3.2. The red plastic bags shall be leak resistant, impervious to moisture, of sufficient strength to prevent tearing or bursting under normal conditions of use and handling, sealed to prevent leakage, and be puncture resistant for sharps.
- 3.3. All containers will be inspected prior to loading onto the permitted vehicle to ensure the containers are properly packaged and marked.
- 3.4. Biohazardous and infectious waste will be stored in an area that is secured from unauthorized access.
- 3.5. The storage area for biohazardous and infectious waste will be kept clean and impervious to rodents, insects, and odor.

#### **4. SPILL CONTAINMENT AND CLEANUP PROCEDURES**

The following containment and cleanup procedures shall be employed by Aftermath Supervisors and Technicians in the event of any spill of biohazardous and infectious waste in the transport vehicle:

- 4.1. Isolate the spill by securing the area to prevent unauthorized entry
  - 4.1.1. If spill occurs when vehicle is in shop location, close and lock all shop access doors and place a written notification that there is to be no entry until further notice.
  - 4.1.2. If the spill is in a public area (job site, parking lot) isolate the affected area using physical barriers (if available). If no physical barriers available, make sure to isolate the area by taping it off with caution tape.
- 4.2. Obtain a spill kit from your storage location. Due to the nature of our work, both Aftermath's vehicles and shops are stocked with the items needed to clean up a spill. In the event of a spill, obtain the necessary spill kit items from either your vehicle or shop inventory.
- 4.3. Spill Kit Contents:
  - 4.3.1. Gloves
  - 4.3.2. Tyvek Suit
  - 4.3.3. Full Face Respirator
  - 4.3.4. Face Shield
  - 4.3.5. Absorbent Material (towels)
  - 4.3.6. Disinfectant (Aftermath Biotic Disinfectant)
  - 4.3.7. Biohazard bags
  - 4.3.8. Biohazard boxes
- 4.4. Verify the area is secured and isolated before beginning cleanup.
- 4.5. Put on the level of personal protective equipment deemed appropriate to safely and effectively handle and remediate the spill involved.
- 4.6. Place absorbent material (towels) around the perimeter of the spilled material so they completely encircle the spill.
- 4.7. Use the absorbent materials to mop up/absorb the spilled material. Place in biohazard bag.



- 4.8. Clean up any remaining dust, debris, etc. Make sure the surface where the spill occurred is clean. Absorbents, towels, and anything else used in this step should be placed in a biohazard bag.
- 4.9. Apply disinfectant to the affected area. Make sure the disinfectant remains in contact with the surface area for ten (10) minutes.
- 4.10. Using absorbent materials, mop up disinfectant and place material in biohazard bag.
- 4.11. Place used absorbent materials and all other waste generated during the cleanup into biohazard bag. Place all biohazard bags in biohazard boxes.
- 4.12. Any non-disposable items shall be cleaned using disinfectant use in the spill cleanup and allowed to air dry.
- 4.13. Remove personal protective equipment and place in biohazard bags along with any other disposable equipment items.
- 4.14. Place all biohazard bags in biohazard boxes. Process as any other infectious waste.

## **5. REPORTING PROCEDURES**

The following reporting procedures shall be employed by Aftermath Supervisors and Technicians in the event of any spill of biohazardous and infectious waste in the transport vehicle:

- 5.1. Once the spill has been contained and cleaned, the Supervisor shall immediately complete a Biohazardous and Infectious Waste Spill Report Form (See Attachment A).
- 5.2. Upon completion of the Biohazardous and Infectious Waste Spill Report Form, the Supervisor shall immediately contact Patrick Janis (VP, Safety & Compliance) at the Corporate Office (630-405-5160) to report the spill. If the spill occurs after normal business hours, the Supervisor will notify his Project Manager. The Supervisor shall also provide Patrick Janis a copy of the completed Biohazardous and Infectious Waste Spill Report Form.
- 5.3. Both the Supervisor and Aftermath's Corporate Office shall retain copies of all Spill Report Forms for a period of three (3) years.

## **6. TRAINING**

- 6.1. All Aftermath Services LLC Field employees will be trained in this procedure (spill prevention and response) and the training will be documented and emailed to [training@aftermath.com](mailto:training@aftermath.com).
- 6.2. The responsibility for this training is with the Regional Manager.
- 6.3. Hands-on exercises that demonstrate proper storage and cleanup shall be included in the training.

## **7. EMERGENCY RESPONSE CONTACTS**

- Aftermath Services LLC Corporate Office – (630) 551-0735
  - Aftermath Services LLC 24-Hour Toll Free Number – (800) 366-9923
  - Local Emergency Response – 911
- Delaware: 911, (302) 739-9401 or 1-800-662-8802

## 8. REVISION AND APPROVAL

Rev.	Date	Nature of Changes	Approved By
0	3 April 2017	Original issue.	Patrick J. Janis
1	25 March 2020	Updated training requirements to include hands-on.	Patrick J. Janis

## 9. PROCEDURE REVIEW

- 9.1. This procedure shall be reviewed by the Vice President, Safety & Compliance at least every three years for regulatory compliance and effectiveness, and updated as necessary.

**Hands-on Driver Training**

**Document #: 7501-06-02**

**APPROVED BY:**

*Ben Marks, Director of EHS*

**GUIDANCE FOR SUPERVISORS**

**Supervisors conducting this hands-on driver training must review the following guidance before allowing the trainee to get behind the wheel of the Aftermath Services, LLC (Aftermath) fleet vehicle.**

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This hands-on driver training shall be completed by all new employees who will be awarded driving privileges for Aftermath fleet vehicles. The training shall be conducted by the new employee's direct report, which will commonly be their Supervisor. The training should be conducted with the largest fleet vehicle available at each shop location. At the completion of the training, both the trainer and trainee must sign the Hands-on Driver Training Record Form at the end of this document. The trainee must then submit this form to the Employee Development Center on the Aftermath Portal. This hands-on portion of driver training accompanies a written portion facilitated through Alchemer, Aftermath's online training platform. **The online, written portion of the training must be completed by the new employee prior to this hands-on portion.** Additionally, all employees must read and sign the **Aftermath Driving Policy Acknowledgement Form** prior to completing this hands-on driver training.

Supervisors conducting this training should review the training checklist on the following page to become familiar with the specific driving tasks on which they will be training the new employee. The role of the Supervisor in this process is to advise the driver on safely operating fleet vehicles and ensure they demonstrate competency in these driving tasks. Plan out the route ahead of time to ensure that all driving tasks listed can be efficiently completed. This hands-on driver training activity will take approximately 30 to 45 minutes, with a debrief at the end.

Provide instructions to the driver for the route you have planned and ensure that the driver is able to concentrate on driving in a safe manner while receiving instructions. Being nervous can negatively impact driving performance, so it may be useful to reassure the driver by telling them to relax and drive as they normally would. **BUCKLE UP!**

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**The following page provides a Driver Training Checklist to be completed by the trainer during this hands-on driver training activity.**

**Hands-on Driver Training**  
Document #: 7501-06-02

**APPROVED BY:**  
Ben Marks, Director of EHS

**DRIVER TRAINING CHECKLIST**

<b>Trainee Driver Name:</b>		<b>License #:</b>
<b>Date/Time:</b>	<b>Weather:</b>	<b>Vehicle Type:</b>
<b>Trainer Name:</b>		<b>Shop Location:</b>

Checklist Item	Completed	Comments
<b>Complete the following items before having the trainee put the vehicle in motion:</b>		
<b>Visual Aids</b> (have the driver point out all mirrors in the vehicle, show driver how mirrors are adjusted)		
<b>Lights</b> (show the driver how to operate the headlights, high-beams, hazard lights, fog lights, turn signals, etc.)		
<b>Windshield Wipers</b> (show the driver how to operate the windshield wipers)		
<b>Seat Adjustment</b> (show the driver how to adjust the driver's seat, allow them to find a comfortable position)		
<b>Other Vehicle Features</b> (show the driver all other pertinent vehicle features e.g. cruise control, windows, cabin lights, horn, etc.)		
<b>Vehicle Height</b> (tell the trainee the height of the vehicle, have them exit the vehicle to observe the distance between driver eye level and the top of the vehicle)		
<b>Have the trainee put the vehicle in motion, complete the following items in the Aftermath parking lot, if possible:</b>		
<b>Seat Belt Use</b> (instruct the driver that seat belt use is required when vehicle is in motion)		
<b>Turning Radius</b> (have the driver slowly drive the vehicle around in a circle to become familiar with the turning radius)		
<b>Reversing</b> (have the driver reverse the vehicle in a straight line, then have them reverse through a 90 degree turn)		
<b>Have the trainee take the vehicle on local roads to complete the following items:</b>		
<b>Parking</b> (have the trainee drive to a parking lot nearby, if available, and park the vehicle in a parking spot. Instruct the driver that the vehicle must be backed in to parking spots)		
<b>Parking on Incline</b> (have the trainee drive to a hill with roadside parking and a curb and park the vehicle on an incline. Tell them to turn the wheels outwards [to the left] and use the parking brake)		

**Hands-on Driver Training**  
**Document #: 7501-06-02**

**APPROVED BY:**  
*Ben Marks, Director of EHS*

Checklist Item	Completed	Comments
<b>Parking on Decline</b> (on the opposite side of the same hill, have the trainee park the vehicle on a decline. Instruct them to turn the wheels inwards [to the right] and use the parking brake)		
<b>Parallel Parking</b> (have the trainee execute at least one successful parallel park job)		
<b>Observe Driving Behaviors</b> (tell the trainee the importance of driving in a safe and defensive manner, following posted speed limits, following right-of-way rules, and maintaining adequate following distance and space at stops. Instruct them to use mirrors and turn signals, and to always be alert, aware of other motorists/pedestrians, and in control of the vehicle)		
<b>Have the trainee take the vehicle to the nearest freeway to complete the following items:</b>		
<b>Merging</b> (instruct the trainee to merge the vehicle onto and off of the freeway in a safe and effective manner that does not disrupt the flow of traffic, ensure they use turn signals at the appropriate time)		
<b>Max Speed of 65 mph</b> (instruct the trainee that the vehicle speed should never exceed 65 mph, and that they should drive in the appropriate lane for their speed so as not to disrupt the flow of traffic)		
<b>Changing Lanes</b> (tell the trainee to change lanes in a smooth, safe, and efficient manner, ensure they engage turn signals at the appropriate time and that other drivers are not forced to "get out of their way")		
<b>Observe Highway Driving Behaviors</b> (tell the trainee the importance of driving in a safe and defensive manner, maintaining adequate following distance, and using mirrors and turn signals. Inform them of the importance of adjusting driving for conditions such as inclement weather, construction zones, and emergency vehicles)		
<b>You may now have the trainee return to the Aftermath shop location. Upon your return, walk the trainee through the following post-job procedures:</b>		
Post-Job Checklist Item	Completed	Comments
<b>Post-Job Vehicle Checklist Walkthrough</b>		
<b>Post-Job Vehicle Cleaning Walkthrough</b>		

**Debrief:** The Supervisor conducting the training shall hold a post-training debrief with the driver/trainee. Provide general feedback on the specific checklist items, focusing on their strengths first. You can then review any areas of concern and provide specific suggestions on how the driver can improve their skills, particularly the weaker ones.

**Complete and submit the following Hands-on Driver Training Record form, to be signed by both the trainer and trainee.**



**Hands-on Driver Training Record**

Document #: 7501-06-02

**APPROVED BY:**

Ben Marks, Director of EHS

**\*UPLOAD COMPLETED HANDS-ON DRIVER TRAINING RECORD TO THE EMPLOYEE DEVELOPMENT CENTER\***

Employees conducting this training must utilize the Hands-on Driver Training Checklist on the Portal under Resources/Safety

Test Date:

Branch Office:

Employee Name:

Trainer Name:

Results: ☐ Pass ☐ Fail

*I certify that I am qualified to conduct this hands-on driver training, have trained the above named employee in accordance with this Aftermath Services, LLC Hands-on Driver Training resource, and that the employee has successfully completed the online driver training module and hands-on driver training and demonstrated an understanding of the policies and competency in the assessed driving skills*

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Trainer Signature

*I certify that I have been trained on the Aftermath Services, LLC vehicle fleet policies, have successfully completed this hands-on driver training, and I understand and acknowledge my responsibilities while operating an Aftermath fleet vehicle*

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Trainee Signature



**Master Service Agreement**  
**Effective Date February 1st, 2022 between Stericycle, Inc and Aftermath Services LLC.**

**Service Address**

Customer/Company Name: Aftermath Services LLC  
Address 1: See attachment A - Site list  
Address 2: See attachment A - Site list  
City / State / Zip: See attachment A - Site list  
Phone: See attachment A - Site list  
Email: See attachment A - Site list  
Contact: See attachment A - Site list Title: See attachment A - Site list

**Billing Information** (See below)

Billing Contact/Company Name: Aftermath Services LLC  
Address 1: 75 Executive Dr  
Address 2: Suite 200  
City / State / Zip: Aurora, IL 60504  
Phone: 630-423-7270  
Email: tbao@aftermath.com, tmontalbano@aftermath.com  
Contact: Tina Bao Title: Manager

Services Included checked below (Reference Attachment "Service Descriptions" for details)		Per Site Additional Stop Charge	Per Site Additional Container / Over Weight / Envelope Charge	Monthly Service Fee (Please see attachment A for per site monthly costs)
<input checked="" type="checkbox"/>	Biohazardous Regulated Medical Waste Disposal (See attachment A for per site details)	\$ 75	Current container rate	\$27,612.49
<input type="checkbox"/>	Stericycle Reusable Sharps Program (Only available with purchase of "Biohazardous Regulated Medical Waste Disposal" services)			
<input type="checkbox"/>	Fixer / Developer - Photo Processing Disposal Service			
<input type="checkbox"/>	Pathological / Trace Chemotherapy Disposal Service			
<input type="checkbox"/>	Pharmaceutical Waste Disposal Service			
<input type="checkbox"/>	CsRx Controlled Substance Waste Service			
<input type="checkbox"/>	Steri-Safe HIPAA Compliance Service			
		No Waste Fee	**Minimum Pickup Fee	
<input checked="" type="checkbox"/>	Biohazardous Regulated Medical Waste Disposal - Transactional	See attachment A for per site breakdown	\$ <u>27,612.49</u>	

\* Price per Box: WA only = Based on WUTC Tariff pricing

\*\* Minimum Pickup Fee: WA only = \$10.00 minimum monthly fee

Monthly Recurring Service Fee: \$ 27,612.49 (Does not include WA State)

WA Minimum Pickup Fees: \$ See attachment A for per site details

Fuel Charge (per stop): \$ 0

Energy Fee (per stop): \$ 0

Environmental Fee: 0%

Record Retention Fee (per stop): \$ 0

**Total Recurring Monthly Service Fees: \$27,612.49**

**Billing Schedule:** Monthly

**Includes All Fees (Additional Taxes May Apply)**

During the first 24 months of the Agreement, Stericycle will not increase the above fees.

Thereafter, fees will not increase by more than 5% annually.

Service Guarantee: Stericycle guarantees to deliver the highest quality service at all times. Any complaints about the quality of service which have not been resolved in the normal course of business should be communicated to Stericycle by written notice to the Account Care department at the address listed below. If Stericycle fails to resolve any material service complaint within thirty (30) days, the customer may terminate this Agreement provided all equipment is paid for at the then current replacement values or returned to Stericycle in good and usable condition.

IN WITNESS WHEREOF, this Agreement has been duly executed on the day, month and year written below

**Stericycle:**

Contracting Entity: Stericycle, Inc.  
Name: Jacob McNear  
Title: RSD  
Date: 1-20-2022  
Signature: [Signature]

**Customer:**

Customer/Company Name: Aftermath Services LLC  
Name: Tom Montalbano  
Title: Controller  
Date: 1/20/22  
Signature: [Signature]

By signing above, I acknowledge that I am the Customer's authorized officer or agent and that I have the authority to bind Customer to this Agreement. Customer agrees to be bound by these terms and conditions and comply with Stericycle's Waste Acceptance Policy, both of which are integral parts of this Agreement.

Stericycle, Inc. • 4010 Commercial Ave., Northbrook, IL 60062 • P (773) 419-0222 • F (866) 643-3825

Initials: Customer TM Stericycle JM

## TERMS AND CONDITIONS

Stericycle, Inc., a Delaware corporation, with offices at 28161 N. Keith Drive, Lake Forest, IL 60045 (collectively, "Stericycle"), and Aftermath Services LLC with offices at 75 Executive Dr, Ste 200, Aurora, IL 60504 ("Customer"), hereby enter into and agree as provided in this Services Agreement (the "Agreement") dated as of the 1st day of February, 2022 (the "Effective Date").

1. **Services.** (a) Stericycle will provide Customer the services set forth on page 1 of this Agreement (the "Services") which are incorporated herein and made a part of this Agreement. (b) Customer shall be liable for and shall indemnify, defend and hold harmless Stericycle from and against all demands, claims, actions, losses, damages, and expenses, including reasonable attorney fees resulting from any Non-Conforming Waste (defined below) or Customer's failure to properly store, package, label, or segregate RMW. (c) All lab wastes or materials that contain or have the potential to contain infectious substances arising from any agents listed under 42 CFR 72.3 are prohibited from inclusion among RMW to be collected and must be pretreated by Customer prior to disposal. (d) The current version of the Stericycle Waste Acceptance Policy ("WAP") is attached. Stericycle may periodically update the WAP. (e) During the Term, Stericycle shall be the exclusive provider of the Services to Customer at all of its locations, and Customer shall use no other RMW disposal service, method or service provider, whether at the service location(s) set forth herein or at any other current or future location(s) of Customer. As used herein, "Non-Conforming Waste" means any substance, waste or container that is excluded, not accepted or non-conforming under the WAP or otherwise cannot be accepted by Stericycle under any applicable law, rule or regulation. (f) Stericycle may bill additional charges for each non-compliant container (overweight under applicable laws, rules or regulations; each container exceeding 50 lbs; containers holding non-conforming waste; and containers where the waste is improperly segregated or packaged) provided by Customer.

2. **Term of this Agreement.** (a) The initial term of this Agreement (the "Initial Term") will begin on the Effective Date set forth above and continue for Sixty (60) months. This Agreement will automatically renew for successive month-to-month terms (each, an "Extension Term"), unless either party gives the other party at least 60 days' written notice, prior to the renewal date, of its request to terminate this Agreement. The Initial Term and each Extension Term, if any, are collectively referred to as the "Term". (b) Upon the expiration or termination of this Agreement, Customer shall pay Stericycle all amounts due for services and products provided prior to the expiration or termination (and any other amounts due to Stericycle, which may include a final pickup fee). (c) Stericycle shall have the right to retrieve its Equipment (defined below) from Customer wherever located.

3. **Pricing.** Customer shall pay to Stericycle the service fees set forth on page 1 ("Service Fees"). Stericycle may adjust the Service Fees to cover non-controllable costs, including but not limited to taxes, fuel and regulatory fees annually in accordance with the percentage listed on page 1.

4. **Payment Terms.** Customer shall pay in full each Stericycle invoice within 30 days of the date of such invoice. Any invoiced amounts not received by Stericycle within that timeframe will be subject to an interest charge of 1.5% per month (or the maximum amount allowed by law). Customer shall reimburse Stericycle for all costs that it incurs in collecting overdue amounts from Customer. Stericycle may, with notice, suspend services until any overdue amounts (plus interest charges and collection fees, if any) are paid. Customer shall also pay all taxes imposed by any governmental authority with respect to the purchase of any services and products hereunder, including all sales, use, excise, occupation, franchise and similar taxes and tax-like fees and charges (but excluding all taxes on Stericycle's net income). Stericycle will cooperate with Customer to determine the applicability of exemption certificates, if any, that Customer provides in a timely manner to Stericycle.

5. **Early Termination.** In the event that Customer terminates this Agreement prior to the expiration of the Term other than as set forth in Section 6 Customer shall promptly pay Stericycle (a) all unpaid invoices and any late charges thereon; and (b) an amount equal to 50% of Customer's average monthly charge multiplied by the number of months (including any partial months) remaining until the expiration date of the Term.

6. **Default and Early Termination for Cause.** Either party may immediately terminate this Agreement, in whole or in part, upon written notice to the other party if the other party breaches any material provision of this Agreement and fails to cure such breach within thirty (30) days following receipt of written notice of such breach. Documented service or performance deficiencies by Stericycle or nonpayment by Customer of amounts rightfully owed to Stericycle or Customer's failure to comply with Stericycle policies related to the Services shall constitute a material breach.

7. **Limitation of Liability.** In no event shall either party be liable for any indirect, exemplary, punitive, special, incidental or consequential damages, or lost profits, lost revenue, lost business opportunities or the cost of substitute items or services under or in connection with this Agreement.

8. **Compliance Materials; Confidentiality.** To the extent that Stericycle provides Customer with electronic or printed materials ("Compliance Materials"), it provides these

subject to a limited license to Customer to use Compliance Materials for its own, non-commercial use. Stericycle may revoke this license at any time. Customer may not copy or distribute Compliance Materials or use or republish Compliance Materials for or to any third party or audience. Customer agrees to return all Compliance Materials to Stericycle at Customer's expense at the expiration or termination of this Agreement. Stericycle may charge Customer a fee for failure to return Compliance Materials. Customer agrees to not disclose to any third parties Stericycle pricing, policies and procedures.

9. **Compliance with Laws and Policies.** Each party shall comply with all laws, rules and regulations applicable to its performance hereunder. Stericycle and Customer shall keep adequate books, records and documentation as required by applicable laws, rules, regulations and guidelines pertaining to storage or handling of RMW and the Services hereunder. Customer shall comply with the WAP applicable to the Services.

10. **Excuse of Performance.** Neither party will be responsible if its performance of any act(s) required hereunder (other than the payment of any amounts due) is interrupted or delayed due to any reason beyond its reasonable control.

11. **Equipment.** Customer shall have the care, custody and control of any containers and other equipment owned by Stericycle and placed at Customer's premises ("Equipment") and accepts responsibility and liability for the Equipment and its contents. Any damage or loss to such Equipment, other than normal wear and tear, will be charged to Customer at full replacement value.

12. **Waste Brokers.** Stericycle reserves the right to deal solely with the Customer and not with any third party agents of the Customer for all purposes relating to this Agreement. Customer represents and warrants to Stericycle that it is the medical waste generator and is acting for its own account and not through a broker or agent. Stericycle shall be entitled to terminate this agreement and seek all available legal remedies, including but not limited to liquidated damages, in the amount set forth herein for Customer's breach of this representation and warranty.

13. **Miscellaneous.** (a) This Agreement constitutes the entire agreement between the parties relating to the subject matter of this Agreement and supersedes any prior agreements and arrangements between the parties. (b) This Agreement may be modified only by a written amendment signed by an authorized representative of each party. (c) This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and permitted assigns, legal representatives and heirs; provided, however, that Customer may not assign its rights or delegate its obligations under this Agreement without the prior written consent of Stericycle. (d) Stericycle's relationship with Customer is that of an independent contractor, and nothing in this Agreement shall be construed to designate Stericycle as an employee, agent or partner of or a joint venture with Customer. (e) Any dispute arising in connection with or relating to this Agreement or between the parties ("Disputes") that the parties are unable to resolve informally, such as via discussion and negotiation between the parties, shall solely and exclusively be resolved by binding and final arbitration before the American Arbitration Association ("AAA"), conducted pursuant to the Federal Arbitration Act (as the parties acknowledge that the services provided involve interstate commerce). All Disputes will be determined on an individual basis (and not as a class member or in any purported class or representative capacity, considered unique as to its facts, and shall not be consolidated in any arbitration or other proceeding with any claim or controversy of any other party, and the arbitrator or trier of fact shall not preside over any form of representative or class proceeding. The exclusive jurisdiction and forum for resolution of any Dispute shall be by arbitration, which shall take place in the state where Customer is located at the closest AAA office. (f) The failure of either party to insist upon the performance of any provision hereof, or to exercise any right granted under any provision hereof, will not be construed as waiving that provision or any other provision, and the provision will continue in full force and effect. (g) No term or condition contained in a Customer purchase order or any other invoice acknowledgment shall be binding upon Stericycle unless agreed to by Stericycle in writing. (h) Each provision of this Agreement must be interpreted in a way that is valid under applicable law. If any provision is held invalid, the rest of the Agreement will remain in full force and effect. (i) The failure of either party to insist upon the performance of any provision hereof, or to exercise any right granted under any provision hereof, will not be construed as waiving that provision or any other provision, and the provision will continue in full force and effect. All waivers must be in writing and signed by the party waiving its rights. (j) Except as otherwise set forth herein, this Agreement shall be governed by and construed in accordance with the laws of the State of Illinois, without regard to the conflict of law provisions.

Initials: Customer  Stericycle 



# Regulated Medical Waste Acceptance Policy

Stericycle policy requires compliance with all applicable regulations regarding the collection, transportation and treatment of regulated medical waste. Federal Department of Transportation (DOT) Regulations require the generator of regulated medical waste to certify that the packaging and documentation of transported regulated medical waste complies with DOT regulations regarding waste classification, packaging, labeling and shipping documentation. To ensure that neither Stericycle nor the generator of regulated medical waste violates applicable regulations, it is imperative that all parties understand the rules regarding proper identification, classification, segregation and packaging of regulated medical waste. The purpose of this policy is to summarize the minimum requirements for preparing your medical waste for collection, transportation and treatment. Additional facility or state-specific waste acceptance policies may apply based on permit specifications. Please contact your local representative for further information or email [customer@stericycle.com](mailto:customer@stericycle.com).

## REGULATED MEDICAL WASTE

Stericycle accepts medical waste generated in a broad range of medical, diagnostic, therapeutic and research activities. The term "medical waste" includes biohazardous, biomedical, infectious or regulated medical waste as defined under federal, state or local laws, rules, regulations and guidelines. Except as defined by specific state regulations, this excludes RCRA hazardous waste pharmaceuticals, all DEA scheduled drugs including "controlled substances, bulk chemotherapy, waste containing mercury or other heavy metals, batteries of any type, cauterizers, non-infectious dental waste, chemicals such as solvents, reagents, corrosives or ignitable materials classified as hazardous waste under Federal and State EPA Regulations. In addition, Stericycle cannot accept bulk liquids, radioactive materials, or complete human remains (including heads, full torsos and fetuses). Stericycle cannot accept these excluded materials packaged as regulated medical waste. All lab wastes or materials which contain or have the potential to contain infectious substances arising from those agents listed under 42 CFR Part 73 (HHS), 7 CFR Part 331 (USDA-Plant Protection and Quarantine), and 9 CFR Part 121 (USDA-Veterinary Services) are strictly prohibited from medical waste by federal law and must be pretreated prior to disposal. Separate protocol and packaging requirements apply for the disposal of non-hazardous pharmaceuticals. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please contact your local representative for details and packaging specifications.

\* Un-dispensed from DEA Registrant

## WASTE SEGREGATION AND PACKAGING

The generator is solely responsible for properly segregating, packaging and labeling of regulated medical waste. Proper segregation and packaging reduces the potential for accidental release of the contents and exposure to employees and the general public. DOT regulations require (49 CFR 173.197) that all packages of regulated medical waste be prepared for transport in containers meeting the following requirements: 1) rigid; 2) leak resistant; 3) impervious to moisture; 4) of sufficient strength to prevent tearing or bursting under normal conditions of use and handling; 5) sealed to prevent leakage during transport; and 6) puncture resistant for sharps. All regulated medical waste must be accompanied by a properly completed shipping document (See 49 CFR 172.202).

## MANAGEMENT OF NON-CONFORMING WASTE

As required by regulation and company policy, Stericycle employees may refuse containers that are non-conforming because of their contents or are improperly packaged, leaking, damaged or likely to create a risk of exposure to employees or the general public. Any waste found to be non-conforming to this Waste Acceptance Policy identified in route to, or at a Stericycle location, may be returned to the generator for proper packaging and disposal, or may be rerouted for appropriate destruction; this may include improperly marked regulated medical waste which should have been identified for incineration (i.e. pathological, chemotherapy or non-hazardous pharmaceuticals). Proper segregation and packaging is essential to ensure compliant and safe handling, collection, transportation and treatment of regulated medical waste.

## STERICYCLE REGULATED MEDICAL WASTE ACCEPTANCE POLICY CHECKLIST

### ACCEPTED REGULATED MEDICAL WASTE

- Sharps - Means any object contaminated with a pathogen or that may become contaminated with a pathogen through handling or during transportation and also capable of cutting or penetrating skin or a packaging material. Sharps includes needles, syringes, scalpels, broken glass, culture slides, culture dishes, broken capillary tubes, broken rigid plastic, and exposed ends of dental wires.
- Regulated Medical Waste or Clinical Waste or (Bio) Medical Waste - Means a waste or reusable material derived from the medical treatment of an animal or human, which includes diagnosis and immunization, or from biomedical research, which includes the production and testing of biological products.

### ACCEPTED REGULATED MEDICAL WASTE WHICH MUST BE IDENTIFIED AND SEGREGATED FOR INCINERATION

- Trace Chemotherapy Contaminated Waste - RCRA Empty drug vials, syringes and needles, spill kits, IV tubing and bags, contaminated gloves and gowns, and related materials as defined in applicable laws, rules, regulations or guidelines.
- Pathological Waste - Human or animal body parts, organs, tissues and surgical specimen (decanted of formaldehyde, formalin or other preservatives as required per hazardous waste rules).
- Non-RCRA Pharmaceuticals - Must be characterized and certified as non-RCRA hazardous material by the generator. Excludes all DEA scheduled drugs, including controlled substances.\*
- California Only - Solidified Suction Canisters - Suction canisters that have been injected with solidifier materials to control liquids or suction canisters made of high heat resistant plastics such as polysulfone.

### OTHER REGULATED MEDICAL WASTES NOT ACCEPTED AS REGULATED MEDICAL WASTE BY STERICYCLE

- Untreated Category A Infectious Substances
- Complete Human Remains (including heads, full torsos, and fetuses)
- Bulk Chemotherapy Waste
- Mercury-Containing Dental Waste - Non-contact and contact amalgam and products, chairside traps, amalgam sludge or vacuum pump filters, extracted teeth with mercury fillings and empty amalgam capsules
- Any Mercury Containing Material or Devices - Any mercury thermometers, sphygmomanometers, lab or medical devices
- RCRA Hazardous Pharmaceutical Waste and all DEA Federal and State Controlled Substances\*
- Chemicals - Formaldehyde, formalin, acids, alcohol, waste oil, solvents, reagents, fixer developer, fluorescein
- Compressed Gas Cylinders, Canisters, Inhalers and Aerosol Cans
- Hazardous or Universal Waste - any other waste determined by Federal or State EPA regulations including but not limited to batteries, bulbs, heavy metals, etc.
- Radioactive Waste - Any container with a radioactivity level that exceeds regulatory or permitted limits; lead-containing materials

\*Consult Stericycle Representative for specific requirements

Additional waste acceptance policies may apply based on state or permit specific requirements. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please refer to your local Stericycle Representative for additional information and options for possible hazardous waste handling. For additional information on container and labeling requirements contact our Stericycle Customer Service Department at [customer@stericycle.com](mailto:customer@stericycle.com)

Initials: Customer JD Stericycle SM

We protect what matters.

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 **Stericycle®**



## SERVICE DESCRIPTIONS



### Biohazardous Regulated Medical Waste Disposal

- Safe, compliant collection, transport and treatment of regulated medical waste.
- Access to DOT and biohazardous training on MyStericycle.com, our convenient online customer portal.

#### RELATED SERVICES:

#### Secure pick-up of Fixer/Developer – Photo Processing Disposal Service

- Treatment and disposal of x-ray fixer/developer containing silver or hydroquinone.
- This service is available in CA and parts of CT, MA, NH, RI, VT, NJ and NY.

#### Secure pick-up of Pathological/Trace Chemotherapy Disposal Service

- Treatment and disposal of infectious waste or discarded items that have been contaminated by trace amounts of chemotherapeutic, cytotoxic or antineoplastic pharmaceuticals.

#### Regulated Medical Waste – Transactional

- Containers, manifests, collection, transport, treatment and disposal of all regulated medical waste (except non-conforming waste) on an on-call basis.



### Stericycle Reusable Sharps Program

- Our Sharps Management Service utilizes reusable sharps containers to streamline the collection and disposal of sharps in your facility. A Stericycle driver will pick up your packaged, full sharps containers and provide clean ones for continued use.
- Each reusable container can be utilized up to 600 times. Our service reduces plastic going into landfills and helps avoid utilizing natural resources to create new containers.
- Easy-to-use container design allows for single-handed disposal of sharps. The container base is transparent making it easy to see the fill line and prevent overfilling to reduce needlestick injuries.



### Steri-Safe™ OSHA Compliance Solutions

- Award-winning bloodborne pathogens training\*, available online in English and Spanish. Our Online Training Center provides tracking and reporting.
- Simple, automated Safety Plan Builder to help you stay compliant and access to over 10 million Safety Data Sheets to easily create a customized online binder.
- Preferred level services include annual on-site training, mock OSHA inspection and a dedicated Healthcare Compliance Educator. We also provide a No Fine. No Fail. OSHA Guarantee.
- Enjoy a 10% discount on Healthcare Products.

### Steri-Safe™ HIPAA Compliance Solutions

- Critical training including HIPAA privacy, security and social media.
- Easy-to-use HIPAA privacy and security risk assessments.
- Preferred level services include annual on-site HIPAA privacy and security gap analysis and trainings.

\*2016 Bronze Telly Award for our bloodborne pathogens training in the category of Non-Broadcast Productions – Health and Wellness.

Initials: Customer Stericycle



## SERVICE DESCRIPTIONS

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### Pharmaceutical Waste Disposal

#### Drug Disposal Service

- Treatment and disposal of non-hazardous pharmaceutical waste. This includes pharmaceutical and over-the-counter drug products that do not fall under the definition of hazardous pharmaceutical waste.
- Environmentally-friendly solutions to protect your communities and waterways.

#### Hazardous Drug Disposal Service

- Treatment and disposal of pharmaceuticals that either exhibit characteristics that make them a hazardous waste or that are specifically listed as a hazardous waste by EPA or state authorities.
- We provide you with a Pharmaceutical Waste Identification Checklist.

#### Seal&Send™ Controlled Substance Envelopes

- Seal&Send controlled substance mailback envelopes are for use only by patients/end-users; 50 envelopes per location annually.

#### CsRx® Controlled Substance Waste Service

- This solution is designed to help small hospitals and non-acute care facilities prevent diversion when disposing of controlled substances in the form of tablets, capsules, liquids and patches.
- Mitigates the risk of diversion when disposing of controlled substance waste in your facilities.
- This solution provides peace of mind that your controlled substance waste will be processed with total security and compliance.

Initials: Customer *RS* Stericycle *SM*



## Attachment A:

## Per Site Contact List:

Aftermath Services LLC.										
CID	Site	Name	Address	Suite / Floor	City	State	Zip	Contact Name	Contact Phone	Contact Email
New	New	AFTERMATH SERVICES LLC.	3521 Vann Rd.	Suite 117	Birmingham	AL	35235	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	10 Collins Industrial Pl.	Suite A	Little Rock	AR	72113	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	4640 East Elwood St.	Suite 9	Phoenix	AZ	85040	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	8914 E 41st Place	Suite 6	Yuma	AZ	85365	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	3370 Monier Circle	Suite 1	Rancho Cordova	CA	95742	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	9155 Archibald Ave.	Suite 903	Rancho Cucamonga	CA	91730	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	6401 Broadway	Suite R	Denver	CO	80221	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	161 Johnson St.	Suite 2	Middletown	CT	06457	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	10418 New Berlin Road.	Suite 121	Jacksonville	FL	32226	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	4302 East 10th Ave.	Unit #105	Tampa	FL	33605	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	7641 Hooper Rd.	Suite 5	West Palm Beach	FL	33411	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	1160 Greenskeep Dr.	Suite D	Kissimmee	FL	34741	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	135 Enterprise Dr.	Suite D	Cumming	GA	30040	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	5485 NE 17th St.	Suite H	Des Moines	IA	50313	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	3624 Newby St, Suite 101	Suite 101	Nampa	ID	83687	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	3674 Illinois Hwy 111	Suite 111	Pontoon Beach	IL	62040	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	90 Templeton Drive	Suite Drive	Oswego	IL	60543	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	7201 New Augusta Rd, Suite D	Suite D	Indianapolis	IN	46268	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	858 W. Main Street	Suite Street	Lexington	KY	40511	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	11114 Cedar Park Ave, Suite C	Suite C	Baton Rouge	LA	70809	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	215 Plain St, Unit 4	Suite 4	N. Attleboro	MA	02760	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	8211 Baltimore Annapolis Blvd	Suite Blvd	Passadena	MO	21122	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	4577 Lapeer Rd, Suite F	Suite F	Orion	MI	48359	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	3546 Roger B Chaffee Blvd.	0	Wyoming	MI	49548	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	680 Hale Avenue North, Suite 170	Suite 170	Oakdale	MN	55128	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	1200H NW Pamela Blvd	Suite Blvd	Grain Valley	MO	64029	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	10541 Outdoor Way, Bldg 1, Suite I	Suite I	Gulfport	MS	39503	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	10721 John Price Rd, Building 3 Unit 115	Suite 115	Charlotte	NC	28273	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	157 Blue Bell Road, Ste A	Suite A	Greensboro	NC	27406	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	4817 N 56th St, Suite 21	Suite 21	Lincoln	NE	68504	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	3 Robinson Rd, Unit B5	Suite B5	Bow	NH	03234	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	507 Route 9	Suite 9	Bayville	NJ	08721	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	5600 McLeod NE, Suite D	Suite D	Albuquerque	NM	87109	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	66 S 2nd St, Building F	Suite F	Bay Shore	NY	11706	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	137 Syke St, Suite 6	Suite 6	Rochester	NY	14611	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	12A Petra Lane, Suite 3	Suite 3	Colonie	NY	12205	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	860 Home Avenue	Suite Avenue	Akron	OH	44310	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	305 Smith Drive	Suite Drive	Clayton	OH	45315	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	8043 West Reno	Suite Reno	Oklahoma City	OK	73127	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	2100 Siegfried Ave	Suite Ave	Northampton	PA	18067	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	75 S. 13th Ave	Suite Ave	Lebanon	PA	17042	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	3251-G Old Frankstown Road	0	Pittsburgh	PA	15239	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	5515 Shakespeare Rd.	Suite 360	Columbia	SC	29223	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	712 Mt. Pleasant Road.	Suite 2	Spartanburg	SC	29307	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	195 Omohundro Place.	Suite C	Nashville	TN	37210	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	297 Oak Ridge Turnpike.	Suite 300	Oak Ridge	TN	37830	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	7523 Pebble Drive.	Building 24	Fort Worth	TX	76118	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	13940 Bammell N Houston Rd.	Suite 231	Houston	TX	77066	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	540 Sandau Rd.	Building 2 Suite 202	San Antonio	TX	78216	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	1308 S Midkiff	Suite 315	Midland	TX	79701	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	2380 South West Temple	0	Salt Lake City	UT	84115	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	2428 Alameda Ave.	Suite 302	Norfolk	VA	23513	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	4204-D Eubank Road.	0	Richmond	VA	23231	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	10111 S Tacoma Way.	Suite E6	Lakewood	WA	98499	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	11912 NE 95th Street.	Suite 330	Vancouver	WA	98682	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	13026 W McFarlane Rd.	Suite D1-4	Airway Heights	WA	99001	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com
New	New	AFTERMATH SERVICES LLC.	N16 W 22040 Jericho Dr.	Suite 3	Waukesha	WI	53186	Tempestt Coleman	(630) 423-4256	tbao@aftermath.com

## Additional Notes:

Initials: Customer *GR* Stericycle *JM*

**Service Attachment: (Biohazardous Regulated Medical Waste Disposal):**

**Aftermath Services LLC.**

City	State	Address	Suite / Floor	City	State	Zip	Frequency (Times / Yr)	Est. Sq. Feet	Monthly Gross Fee	Est. Net Program Fee
New	New	13521 Vann Rd.	Suite 117	Birmingham	AL	35215	1 x Per Week / 52 Stops	300	\$	184.08
New	New	10 Collins Industrial Pl.	Suite A	Little Rock	AR	72113	Every 4 Weeks / 13 Stops	250	\$	460.21
New	New	4640 East Fivewood St.	Suite 9	Phoenix	AZ	85040	Every Other Week / 26 Stops	350	\$	644.29
New	New	3914 E 41st Place	Suite 6	Tyrone	AZ	85365	Every 4 Weeks / 13 Stops	30	\$	55.23
New	New	3170 Monier Circle	Suite 3	Rancho Cordova	CA	95742	Every Other Week / 26 Stops	470	\$	865.19
New	New	9155 Archibald Ave.	Suite 303	Rancho Cucamonga	CA	91730	Every Other Week / 26 Stops	520	\$	857.33
New	New	6401 Broadway	Suite 8	Denver	CO	80221	Every Other Week / 26 Stops	470	\$	773.15
New	New	283 Johnson St.	Suite 2	Madison	CT	06457	Every Other Week / 26 Stops	520	\$	857.33
New	New	10418 New Berlin Road	Suite 121	Jacksonville	FL	32226	Every 4 Weeks / 13 Stops	150	\$	276.13
New	New	4302 East 10th Ave.	Unit 8105	Tampa	FL	33605	Every Other Week / 26 Stops	470	\$	773.15
New	New	7641 Hooper Rd.	Suite 5	West Palm Beach	FL	33411	Every 4 Weeks / 13 Stops	200	\$	368.17
New	New	3160 Greenhamp Dr.	Suite D	Kissimmee	FL	34741	Every 4 Weeks / 13 Stops	300	\$	184.08
New	New	135 Enterprise Dr.	Suite D	Cumming	GA	30040	1 x Per Week / 52 Stops	650	\$	1,196.54
New	New	3483 NE 17th St.	Suite 11	Orlando	FL	32818	Every 4 Weeks / 13 Stops	30	\$	57.54
New	New	3624 Murphy St, Suite 101	Suite 201	Tampa	FL	33607	Every 4 Weeks / 13 Stops	30	\$	55.23
New	New	7674 Illinois Hwy 111	Suite 211	Pasadena Beach	FL	32040	Every Other Week / 26 Stops	300	\$	552.35
New	New	90 Templeton Drive	Suite Drive	Chicago	IL	60641	1 x Per Week / 52 Stops	950	\$	1,748.79
New	New	7701 New Augusta Rd, Suite D	Suite D	Indianapolis	IN	46264	Every 4 Weeks / 13 Stops	200	\$	368.17
New	New	858 W. Main Street	Suite Street	Levittown	PA	46061	Every 4 Weeks / 13 Stops	100	\$	184.08
New	New	21114 Cedar Park Ave, Suite C	Suite C	Baton Rouge	LA	70809	Every 4 Weeks / 13 Stops	30	\$	55.23
New	New	235 Plain St, Unit 4	Suite 4	N. Attleboro	MA	02760	Every Other Week / 26 Stops	350	\$	644.29
New	New	8211 Baltimore Annapolis Blvd	Suite Blvd	Pasadena	MD	21132	1 x Per Week / 52 Stops	750	\$	1,380.63
New	New	4577 Lapeer Rd, Suite F	Suite F	Orion	MI	48359	1 x Per Week / 52 Stops	650	\$	1,196.54
New	New	3546 Roger B Chaffee Blvd.	D	Wyoming	MI	49548	Every 4 Weeks / 13 Stops	100	\$	184.08
New	New	680 Hale Avenue North, Suite 170	Suite 170	Oshtemo	MN	55128	Every Other Week / 26 Stops	350	\$	644.29
New	New	1200H NW Pamela Blvd	Suite Blvd	Grain Valley	MO	64029	Every 4 Weeks / 13 Stops	250	\$	460.21
New	New	10541 Outdoor Way, Bldg 3, Suite 1	Suite 1	Gulfport	MS	39501	Every 4 Weeks / 13 Stops	30	\$	52.04
New	New	10721 John Price Rd, Building 3 Unit 115	Suite 115	Charlotte	NC	28273	Every 4 Weeks / 13 Stops	130	\$	278.13
New	New	3157 Blue Bell Road, Ste A	Suite A	Greensboro	NC	27406	Every Other Week / 26 Stops	300	\$	552.35
New	New	4817 N 54th St, Suite 21	Suite 21	Lincoln	NE	68504	Every 4 Weeks / 13 Stops	150	\$	276.13
New	New	3 Robinson Rd, Unit B5	Suite B5	Beaumont	NH	03224	Every 4 Weeks / 13 Stops	250	\$	460.21
New	New	1607 Route 2	Suite 2	Randolph	NH	08721	1 x Per Week / 52 Stops	800	\$	1,472.67
New	New	1600 Midway NE, Suite D	Suite D	Albany	NH	87101	Every 4 Weeks / 13 Stops	200	\$	368.17
New	New	68 S 2nd St, Building F	Suite F	Bay Shore	NY	11706	Every 4 Weeks / 13 Stops	150	\$	276.13
New	New	117 Syle St, Suite 6	Suite 6	Rochester	NY	14611	Every 4 Weeks / 13 Stops	150	\$	276.13
New	New	12A Petra Lane, Suite 3	Suite 3	Colonie	NY	12205	Every 4 Weeks / 13 Stops	100	\$	184.08
New	New	860 Home Avenue	Suite Avenue	Albany	OH	44310	1 x Per Week / 52 Stops	650	\$	1,196.54
New	New	305 Smith Drive	Suite Drive	Clayton	OH	45315	Every Other Week / 26 Stops	400	\$	736.33
New	New	8043 West Reno	Suite Reno	Oklahoma City	OK	73127	Every 4 Weeks / 13 Stops	250	\$	460.21
New	New	2100 Singfield Ave	Suite Ave	Northampton	PA	18067	Every Other Week / 26 Stops	400	\$	736.33
New	New	75 S. 13th Ave	Suite Ave	Lebanon	PA	17042	Every 4 Weeks / 13 Stops	100	\$	184.08
New	New	3251-G Old Frankstown Road	D	Pittsburgh	PA	15239	Every 4 Weeks / 13 Stops	100	\$	184.08
New	New	3515 Shakespeare Rd.	Suite 260	Columbia	SC	29223	Every 4 Weeks / 13 Stops	230	\$	404.98
New	New	712 Mt Pleasant Road.	Suite 2	Spartanburg	SC	29307	Every 4 Weeks / 13 Stops	100	\$	184.08
New	New	195 Omohundre Place.	Suite C	Nashville	TN	37210	Every 4 Weeks / 13 Stops	350	\$	644.29
New	New	237 Oak Ridge Turnpike	Suite 100	Oak Ridge	TN	37830	Every 4 Weeks / 13 Stops	300	\$	552.35
New	New	7512 Pebble Drive	Building 24	Fort Worth	TX	76118	Every Other Week / 26 Stops	500	\$	920.42
New	New	12940 Bonnell H Houston Rd.	Suite 731	Houston	TX	77064	Every Other Week / 26 Stops	400	\$	736.33
New	New	540 Sander Rd.	Building 2 Suite 202	San Antonio	TX	78218	Every 4 Weeks / 13 Stops	280	\$	515.43
New	New	1308 S Midhill	Suite 115	Midland	TX	79701	Every 4 Weeks / 13 Stops	60	\$	110.45
New	New	2280 South West Temple	D	Salt Lake City	UT	84115	Every 4 Weeks / 13 Stops	40	\$	73.63
New	New	2428 Alameda Ave.	Suite 302	Norfolk	VA	23513	Every 4 Weeks / 13 Stops	100	\$	184.08
New	New	4204-D Lybank Road.	D	Richmond	VA	23231	Every 4 Weeks / 13 Stops	280	\$	478.42
New	New	N36 W 22040 Jericho Dr.	Suite 3	Waukegan	WI	53196	Every 4 Weeks / 13 Stops	250	\$	460.21

Initials: Customer PS Stericycle SM

**Service Attachment: [Biohazardous Medical Waste Disposal - Washington]:**

Aftermath Services LLC.												
CID	Site	Name	Address	Suite / Floor	City	State	Zip	Frequency (Stops / Yr)	Boxes Per Pickup	Box Type / Code	Service Hours	Monthly Cost
New	New	AFTERMATH SERVICES LLC.	10111 S Tacoma Way.	Suite E6	Lakewood	WA	98499	Every 4 Weeks / 13 Stops	5	WS43	MTWRF 9-5	See WA Tariff Pricing
New	New	AFTERMATH SERVICES LLC.	11912 NE 95th Street.	Suite 330	Vancouver	WA	98682	Every 4 Weeks / 13 Stops	5	WS43	MTWRF 9-5	See WA Tariff Pricing
New	New	AFTERMATH SERVICES LLC.	13026 W McFarlane Rd.	Suite D1-4	Airway Heights	WA	99001	Every 12 Weeks / 4 Stops	5	WS43	MTWRF 9-5	See WA Tariff Pricing

Initials: Customer   n   Stericycle   JM

**Additional Service Locations:**

In the event that Customer acquires, leases, takes control or otherwise adds a new medical waste-generating location, Customer shall notify Stericycle of the new location and it shall be eligible to receive the above mentioned rates via an addendum.

In the event any new Customer Location is party to an existing agreement for services similar to the Services by a vendor other than Stericycle: (i) Customer will use commercially reasonable efforts to terminate such agreement as soon as possible; and (ii) such locations shall immediately become a Customer Location upon the expiration of such agreement.

**Future Locations To Receive Service:**

**Additional Notes:**

Initials: Customer   *JS*   Stericycle   *JM*

**AMENDMENT TO SERVICE AGREEMENT  
BETWEEN AFTERMATH SERVICES LLC. AND STERICYCLE, INC.**

This Amendment to the Services Agreement ("Amendment") is dated February 1st, 2022 ("Effective Date"), between Aftermath Services LLC ("Client") and Stericycle, Inc. ("Stericycle").

WHEREAS, Client and Stericycle are parties to a certain Services Agreement (the "Agreement"), wherein Stericycle provides Regulated Medical Waste Disposal with an effective date of February 1st, 2022 to Client as more specifically set forth in the Agreement; and

WHEREAS, Client and Stericycle are both desirous of amending such Agreement in the manner which is more fully set forth below.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, and for other good and valuable consideration Client and Stericycle hereby agree to amend the Agreement as follows:

1. Section 2 - Term of this Agreement; is hereby amended as follows:
  - a. This Agreement will automatically renew for successive month-to-month terms (each, an "Extension Term"), unless either party gives the other party at least 30 days' written notice, prior to the renewal date, of its request to terminate this Agreement
2. Section 3 - Pricing; is hereby amended as follows:
  - a. Pricing and service cannot be discounted or reduced from the rate and amounts set forth in the Agreement within the first twelve (12) months after the Effective Date.
  - b. After 12 months of the initial agreement, Stericycle and Client may renegotiate fees based on annual volume
3. Section 13 - Miscellaneous; is hereby amended as follows:
  - a. Stericycle will appoint a National Account manager to service Aftermath and liaise with Aftermath regarding the implementation of this Agreement. Stericycle will use commercially reasonable best efforts to promptly respond to Aftermath's inquiries regarding this Agreement
  - b. Client's Rancho Cucamonga, California location may drop off Waste Containers directly to SteriCycle's Fontana, California location.
  - c. Stericycle will use commercially reasonable best efforts to ensure that each Waste Container is thirty (30) gallons or greater.
  - d. Section 13 (C) replaced as follows; This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and permitted assigns, legal representatives and heirs; provided, however, that neither Customer nor Stericycle may assign its rights or delegate its obligations under this Agreement without the prior written consent of the counterparty.
4. All other terms and provisions of the Agreement, except as modified and amended hereby, shall remain in full force and effect.
5. All terms not defined in this Amendment shall have the meaning ascribed to them in the Agreement, as amended.

IN WITNESS WHEREOF, this Amendment has been duly executed by the day, month and year written below.

STERICYCLE, INC.

Signature: [Signature]

Name: Jacob McNeer

Title: ESD

Date: 1-20-2022

AFTERMATH SERVICES LLC.

Signature: [Signature]

Name: Tom Muth

Title: Controller

Date: 1/20/22

## STATE OF CONNECTICUT AUTOMATIC RENEWAL RIDER

The purpose of this rider is to comply with Connecticut State Law governing the enforceability of automatic contract renewal provisions.

Stericycle, Inc. and Aftermath Services LLC. ("Customer") have entered into a Biomedical Waste Service Agreement. The terms and conditions of the Agreement provide, among other things, that the term of the Agreement shall automatically renew for month-to-month terms ("Extension Terms") unless either party has notified the other party in writing during the Sixty (60) day period prior to any such renewal date of its desire to terminate this Agreement. All Extension Terms shall be subject to the same terms and conditions as the original Agreement.

By executing this Rider, Customer hereby acknowledges that this contract contains an AUTOMATIC RENEWAL provision.

**Stericycle:**

Name: Jacob McNear  
Title: RSD  
Signature: [Signature]  
Date: 1-20-2022

**Customer: Aftermath Services LLC.**

Name: Tar Mobilben  
Title: Controller  
Signature: [Signature]  
Date: 1/20/22

Initials: Customer gm Stericycle JM

Revised 8/2010



**STATE OF NEW JERSEY SOLID WASTE UTILITY REGULATION CONTRACT RIDER**  
**New Jersey Department of Environmental Protection**

Notwithstanding anything contained in the Agreement to which this Rider is attached, with respect to any of Customer's waste generating sites located within the corporate limits of the state of New Jersey (Customer's "New Jersey Sites"), the following terms and conditions apply, to the exclusion of any contrary or different provisions:

**New Jersey Statutes 7:26H-5.12 Solid Waste Utility Regulations - Customer Bill of Rights**

1. A commercial, industrial or institutional customer has the right to select their regulated medical waste management company on a competitive basis and to discontinue service at any time, unless contractually obligated by a service agreement, provided that the collector is provided with a minimum of seven days' written notice;
2. Residential customers who are responsible for hiring their own collection service have the right to select their solid waste collector on a competitive basis and to discontinue service at any time, provided that the collector is given seven days written notice;
3. A complete list of New Jersey Authorized Commercial Regulated Medical Waste transporters and treatment facilities registered to provide service within their service territory is available from the Division of Solid and Hazardous Waste;
4. Stericycle shall handle all customer complaints in a prompt, courteous, and efficient manner and that in the event Stericycle fails to pick up regulated medical waste on a regularly scheduled day and such failure is not caused by an act or omission of the customer, Stericycle shall make the pick up as soon as possible, but in no event shall it be later than the next regularly scheduled collection day. Should Stericycle fail to pick up regulated medical waste from a commercial, industrial, or institutional customer on two consecutive collection days, and such failure is not caused by an omission or act of the customer, the customer may cancel any service agreement or contract with the collector;
5. Stericycle shall remove, transport, treat and dispose of regulated medical waste in an environmentally sound manner that safeguards the public health and preserves the quality of the environment;
6. Stericycle shall notify its customers in writing at least 10 days prior to any increase or decrease in rates;
7. Stericycle shall provide ten days' written notice to the customer prior to the discontinuation of service. A collector may discontinue service for nonpayment of bills provided it gives the customer at least ten days for payment of the bill before issuing the ten day notice of discontinuing service;
8. Since Stericycle's regulated medical waste collection services are carried out with containers or other equipment supplied by Stericycle, when services are discontinued, Stericycle is required by New Jersey law to remove all containers and other equipment from the customer's premises within three days of the effective date of the discontinuance regardless of the status of the account;
9. The New Jersey Department of Environmental Protection is available to resolve service or pricing issues and disputes and Stericycle shall not terminate service for non-payment during a Department investigation;
10. The customer may make partial payments on collection service and disposal fees without risk of additional charges, penalties or disruption of service on the unresolved amount of a service or pricing issue or dispute and/or disputes forwarded to the Department for resolution;
11. If a customer will be absent from their residence or business for at least 30 days, the customer may request suspension of solid waste collection services and billing for that period without charge;
12. Stericycle is responsible for assisting the customer in the selection of the most favorable service to meets the customer's needs at the most reasonable rate;

Initials: Customer   A   Stericycle   Jm  

Revised 4/2019

13. In the event of inclement weather when operation of a solid waste vehicle would pose a threat to the safety of the public and/or the equipment and personnel of the collection company, pick up shall be made no later than the next regularly scheduled day. In those cases where collection is made on a once per week basis, pick up shall be made as soon as weather permits;
14. Stericycle shall transmit copies of any notice of discontinuance of services to the Department at the same time it is transmitted to the customer.
15. Solid waste services contracts or agreements shall not include any clause which calls for an automatic renewal of the contract or agreement. The automatic renewal clause of any existing contract shall be considered void November 4, 2002.
16. Stericycle shall display its name, as it appears on its Certificate of Public Convenience and Necessity, and any "trading as name" on all vehicles and containers.

**Stericycle:**

Name: Jacob McNear

Title: RSD

Signature: [Signature]

Date: 1-20-2022

**Customer: Aftermath Services LLC.**

Name: Tan Metelko

Title: Controller

Signature: [Signature]

Date: 1/20/22

Agreed to as of the Effective Date stated in the Agreement to which this Rider is attached.

Initials: Customer TM Stericycle JM

Revised 4/2019

## STATE OF UTAH MEDICAL WASTE SERVICES TERM RIDER

### Term Rider to Regulated Medical Waste Services Agreement

Between Stericycle Inc, and Aftermath Services LLC.

Notwithstanding anything contained in the foregoing Agreement to the contrary, but remaining subject to the terms and conditions unaffected by this Attachment, with respect to any of the Customer Locations now or hereafter owned, operated or controlled by the Company in the state of Utah, this Agreement, with respect to the Services offered in that state:

- (1) Shall not be an exclusive provider agreement, and Customer is free to contract with other providers to offer the same or similar services during the Initial Term or any Renewal Term, and
- (2) The Initial Term of this Agreement shall be Five (5) years commencing upon the effective date of this Agreement and shall automatically renew for month-to-month (1) periods thereafter (the "Renewal Term(s)"), subject to the following termination and renewal rights:
  - (a) The Customer shall have the right to terminate this Agreement at any time upon one hundred and eighty (180) days written notice; or may terminate the Agreement at any time upon the payment of three months average monthly payments; and
  - (b) Stericycle shall send Customer a separate written notice, not less than Sixty (60) days prior to the expiration of the Initial Term and not less than Sixty (60) days prior to the expiration of any then current Renewal Term, advising the Customer that the Agreement will renew with respect to Customer Locations within the State of Utah. This notice shall provide the Customer with an opportunity to decline the renewal by sending written notice of same to Stericycle at least Thirty (30) days prior to the expiration of the Initial Term or any Renewal Term.

The Customer agrees to execute such other and further documentation as may be required to effectuate the terms and conditions of this Attachment.

THIS TERM RIDER IS INCORPORATED BY REFERENCE IN THE AGREEMENT TO WHICH IT IS ATTACHED AND MODIFIES THE TERMS AND CONDITIONS OF SAID AGREEMENT AS SET FORTH ABOVE.

#### Stericycle:

Name: Jacob McNear  
Title: RSD  
Signature: [Signature]  
Date: 1-20-2022

#### Customer: Aftermath Services LLC.

Name: Tam Moulton  
Title: LOL  
Signature: [Signature]  
Date: 1/30/22

Initials: Customer TM Stericycle JM

# STATE OF WISCONSIN AUTOMATIC RENEWAL RIDER

The purpose of this rider is to comply with Wisconsin State law governing the enforceability of automatic contract renewal provisions.

Stericycle, Inc. and Aftermath Services LLC. ("Customer") have entered into a Services Agreement (the "Agreement"). The terms and conditions of the Agreement provide, among other things, that the term of the Agreement shall automatically renew for month-to-month terms ("Extension Terms") unless either party has notified the other party in writing during the sixty (60) day period prior to the renewal date that it declines to renew or extend the Agreement. Fees may increase upon renewal according to the pricing/service rates sections of the Agreement.

By executing this Rider, Customer hereby acknowledges that this contract contains an AUTOMATIC RENEWAL provision.

Stericycle, Inc.

Aftermath Services LLC.

  
(Signature)



Name: Jacob McNear

Name: Tom Mottelberg

Title: R.S.D.

Title: Controller

Date: 1-20-2022

Date: 1/24/22

Initials: Customer JB Stericycle PM

Customer ID #: Multiple Site ID #: Mul

Washington, Oregon, Idaho and Alaska Rider

I understand that RCRA hazardous waste can not be accepted as medical waste by Stericycle and may not be placed in sharps containers or in medical waste containers (i.e. red bags) at site location(s) listed on agreement. I acknowledge that the following information is accurate and complete regarding RCRA hazardous waste and I have presented this information to the necessary individuals on the staff. In addition, in Washington state only dangerous waste may not be disposed of in regulated medical waste containers. Please refer to the Stericycle Waste Acceptance Protocol to know what is acceptable for RMW containers.

RCRA hazardous waste generated by the healthcare industry commonly includes, but is not limited to, the medications listed below. For medications with a "P" code on the table below, empty syringes, ampules, or other containers are considered RCRA waste. For medications with a "U" code on the table below, empty (less than 3% by volume) syringes, ampules, or other containers are not considered RCRA waste.

Material	Code	CASRN	Use	Trade Name(s)
Warfarin >0.3%	P001	81-81-2	Blood thinner	Coumadin, Jantoven
Epinephrine	P042	51-43-4	Emergency allergy kits, certain types of glaucoma, eye surgery, cardiac arrest	Epipen, Epinephrine
Physostigmine Salicylate	P188	57-64-7	Acholinergics (liberates/acts like acetylcholine)	Eserine, Physostigmine
Physostigmine	P204	57-67-6	Acholinergics (liberates/acts like acetylcholine)	Eserine, Physostigmine
Mitomycin	U010	1404-00-8	Chemotherapy	Mitomycin, Mutamycin, Mitosol
Acetaldehyde, trichloro	U034	302-17-0	Sedative	Chloral Hydrate, Somnote, Chloralium, Aquachloral
Cyclophosphamide	U058	6055-19-2	Chemotherapy	Cytoxan, Neosar, Cyclophosphamide
Daunomycin	U059	20830-81-3	Chemotherapy	Cerubidine, Daunorubicin HCL, Daunoxome
Cyclohexane	U129	110-82-7	Scabies	Lindane, Kwell
Melphalan	U150	148-82-3	Chemotherapy	Alkeran, Melphalan

Please check only the statements that are applicable to the location(s) in agreement listed above:

☒ No RCRA hazardous wastes are generated.

☐ This facility dispenses the following medications that, when disposed of, may be considered RCRA waste (check all applicable medications):

Material	Code	Check if dispensed
Warfarin >0.3%	P001	
Epinephrine	P042	
Physostigmine Salicylate	P188	
Physostigmine	P204	
Mitomycin	U010	
Acetaldehyde, trichloro	U034	
Cyclophosphamide	U058	
Daunomycin	U059	
Cyclohexane	U129	
Melphalan	U150	

☐ All RCRA hazardous wastes generated at this location(s) are properly segregated and disposed of with a licensed waste recycling or disposal service and not included in the medical waste stream.

Print Name: To a Mott Date: 1/2/21

Facility Name: Aftermath Services, LLC. (Multiple)

Signature: [Signature] Title: GM

Phone Number: (630) 423-4259 Email: tmott@aftermath.com

Comments: \_\_\_\_\_

*Stericycle respects your privacy and will not distribute your personal information without permission.*

Initials: Customer [Signature] Stericycle [Signature]

**FIRST** AMENDMENT TO  
STERICYCLE SERVICE AGREEMENT  
BETWEEN  
STERICYCLE, INC.  
AND  
**AFTERMATH SERVICES LLC.**

This amendment ("Amendment") is effective 2/01/2022 (the "Amendment Effective Date") and amends the Stericycle Service Agreement effective as of 12/1/2022, between **Aftermath Services Llc.** and Stericycle, Inc. (the "Agreement").

WHEREAS, the parties desire to amend the multi-site Agreement and to clarify certain provisions of the Agreement;

NOW, THEREFORE, the parties agree as follows:

1. Capitalized terms not otherwise defined in this Amendment shall have the meanings given to them in the Agreement.
2. The parties agree to make the following changes to the Agreement referenced above:
  - a) See "Attachment A" for updated pricing. All other surcharges and fees shall be in accordance with the current Master Service Agreement.
3. Except as herein provided, the Agreement shall remain unchanged and in full force and effect. In the event of any inconsistency or discrepancy between the Agreement and this Amendment, the terms and conditions set forth in this Amendment shall control.

IN WITNESS WHEREOF, the parties have executed this Amendment as of the day and year first written above.

STERICYCLE, INC.

By: Edward Scharringhausen

Name: Edward Scharringhausen

Title: Compliance Solutions Specialist

Date: 12/6/2022

**AFTERMATH SERVICES LLC.**

By: Tom Montalbano

Name: Tom Montalbano

Title: Controller

Date: 12/6/2022



## Attachment A: Pricing and Site Locations

### Attachment A:

### Per Site Contact List:

DS  
TM

#### Aftermath Services LLC

CID	Site	Name	Address	Suite / Floor	City	State	Zip	Contact Name	Contact Phone	Contact Email
2162309	001	Aftermath Services LLC	10 Collins	Ste A	Maumelle	AR	72113	Pheashia	(702) 762-4378	Psmith@aftermath.com
6170559	012	Aftermath Services LLC	10111 S Tacoma	Ste E6	Lakewood	WA	98499	Tracy Tims	(262) 269-9076	Ttims@aftermath.com
8337150	025	Aftermath Services LLC	1015 Commerce	Unit B	Midway	FL	32343	Scott Mezera	(904) 583-5101	smezera@aftermath.com
8337150	006	Aftermath Services LLC	10418 New Berlin	Unit 121	Jacksonville	FL	32226	Lance	(904) 651-4198	lherbruer@aftermath.com
2162309	012	Aftermath Services LLC	10541 Outdoor	Suite 1	Gulfport	MS	39503	Robin Fricke	(228) 323-5187	Rfricke@aftermath.com
8337150	011	Aftermath Services LLC	10721 John Price	Unit 115	Charlotte	NC	28273	Paul Azra	(980) 428-1066	Paazra@aftermath.com
2162309	022	Aftermath Services LLC	11114 Cedar Park	Ste C	Baton Rouge	LA	70809	Jaquelia "Jay"	(225) 572-8610	jsanders@aftermath.com
8337150	003	Aftermath Services LLC	1160 Greenskeep	Unit D	Kissimmee	FL	34741	Dionna	(563) 529-2478	dgriffith@aftermath.com
6170559	011	Aftermath Services LLC	11912 NE 95th St	Ste 330	Vancouver	WA	98682	Hannah Povey	(801) 663-3432	hpovey@aftermath.com
2162309	011	Aftermath Services LLC	1200 NW Pamela	Ste H	Blue Springs	MO	64029	Daniel	(712) 250-1366	Dholdsworth@aftermath.com
8337150	014	Aftermath Services LLC	12A Petra Ln	Ste 3	Colonie	NY	12205	Devon Tucker	(518) 522-6283	dtucker@aftermath.com
6170559	008	Aftermath Services LLC	13026 W	Bldg D14	Airway Heights	WA	99001	John Rutland	(253) 332-7951	jrutland@aftermath.com
6170559	009	Aftermath Services LLC	1308 S Midkiff Rd	Ste 315	Midland	TX	79701	Ryan Hinojosa	(432) 307-9879	Rhinojosa@aftermath.com
2162309	015	Aftermath Services LLC	1312 Cornell	Ste A	Oklahoma City	OK	73108	Justin Aranda	(405) 600-4928	Jaranda@aftermath.com
8337150	013	Aftermath Services LLC	137 Syke St	Ste 6	Rochester	NY	14611	Jayvon	(585) 363-0745	jjohnson@aftermath.com
2162309	019	Aftermath Services LLC	13940 Bammel	Ste 231	Houston	TX	77066	Guillermo	(713) 922-5005	Glopez@aftermath.com
8337150	010	Aftermath Services LLC	157 Blue Bell Rd	Ste A	Greensboro	NC	27406	Jason Fox	(336) 637-7027	Jfox@aftermath.com
2162309	017	Aftermath Services LLC	195 Omohundro	Ste C	Nashville	TN	37210	Sterling	(901) 417-9165	Sjordan@aftermath.com
8337150	020	Aftermath Services LLC	2100 Siegfried	-	Northampton	PA	18067	Daniel Caro	(201) 349-1999	Dcaro@aftermath.com
8337150	008	Aftermath Services LLC	215 Plain St	Unit 4	North Attleboro	MA	02780	Sunny Fan	(510) 566-3210	Sfan@aftermath.com
6170559	010	Aftermath Services LLC	2380 S West	-	S Salt Lake	UT	84115	Armelia	(801) 664-0556	Arorifredon@aftermath.com
8337150	024	Aftermath Services LLC	2428 Alameda Ave	Ste 302	Norfolk	VA	23513	Bobby Sorey	(757) 389-6342	Bsorey@aftermath.com
2162309	006	Aftermath Services LLC	2532 Regency Rd	Ste 101	Lexington	KY	40503	Bella Stempf	(618) 799-5259	bstempf@aftermath.com
2162309	016	Aftermath Services LLC	297 Oak Ridge	Ste 300	Oak Ridge	TN	37830	Ajulia	(865) 801-2710	Asandeler@aftermath.com
8337150	012	Aftermath Services LLC	3 Robinson Rd	Ste B5	Bow	NH	03304	Derek Foss	(603) 731-3442	Dfoss@aftermath.com
2162309	014	Aftermath Services LLC	305 Smith Dr	-	Clayton	OH	45315	John Devries	(248) 464-4845	jdevries@aftermath.com
8337150	018	Aftermath Services LLC	3251 Old	-	Pittsburgh	PA	15239	Justin Penn	(724) 472-6091	jpenn@aftermath.com
6170559	004	Aftermath Services LLC	3370 Monier Cir	Ste 1	Rancho Cordova	CA	95742	Sarena	(707) 803-0331	Sreddick@aftermath.com
8337150	001	Aftermath Services LLC	3521 Vann Rd	Ste 117	Birmingham	AL	35235	Scott Mezera	(904) 583-5101	smezera@aftermath.com
2162309	008	Aftermath Services LLC	3546 Roger B	-	Grand Rapids	MI	49548	John Devries	(248) 464-4845	jdevries@aftermath.com
6170559	006	Aftermath Services LLC	3624 N Newby St	Ste 101	Nampa	ID	83687	Austing	(208) 949-6804	Arangel@aftermath.com
2162309	004	Aftermath Services LLC	3674 IL-111	Ste 111	Granite City	IL	62040	Bella Stempf	(618) 799-5259	bstempf@aftermath.com
6170559	001	Aftermath Services LLC	3914 E 41st Pl	Ste 6	Yuma	AZ	85365	Felix Acosta	(928) 785-6857	Facosta@aftermath.com
8337150	013	Aftermath Services LLC	399 Route 9	-	Bayville	NJ	08721	Paul Kahn	(732) 642-7222	Pkahn@aftermath.com
8337150	023	Aftermath Services LLC	42040 Eubank Rd	-	Richmond	VA	23231	Meaghan	(804) 712-0343	Mbrown@aftermath.com
8337150	007	Aftermath Services LLC	4250 Keith Bridge	Ste 120	Cumming	GA	30041	Ethan Lewis	(678) 913-5598	Elewis@aftermath.com
8337150	005	Aftermath Services LLC	4302 E 10th Ave	Ste 105	Tampa	FL	33605	Tricia Byron	(813) 857-4653	Tbyron@aftermath.com
2162309	009	Aftermath Services LLC	4577 S Lapeer Rd	Ste F	Lake Orion	MI	48359	Todd Braun	(810) 287-0359	Tbraun@aftermath.com
6170559	002	Aftermath Services LLC	4640 E Elwood St	Ste 9	Phoenix	AZ	85040	Trae Herron	(602) 515-2428	Therron@aftermath.com
2162309	013	Aftermath Services LLC	4817 N 56th St	Ste 21	Lincoln	NE	68504	Dylan Ellis	(402) 560-9269	Dellis@aftermath.com
6170559	013	Aftermath Services LLC	5044 Doniphan Dr	-	El Paso	TX	79932	Scott	(915) 702-3180	Spartridge@aftermath.com
2162309	018	Aftermath Services LLC	540 Sandau Rd	Ste 202	San Antonio	TX	78216	Joel Navin	(210) 317-7103	Jnavin@aftermath.com
2162309	002	Aftermath Services LLC	5485 NE 17th St	Ste H	Des Moines	IA	50313	Shane Salter	(515) 230-8256	Ssalter@aftermath.com
8337150	022	Aftermath Services LLC	5515	Ste 360	Columbia	SC	29223	Heather Dube	(860) 940-7525	Hdube@aftermath.com
6170559	007	Aftermath Services LLC	5600 McLeod Rd	Ste D	Albuquerque	NM	87109	Aimee	(505) 506-4111	Aaquilera@aftermath.com
2162309	005	Aftermath Services LLC	5745 W 85th St	-	Indianapolis	IN	46278	Bella Stempf	(618) 799-5259	bstempf@aftermath.com
6170559	005	Aftermath Services LLC	6311 Washington	Unit J	Denver	CO	80216	Caden Blaine	(913) 293-1822	Cblaine@aftermath.com
8337150	002	Aftermath Services LLC	635 New Park	Ste D4	West Hartford	CT	06110	Bearrin	(860) 990-4292	Bcward@aftermath.com
8337150	016	Aftermath Services LLC	66 S 2nd St	Ste F	Bay Shore	NY	11706	Kevin Abrams	(516) 690-3948	Kabrams@aftermath.com
2162309	010	Aftermath Services LLC	680 Hale Ave N	Ste 170	Landfall Village	MN	55128	Matthew	(952) 300-1473	Mpeterson@aftermath.com
8337150	021	Aftermath Services LLC	712 Mount	Ste 2	Spartanburg	SC	29307	Tyler Brock	(864) 310-1011	Tbrock@aftermath.com
8337150	017	Aftermath Services LLC	75 S 13th Ave	-	Cleona	PA	17042	Keith Bosse	(774) 218-2998	Kbosse@aftermath.com
2162309	020	Aftermath Services LLC	7523 Pebble Dr	Bldg 24	Fort Worth	TX	76118	Alyson	(682) 288-9241	Apoebler@aftermath.com
8337150	004	Aftermath Services LLC	7641 Hooper Rd	Ste 5	West Palm Beach	FL	33411	Anna Guzman	(954) 369-7203	Aguzman@aftermath.com
8337150	009	Aftermath Services LLC	8211 Baltimore	-	Pasadena	MD	21122	Kevin Harris	(443) 869-1441	Kharris@aftermath.com
8337150	019	Aftermath Services LLC	860 Home Ave	-	Akron	OH	44310	John Devries	(248) 464-4845	jdevries@aftermath.com
2162309	003	Aftermath Services LLC	90 Templeton Dr	-	Oswego	IL	60543	Joe Burghardt	(630) 649-8041	Jburghardt@aftermath.com
6170559	003	Aftermath Services LLC	9155 Archibald	Ste 903	Rancho Cucamonga	CA	91730	Genine	(714) 381-0625	Gmgangosing@aftermath.com
2162309	021	Aftermath Services LLC	N15 W 22040	Ste 3	Waukesha	WI	53186	Tracy Tims	(262) 269-9076	Ttims@aftermath.com
new new	new	Aftermath Services LLC	1201 Major St.	0	Normal	IL	61761	Bella Stempf	(618) 799-5259	bstempf@aftermath.com
new new	new	Aftermath Services LLC	1740 H Harmon	0	Columbus	OH	43223	Nickolas	(618) 799-5259	nmandziara@aftermath.com
New New	New	Aftermath Services	2856 Lamb Place	0	Memphis	TN	38118	Dylan Ellis	(402) 560-9269	ellis@aftermath.com



## AMENDMENT TO MASTER SERVICE AGREEMENT

BETWEEN AFTERMATH SERVICES LLC.

AND

STERICYCLE, INC.

This Amendment to the Master Service Agreement ("Amendment") is dated April 1, 2023 ("Effective Date"), between Aftermath Services LLC. ("Client") and Stericycle, Inc. ("Stericycle").

**WHEREAS**, Client and Stericycle are parties to a certain Agreement with an effective date of February 1, 2022 (the "Agreement"), wherein Stericycle provides Regulated Medical Waste Service to Client as more specifically set forth in the Agreement; and

**WHEREAS**, Client and Stericycle are both desirous of amending such Agreement in the manner which is more fully set forth below.

**NOW, THEREFORE**, in consideration of the mutual promises and covenants contained herein, and for other good and valuable consideration Client and Stericycle hereby agree to amend the Agreement as follows:

1. Attachment A is hereby amended as follows:

Account Number	Account Site	Address	City	State	Zip	Service Frequency	SteriSafe Program	Container Allotment	SteriSafe Fee
2162309	024	3814 Acushet Drive	Corpus Christi	TX	78413	Every 4 Weeks	Budget	120	\$ 220.90
2162309	025	2840 Oregon St	Oshkosh	WI	54902	Every 4 Weeks	Budget	120	\$ 220.90
2162309	026	6110 Merger Drive	Holland	OH	43528	Every 4 Weeks	Budget	120	\$ 220.90
8337150	026	4207 Milgen Road Unit 3	Columbus	GA	31907	Every 4 Weeks	Budget	120	\$ 220.90
6170559	016	1200 Lawrence Drive Units 440 & 445	Newbury Park	CA	91320	Every 4 Weeks	Budget	120	\$ 220.90
6170559	015	1939 W 2nd Ave Suite B-1	Eugene	OR	97402	Every 4 Weeks	Budget	120	\$ 220.90
2162309	023	13243 Puppy Creek Dr Ste 6	Springdale	AR	72762	Every 4 Weeks	Budget	120	\$ 220.90
6170559	014	12341 S Friebus Ste 19	Tucson	AZ	85713	Every 4 Weeks	Budget	120	\$ 220.90

2. All terms and provisions of the Agreement, except as modified and amended hereby, shall remain in full force and effect.
3. All terms not defined in this Amendment shall have the meaning ascribed to them in the Agreement, as amended.

**IN WITNESS WHEREOF**, this Amendment has been duly executed by the day, month and year written below.

**AFTERMATH SERVICES LLC.**

DocuSigned by:  
 Signature: Tom Montalbano  
 Name: Tom Montalbano  
 Title: Controller  
 Date: 4/7/2023

**STERICYCLE, INC.**

DocuSigned by:  
 Signature: Scott DeBoor  
 Name: Scott DeBoor  
 Title: National Account Manager  
 Date: 4/7/2023

USDOT Number: 1477143 Date Received \_\_\_\_\_

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation  
Federal Motor Carrier Safety Administration

**Endorsement for Motor Carrier Policies of Insurance for Public Liability  
under Sections 29 and 30 of the Motor Carrier Act of 1980**

FORM MCS-90

Issued to AFTERMATH SERVICES, LLC of 75 EXECUTIVE DR STE 200  
(Motor Carrier name) (Motor Carrier state or province) AURORA, IL 60504

Dated at CHARLOTTE NC on this 15TH day of NOVEMBER, 2024

Amending Policy Number: 20 UEN EM0556 Effective Date: 11/01/24

Name of Insurance Company: HARTFORD FIRE INSURANCE COMPANY

Countersigned by: Susan L. Castaneda  
(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

☒ This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident.

☐ This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 1-877-853-2582.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

**Filings must be transmitted online via the Internet at**  
**<http://www.fmcsa.dot.gov/urs>** (continued on next page)



**DEFINITIONS AS USED IN THIS ENDORSEMENT**

**Accident** includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

**Motor Vehicle** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**Bodily Injury** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**Property Damage** means damage to or loss of use of tangible property.

**Environmental Restoration** means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

**Public Liability** means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA). In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

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<b>SCHEDULE OF LIMITS — PUBLIC LIABILITY</b>
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Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Hazardous substances, as defined in <u>49 CFR 171.8</u> , transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in <u>49 CFR 173.403</u> .	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,001 or more pounds).	Oil listed in <u>49 CFR 172.101</u> ; hazardous waste, hazardous materials, and hazardous substances defined in <u>49 CFR 171.8</u> and listed in <u>49 CFR 172.101</u> , but not mentioned in (2) above or (4) below	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,001 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in <u>49 CFR 173.403</u> .	\$5,000,000

\* The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

USDOT Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

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United States Department of Transportation  
Federal Motor Carrier Safety Administration

**Endorsement for Motor Carrier Policies of Insurance for Public Liability  
under Sections 29 and 30 of the Motor Carrier Act of 1980**

FORM MCS-90

Issued to AFTERMATH SERVICES, LLC of 75 EXECUTIVE DR STE 200  
(Motor Carrier name) AURORA, IL 60504  
(Motor Carrier state or province)

Dated at 12:00 PM on this 11TH day of APRIL, 2022

Amending Policy Number: 10 UEN DI9762 Effective Date: 01/15/2022

Name of Insurance Company: HARTFORD FIRE INSURANCE COMPANY

Countersigned by: \_\_\_\_\_  
(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- ☒ This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident.
- ☐ This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 1-877-853-2582

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

**Filings must be transmitted online via the Internet at**  
**http://www.fmcsa.dot.gov/urs** (continued on next page)



**DEFINITIONS AS USED IN THIS ENDORSEMENT**

**Accident** includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

**Motor Vehicle** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**Bodily Injury** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**Property Damage** means damage to or loss of use of tangible property.

**Environmental Restoration** means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

**Public Liability** means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

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(continued on next page)

<b>SCHEDULE OF LIMITS — PUBLIC LIABILITY</b>
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(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,001 or more pounds).	Oil listed in <u>49 CFR 172.101</u> ; hazardous waste, hazardous materials, and hazardous substances defined in <u>49 CFR 171.8</u> and listed in <u>49 CFR 172.101</u> , but not mentioned in (2) above or (4) below	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,001 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in <u>49 CFR 173.403</u> .	\$5,000,000

\* The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/18/2024

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).

<b>PRODUCER</b> MARSH USA, LLC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326  CN131651218--GAWU-2024	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:  <b>INSURER(S) AFFORDING COVERAGE</b>  <b>INSURER A:</b> Admiral Insurance Co <b>INSURER B:</b> Hartford Fire Insurance Co <b>INSURER C:</b> Redwood Fire & Casualty Co <b>INSURER D:</b> Continental Divide Ins Co <b>INSURER E:</b> <b>INSURER F:</b>	<b>FAX</b> (A/C, No):  <b>NAIC #</b>  24856 19682 11673
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**COVERAGES**      **CERTIFICATE NUMBER:** ATL-005816849-01      **REVISION NUMBER:** 3

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
A	<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FEI-ECC-35409-01	11/01/2023	11/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Deductible Value: \$ 20,000
B	<b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			20 UEN EM0556 (AOS) 20 UEN EM0557 (MA)	11/01/2023 11/01/2023	11/01/2024 11/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Deductible Value: \$ 3,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	AFWC553406 (AOS) AFWC553610 (FL,OR)	01/15/2024 01/15/2024	01/15/2025 01/15/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

## CERTIFICATE HOLDER

Department of Natural Resources and  
Environmental Control  
89 Kings Highway  
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

*Marsh USA LLC*

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# ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276 • (217) 782-3397

JB PRITZKER, GOVERNOR

JOHN J. KIM, DIRECTOR

February 22, 2024

217-524-3300

Aftermath Services LLC  
Attn: Ms. Jenny Soberanis  
75 Executive Dr Suite 200  
Oswego, Illinois 60543

Enterprise Fleet Management  
600 Corporate Park Dr.  
Saint Louis, Missouri 63105

Re: 0930155079 -- Kendall County  
Aftermath Services LLC  
PIMW Permit #M9038-18, Modification 000  
PIMW Hauling Permit – 25B

Dear Ms. Soberanis:

Aftermath Services LLC is hereby issued permit number M9038-18, Modification 000 to transport Potentially Infectious Medical Waste (PIMW) generated in, destined for, or through Illinois utilizing the equipment enumerated in the PIMW Hauling Permit Application dated February 5, 2024 and consisting of 2 pages. The Agency received the application February 22, 2024. A copy of said application for permit is hereby incorporated for reference.

**This permit to transport PIMW issued February 22, 2024, is valid from February 22, 2024, through March 31, 2025, for all vehicles identified in the application and is subject to all standard conditions set forth on pages 4 through 5 of this permit, all regulations included in the legislation, and any special conditions listed below. There shall be no deviation from the approved permit and all conditions thereof, and no PIMW hauling shall be conducted in any vehicles which are not enumerated in the PIMW Hauling Permit Application dated February 5, 2024, and this permit dated February 22, 2024.**

The enclosed decals are to be placed on both sides of the permitted equipment below the words "Permitted Medical Waste Hauler" and permit number "M9038" as indicated on page two of the Standard Conditions. All wording will be printed in two-inch high block letters.

If you have any questions, please contact Evan Yates at [EPA.HaulingPermits@Illinois.gov](mailto:EPA.HaulingPermits@Illinois.gov).

Sincerely,

Evan Yates, Environmental Protection Specialist  
Materials Management and Compliance Section  
Bureau of Land

2125 S. First Street, Champaign, IL 61820 (217) 278-5800  
1101 Eastport Plaza Dr., Suite 100, Collinsville, IL 62234 (618) 346-5120  
9511 Harrison Street, Des Plaines, IL 60016 (847) 294-4000  
595 S. State Street, Elgin, IL 60123 (847) 608-3131

2309 W. Main Street, Suite 116, Marion, IL 62959 (618) 993-7200  
412 SW Washington Street, Suite D, Peoria, IL 61602 (309) 671-3022  
4302 N. Main Street, Rockford, IL 61103 (815) 987-7760

PLEASE PRINT ON RECYCLED PAPER



# Illinois Environmental Protection Agency

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

## Potentially Infectious Medical Waste (PIMW) Hauling Permit Application

PIMW Hauler Number: M9038

USEPA Number (if hauling RCRA/TSCA Hazardous Waste):

You may complete this application in Acrobat, then save, print, sign, and mail it to the address below. A 39(i) certification must accompany the application.

Mail: Illinois EPA, P.O. Box 19276, Fiscal Services #2, Springfield, IL 62794-9276

Courier: Illinois EPA, Fiscal Services #2, 1021 North Grand Avenue East, Springfield, IL 62702

Applications signed by duly authorized agents must be accompanied by evidence of authority to sign the application. The Agency will not accept incomplete or photocopied applications, authorizations, or certifications. A denied application will result in the forfeiture of the PIMW hauling permit application fee.

**NOTE: A separate application must be submitted for each vehicle owner.**

1. Hauling Company Information (not authorized representative)			
Business Name		Owner Name	
Aftermath Services, LLC		Aftermath Holdings, LCC	
Business Location (Not P.O. Box)			
90 Templeton Drive, Oswego, IL 60543			
Mailing Address			
75 Executive Dr., Suite 200			
City	State	Zip	
Aurora	IL	60504	
County	Business Phone		
Kendall	(630) 423-4278		

1-A. Hauling Company Contact Information		
Business Name		Owner or Authorized Representative
Aftermath Services, LLC		Susan Stevens
Mailing Address		
75 Executive Dri, Suite 200		
City	State	Zip
Aurora	IL	60504
Emergency Phone		
(630) 423-4278		
Email Address		
compliance@aftermath.com		

I, the undersigned, certify that the information contained herein is true and complete and that the removing, hauling, disposing, storing, or treating of Potentially Infectious Medical Waste complies with all requirements of 415 ILCS 5/56.5, Title 35, Ill. Adm. Code Part 1450, and the attached standard conditions for PIMW hauling permits.

*Susan Stevens*  
Signature of Hauling Company Owner (or Authorized Representative)

2/5/24

Date

☒ I have completed and am attaching the required 39(i) form.

2. Vehicle Owner Information (not authorized representative)			
<input type="checkbox"/> Same as Hauling Company Information			
Business Name		Owner Name	
Enterprise Fleet Management		Enterprise FM trust	
Mailing Address			
600 Corporate Park Dr..			
City	State	Zip	
Saint Louis	MO	63105-4204	
Business Phone	Email Address		
(314) 274-4658	Alexandria.DiSalle@efleets.com		

2-A. Contact Information		
<input checked="" type="checkbox"/> Same as Hauling Company Contact Information		
Business Name		Owner or Authorized Representative
Aftermath Services, LLC		Susan Stevens
Mailing Address		
75 Executive Dri, Suite 200		
City	State	Zip
Aurora	IL	60504
Phone	Email Address	
(630) 423-4278	compliance@aftermath.com	

I, the undersigned, certify that the information contained herein is true and complete and that the removing, hauling, disposing, storing, or treating of Potentially Infectious Medical Waste complies with all requirements of 415 ILCS 5/56.5, Title 35, Ill. Adm. Code Part 1450, and the attached standard conditions for PIMW hauling permits.

*Susan Stevens*  
Signature of Vehicle Owner (or Authorized Representative)

2/5/24

Date

☒ I have completed and am attaching the required 39(i) form.

3. In accordance with 415 ILCS 5/56.1 and 415 ILCS 5/56.5, each application must be accompanied by a \$2000 PIMW hauling permit application fee and a vehicle permit fee of \$250 per vehicle (certified check, cashier's check, or money order) made payable to the "Treasurer, State of Illinois", calculated in the following manner.

### Operator's Permit Fee (Check One)

- ☐ New (\$2000)  
☒ Renewal (\$2000)  
☐ Adding (\$0)

### Vehicle Permit(s) (\$250/vehicle)

Number of New Vehicles \_\_\_\_\_  
Number of Renewal Vehicles 7  
Number of Added Vehicles \_\_\_\_\_  
Total Number of Vehicles 7

Application Fee: \$2,000.00  
Total Vehicles x \$250: \$1,750.00  
Total Fee Amount: \$3,750.00

This Agency is authorized to require this information under 415 ILCS 5/4, 415 ILCS 5/56.1, and 415 ILCS 5/56.5. Disclosure of this information is required under that paragraph of the law. Failure to do so may prevent this form from being processed and could result in your application being denied. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony (415 ILCS 5/44(h)).

### FOR AGENCY USE ONLY

Permit Number	Modification #	Tot. Veh. Pmtd.	Issued By	Issued Date	Expiration Date	Check Number
18	000	7	E7	2/22/2024	3/31/2025	36313

Hauling Company: Aftermath Services, LLC

Vehicle Owner: Enterprise Fleet Management

FOR AGENCY USE ONLY			
Permit Number	Modification #	Issued Date	Expiration Date
<u>18</u>	<u>000</u>	<u>2/22/2024</u>	<u>3/31/2025</u>

The information requested below must be provided for each vehicle being permitted. For tractor-trailer units, complete information for trailer only. For roll-off boxes that connect directly to the tractor, complete information for tractor and give a range for capacity. For roll-off boxes that connect to a frame, complete information for the frame.

	License Plate	Vehicle Information	Description	Most Recent Vehicle Permit Date <u>or</u> Transportation Start Date
	a. State b. License Plate	a. Make - Model - Year b. Vehicle ID Number (VIN)	a. Type (tank trailer, flatbed, roll-off, etc.) b. Capacity (gallons, barrels, cubic yards)	Date vehicle most recently permitted <u>or</u> used to transport PIMW generated, treated, stored, or disposed in Illinois. If not used yet, enter "Not used yet".
1.	a. IL b. 2728297	a. Nissan - NV200-2020 b. 3N6CM0KN7LK698188	a. Van 100 - <u>Oswego</u> b. 463 cubic feet	Month/Day/Year
2.	a. IL b. 125242C	a. Ram - Promaster - 2020 b. 3C6URVJG4LE123562	a. Van 724 - <u>Oswego</u> b. 463 cubic feet	Month/Day/Year
3.	a. IL b. 133057C	a. Ram - Promaster - 2019 b. 3C6URVJG2KE543464	a. Van 737 - <u>Oswego</u> b. 463 cubic feet	Month/Day/Year
4.	a. IL b. 133058C	a. Ram - Promaster - 2019 b. 3C6URVJG8KE555974	a. Van 738 - <u>Oswego</u> b. 463 cubic feet	Month/Day/Year
5.	a. OH b. PMQ4958	a. Nissan - NV200-2021 b. 3N6CM0KN2MK708711	a. Van 107 - <u>St. Louis</u> b. 463 cubic feet	Month/Day/Year
6.	a. IL b. 119152C	a. Ram - Promaster - 2019 b. 3C6URVJGXKE56490	a. Van 720 - <u>St. Louis</u> b. 463 cubic feet	Month/Day/Year
7.	a. IL b. 186702C	a. Ram - Promaster - 2020 b. 3C6MRVJG0NE124355	a. Van 781 - <u>Normal</u> b. 463 cubic feet	Month/Day/Year
8.	a. b.	a. b.	a. b.	Month/Day/Year
9.	a. b.	a. b.	a. b.	Month/Day/Year
10.	a. b.	a. b.	a. b.	Month/Day/Year
11.	a. b.	a. b.	a. b.	Month/Day/Year
12.	a. b.	a. b.	a. b.	Month/Day/Year



STANDARD CONDITIONS FOR  
POTENTIALLY INFECTIOUS MEDICAL WASTE (PIMW) HAULING PERMITS  
ISSUED BY THE ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

Section 39 of the Illinois Environmental Protection Act (Ill. Rev. Stat., ch. 111-1/2, pars. 1001 et seq.) and 87-752 that amends the Act, eff. 1/1/92 (hereinafter together referred to as the "Act") grants the Illinois Environmental Protection Agency (Illinois EPA) the authority to impose conditions on Potentially Infectious Medical Waste (PIMW) hauling permits which it issues.

These standard conditions shall apply to all PIMW hauling permits which the Illinois EPA issues or re-issues. Special conditions may be imposed in such permits in addition to these standard conditions.

1. Upon expiration, this PIMW hauling permit is renewable for a period not to exceed one year upon application by the Permittee(s) ninety (90) days prior to such expiration. In the application for renewal, the Permittee(s) shall demonstrate that they have complied in all respects with the special and standard conditions of this permit and the standards and requirements of the Act, and all applicable Illinois Pollution Control Board (Board) rules and regulations.
2. All PIMW hauling covered by this permit shall be conducted in strict compliance with the Act, and rules and regulations adopted by the Board or Illinois EPA.
3. There shall be no deviation from the approved permit and all conditions thereof, and no PIMW hauling shall be conducted in any vehicles which are not enumerated in the application for permit.
4. The Permittee(s) shall allow any agent duly authorized by the Illinois EPA upon the presentation of credentials:
  - a. to enter at reasonable times the Permittee(s)' premises or those of any other person where any activity is to be conducted pursuant to this permit;
  - b. to have access to and copy at reasonable times any records including, but not limited to, manifests, which are required to be kept under the terms and conditions of this permit; or pursuant to the requirements of the Act and rules and regulations adopted by the Illinois EPA or the Board;
  - c. to inspect at reasonable times, including during any hours of operation of vehicles operated under this permit, such vehicles permitted to be operated under this permit;
  - d. to obtain and remove at reasonable times samples of any discharge or emission of pollutants and samples of any PIMW being hauled;
  - e. to enter at reasonable times the Permittee(s)' premises or any vehicles registered under this permit and utilize any photographic, recording, monitoring or other equipment for the purpose of preserving, testing, monitoring, or recording any activity authorized by this permit;
  - f. to have access to any authorized manifest or other shipping document required under the Act or rules and regulations adopted by the Illinois EPA or the Board while such manifest or other shipping document is accompanying any PIMW shipment; and
  - g. to inspect at reasonable times the scale utilized to weigh the PIMW being picked up and to inspect the document(s) that certify that the scale is in compliance with the Weights and Measures Act (Ill. Rev. Stat. 1991, ch. 147, pars 101 et seq.) (225 ILCS 470)
5. The issuance of this PIMW hauling permit:

- a. shall not be considered as in any manner affecting the title to, or ownership of any vehicle permitted to be used under this permit;
  - b. does not release the Permittee(s) from any liability for damage to person or property caused by or resulting from the operation of any vehicles permitted under this permit;
  - c. does not release the Permittee(s) from compliance with other applicable statutes and regulations of the United States, of the State of Illinois, or with applicable local laws, ordinances and regulations;
  - d. does not take into consideration or attest to the structural stability or safety of any vehicles permitted to be used under this permit; and
  - e. in no manner implies or suggests that the Illinois EPA (or its officers, agents or employees) assumes any liability, directly or indirectly, for any loss due to damage or operation of any vehicle or other equipment permitted to be used under this permit or due to any activity authorized by this permit.
6. All vehicles used for the transportation of PIMW registered herein shall be clean and in good repair at all times when employed in hauling PIMW.
  7. The vehicles and associated storage compartments, doors, piping, or valving used in PIMW hauling shall be constructed and maintained to prevent discharges and shall be cleaned of visible PIMW contamination after use.
  8. Vehicle Placarding:
    - Upon approval of a PIMW Hauling Permit, the transporter must place the received decals on both sides of the permitted equipment below the words "Permitted Medical Waste Hauler" and permit number as indicated below.
    - Vehicle decals with your permit expiration date are sent with the PIMW Hauling Permit. The other required placards must be purchased by the permitted hauler.

Vehicle Placarding Instructions:

- a. The PIMW Hauler permit number is a company-specific 5 digit number. The registration number consists of an "M" followed by four unique numbers specific to the approved applicant. The approved applicant's registration number ("M" number") must be placed below the words "Permitted Medical Waste Hauler" and above the expiration seal that is sent to the applicant upon registration approval. A proper vehicle placard must be placed on both sides of each registered vehicle.
  - b. Numbers and letters shall not be less than 2" high and shall be permanently affixed (i.e. painted) and must be removable only by destruction. The figures are to read from left to right, be of contrasting color to their background, and be maintained in a legible condition.
  - c. Directly adjacent to said words and number, the vehicle owner and operator shall display a seal furnished by Illinois EPA which shall designate the date on which the registration shall expire.
  - d. Below is an illustration of a proper vehicle placard:

**Permitted Medical Waste Hauler**

M \_ \_ \_ \_

(Illinois EPA-issued expiration seal)
9. All PIMW loading, hauling, and unloading shall be conducted in a safe and environmentally-sound manner and in accordance with applicable state and federal laws and regulations. Vehicles transporting PIMW cannot be used for hauling of non-waste materials.

10. Prior to removing a PIMW vehicle from PIMW hauling activities, the vehicles must follow the cleaning steps outlined below:
  - a. Remove visible dirt with water.
  - b. Scrub all interior and exterior surfaces with detergent and water heated to a minimum of 180 degrees, for a minimum of 15 seconds.
  - c. Thoroughly spray and cover all surfaces with a chlorine concentration of 5,000 ppm following the manufacturer's instructions for dilution and use.
  - d. After application of disinfectant, exposure time of the surfaces to the disinfectant should be a minimum of 30 minutes to achieve high level disinfection or even sterilization.
  - e. Thoroughly rinse all surfaces and air or wipe dry.
11. The transporter will notify the Illinois EPA with a statement verifying decontamination and removal of the vehicle from service. The statement will be signed by the transporter with an effective date.
12. Equipment and procedures used in PIMW hauling shall be proper for the permitted service. The Permittee(s) shall not cause or allow delivery of any PIMW to a person or facility for storage, treatment, or transfer that does not have a permit issued by the Illinois EPA to receive PIMW, except as allowed by the Act.
13. The Permittee(s) shall not transport PIMW unless that PIMW is accompanied by a properly-completed and signed manifest, in accordance with the requirements of Section 56.1 (h) and 56.4 of the Act, unless the hauler is exempted from the manifest requirements as spelled out in Section 56.1(h)(1) and (2).
14. The Permittee(s) shall not alter, modify, or otherwise change any manifest without the specific authorization of the generator of the PIMW being hauled.
15. The Permittee(s) shall not deliver any PIMW for treatment or transfer except to a site or facility which has been designated by the generator of the PIMW and which site or facility has a permit to accept such waste for storage, transfer or treatment, as well as all applicable permits as required by the Act and regulations adopted thereunder by the Board or Illinois EPA.
16. These standard conditions shall prevail unless modified by special conditions.
17. PIMW packages shall not be compacted or subjected to stress that compromises the integrity of the container.
18. All vehicles hauling PIMW must be enclosed and secure against public access when unattended. This requirement does not apply to oversized PIMW. Oversized PIMW is PIMW that is too large to be placed into a 33-gallon bag or container. Oversized PIMW shall be handled in a manner that minimizes contact with transport workers and the public.
19. If a discharge occurs, the Permittee(s) shall call the Illinois Emergency Management Agency at 800/782-7860 and the National Response Center at 800/424-8802 or 202/426-2675.
20. The Permittee(s) shall develop and keep an emergency response plan in the vehicle. This plan shall identify the names and telephone numbers of state and local authorities that shall be contacted in the event of an emergency. In the event of any discharge of PIMW, the transporter shall take immediate action in accordance with the emergency response plan to protect the health

and safety of the public and the environment. In addition, the vehicle transporting PIMW shall carry all equipment necessary to provide an initial response in the event of an emergency or discharge.

21. This permit is not transferable except in accordance with the *Vehicle Replacement Policy for Haulers of Potentially Infectious Medical Waste*.
22. The Permittee(s) shall have access to a scale. Although PIMW may be measured in other units, the transporter is responsible for accurately weighing any load of PIMW in pounds. The PIMW shall be weighed with a device for which certification has been obtained under the Weights and Measures Act.
23. The Illinois EPA shall collect from each transporter of PIMW a fee in the amount of three cents per pound of PIMW transported in accordance with the requirements in Section 56.6 of the Act. The reporting shall be made in accordance with procedures relating to the collection of these fees on forms prescribed and provided by the Illinois EPA. The Illinois EPA shall deny any PIMW hauling permit required under Section 56.1(f) of the Act from any applicant who has not paid to the Illinois EPA all fees due. The forms are available at <https://epa.illinois.gov/content/dam/soi/en/web/epa/documents/epa-forms/land/permits/transportation/pimw-annual-transporter-report.pdf>
24. Each Permittee shall file a report with the Illinois EPA specifying the quantities and disposition of PIMW transported during the previous calendar year. If no PIMW was transported during the previous calendar year under this permit, a report shall be filed with the Illinois EPA which specifies that zero quantity. Such reports shall be on forms prescribed and provided by the Illinois EPA.
25. The Permittee(s) shall be responsible for delivering PIMW to the designated facility indicated on the authorized and signed manifest.
26. Disposal of any PIMW into any landfill is prohibited, except for sharps, provided both: (1) the infectious potential has been eliminated from the sharps by treatment; and (2) the sharps are packaged in accordance with the Act, and all applicable rules and regulations adopted by the Board or Illinois EPA.
27. Violation of any PIMW hauling permit conditions or failure to comply with any provisions of the Act or with any Board regulation shall be grounds for sanctions as provided in the Act, including revocation of the permit as therein provided.

# Open - End (Equity) Lease Schedule

Quote No: 4264139

Supplemental to and part of Master Equity Lease Agreement date: 12/18/2015

<b>1. Lessee Name</b> Aftermath Holdings, LLC		<b>Delivery Date</b> 01/18/2020
<b>Address</b> 75 Executive Drive, Suite 200		<b>Customer#</b> 546402
<b>City</b> AURORA	<b>State</b> IL	<b>Postal Code</b> 60504
<b>ATTN</b>		
<b>Driver</b>	<b>Alternate Driver</b> Harrisburg Shop	
<b>Address</b> 75 S 13th Ave	<b>Garage County</b> LEBANON	
<b>Unit B</b>		
<b>City</b> LEBANON	<b>State</b> PA	<b>Postal Code</b> 17042
<b>2. Lease Term</b> Commencing on the delivery date of the vehicle and ending 60 months after the first full monthly rental payment date, with an option to continue month-to-month for an unlimited period of time.		
<b>3. Vehicle Description</b>		
<b>Year</b> 2019	<b>Make</b> RAM	<b>Model</b> ProMaster 3500
<b>Series</b> High Roof Extended Cargo Van 159 in. WB		
<b>License #</b> C227714	<b>Unit #</b> 235VHD	<b>Replacement Unit #</b>
		<b>VIN#</b> 3C6URVJG3KE562010

## 4. Monthly Rental and Other Payments Due

### 4A. Calculation of Monthly Rental

\$42,409.73	Capitalized Price of Vehicle
\$489.00	Initial License Fee
\$0.00	Sales Tax
\$1,518.88	Other: (See Page 2)
\$0.00	Extended Mechanical Service Program
\$0.00	Less Gain Applied From Prior Unit
\$6,683.19	Less Capitalized Price Reduction
<u>\$37,245.42</u>	Total Capitalized Amount (Delivered Price)
\$614.55	Depreciation Reserve @1.65%
\$109.15	Monthly Lease Charge
<b>\$723.70</b>	<b>Total Monthly Rental Excluding Additional Services</b>

### Additional Services

\$110.47	Full Maintenance <sup>1</sup>	<b>Contract Miles</b> <u>125,000</u>	<b>Overmileage Charge</b> \$0.0450 Per Mile
	<b>Incl: # Brake Sets (1 Set = 1Axle)</b> <u>0</u>	<b># Tires</b> <u>0</u>	<b>Loaner Vehicle Not Included</b>
	Master Policy Enrollment Fees		
\$0.00	Physical Damage Management		<b>Comp/Collision Deductible</b> <u>0/0</u>
\$0.00	Commercial Automobile Liability Enrollment		
	Liability Limit	\$0.00	
\$834.17	Monthly Rental Sub-Total		
<u>\$52.97</u>	Tax	<u>6.3500</u>	<b>State</b> <u>CT</u>
<b>\$887.14</b>	<b>Total Monthly Rental Including Additional Services</b>		

### 4B. Initial Charges

\$409.40	Pro-Rated Rental
\$887.14	First Month's Rental
\$0.00	Security Deposit
\$0.00	Tax on Security Deposit
\$6,683.19	Capitalized Price Reduction
\$424.38	Tax on Capitalized Price Reduction
\$0.00	Tax on Gain On Prior
\$0.00	Tax on Incentive ( Taxable Incentive Total : \$0.00 )
\$0.00	License and Certain Other Charges
\$0.00	Aftermarket Equipment
<u>\$100.00</u>	Other: (See Page 2)
<b>\$8,504.11</b>	<b>Total Initial Charges</b>

### 4C. Service Charge

**\$400.00** Service Charge Due at Lease Termination

### 4D. Reduced Book Value

**-\$165.25** Reduced Book Value at Lease Termination

Quote based on estimated annual mileage of **25,000**

### Special Provisions

As set forth in the Master Open - End (Equity) Lease Agreement, the terms and provisions contained in this schedule shall be conclusive and binding on Lessee unless Lessee objects in writing to the same within ten (10) days after the date of delivery of the vehicle.

Enterprise FM Trust, a Delaware statutory trust, is the owner of the vehicle covered by this Schedule. Enterprise FM Trust (not Enterprise Fleet Management) is and shall be deemed to be the Lessor of such vehicle under the Master Open - End (Equity) Lease Agreement and shall have all rights and obligations of the Lessor under the Master Open - End (Equity) Lease Agreement with respect to such vehicle. All rental and other payments owed by the Lessee with respect to such vehicle under the Master Open - End (Equity) Lease Agreement shall be paid to Enterprise Fleet Management in its capacity as the servicer for Enterprise FM Trust. All references in Sections 11(a) and 12 of the Master Open - End (Equity) Lease Agreement to the "Lessor" shall include any servicer(s) and/or other agent(s) for or of Enterprise FM Trust. Lessee must maintain insurance coverage on the vehicle as set forth in Section 11 of the Master Open-End (Equity) Lease Agreement until the vehicle is sold.



# Open - End (Equity) Lease Schedule

Quote No: 4264139

<sup>1</sup>The inclusion herein of references to maintenance fees/services are solely for the administrative convenience of Lessee. Notwithstanding the inclusion of such references in this [Invoice/Schedule/Quote], all such maintenance services are to be performed by Enterprise Fleet Management, Inc., and all such maintenance fees are payable by Lessee solely for the account of Enterprise Fleet Management, Inc., pursuant to that certain separate [Maintenance Agreement] entered into by and between Lessee and Enterprise Fleet Management, Inc.; provided that such maintenance fees are being billed by Enterprise FM Trust, and are payable at the direction of Enterprise FM Trust, solely as an authorized agent for collection on behalf of Enterprise Fleet Management, Inc.

## Aftermarket Equipment Totals

Description	(B)illed or (C)apped	Price
<b>Total Billed</b>		<b>\$0.00</b>
Inlad 100783	C	\$9,286.73
<b>Total Capitalized</b>		<b>\$9,286.73</b>
<b>Total</b>		<b>\$9,286.73</b>

## Other Totals

Description	(B)illed or (C)apped	Price
Initial Administration Fee	B	\$100.00
<b>Total Billed</b>		<b>\$100.00</b>
Transport	C	\$1,368.88
Courtesy Delivery Fee	C	\$150.00
<b>Total Capitalized</b>		<b>\$1,518.88</b>
<b>Total</b>		<b>\$1,618.88</b>

**AMENDMENT TO MASTER EQUITY LEASE AGREEMENT**

THIS AMENDMENT TO MASTER EQUITY LEASE AGREEMENT (this "Amendment") is made and entered into as of the 18th day of Jan, 2020, by and between Enterprise FM Trust, a Delaware statutory trust ("Lessor") and Aftermath Holdings, LLC ("Lessee").

**WITNESSETH:**

WHEREAS, Lessor and Lessee are parties to certain Master Equity Lease Agreement dated 18th day of Dec, 2015, as amended (the "Agreement"; all capitalized terms used and not otherwise defined in this Amendment shall have the respective meanings ascribed to them in the Agreement as amended by this Amendment); and

WHEREAS, Lessor and Lessee desire to amend the Agreement in the manner hereinafter set forth;

NOW, THEREFORE, in consideration of the premises and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Lessor and Lessee hereby agree as follows:

1. Notwithstanding the second to last sentence of Section 1 of the Agreement, Lessor and Lessee hereby agree that, solely for federal, state and local income tax purposes, the lease by Lessor to Lessee under the Agreement of following Vehicles (the "Specified Vehicles") will be treated as a conditional sale rather than a true lease and that Lessee will be treated as the owner of the Vehicle solely for such income tax purposes:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Quote #</u>
2019	RAM	ProMaster 3500	4264139

The Agreement and this Amendment have the specific intent of creating a conditional sale rather than a true lease with respect to the vehicles listed above, and by design, give appropriate consideration to tax statutes, Regulations, Court decisions, and IRS rulings and positions. In recognition of that intent, each of Lessor and Lessee hereby further agrees that it will not take any action or file any return or other document inconsistent with such tax treatment or with the ownership of the Specified Vehicles by Lessee solely for such income tax purposes.

Notwithstanding the foregoing, or anything else in this Amendment, the Agreement or any Schedule to the contrary, and given the inherent uncertainty that exists with respect to any advertised tax result or outcome, Lessee hereby acknowledges and agrees that Lessor makes no representation, warranty or covenant that any tax authority will not assert a contrary position or assert that (a) the lease of the Specified Vehicles by Lessor to Lessee is a true lease for tax purposes, (b) Lessee is not the owner of the Specified Vehicles for tax purposes and/or (c) Lessee is not entitled to claim any depreciation or recovery deduction for tax purposes with respect to the Specified Vehicles. Lessee shall be solely liable for any and all costs and expenses, including, without limitation, any and all attorneys' fees, incurred in contesting any such treatment of the lease of the Specified Vehicles as other than a conditional sale and shall keep Lessor informed, in writing, of any dispute with any tax authority as to the tax treatment of the lease of the Specified Vehicles.

2. All references in the Agreement and in the various Schedules and addenda to the Agreement and any other references of similar import shall henceforth mean the Agreement as amended by this Amendment. Except to the extent specifically amended by this Amendment, all of the terms, provisions, conditions, covenants, representations and warranties contained in the Agreement shall be and remain in full force and effect and the same are hereby ratified and confirmed.

IN WITNESS WHEREOF, Lessor and Lessee have executed this Amendment to Master Equity Lease Agreement as of the 18th day of Jan, 2020

Enterprise FM Trust (Lessor)

Aftermath Holdings, LLC ("Lessee")

By: Enterprise Fleet Management, Inc., its attorney in fact

By Tom Dolan Digitally signed by Tom Dolan  
Title: Fleet Management AVP

By \_\_\_\_\_  
Title: \_\_\_\_\_

## Open - End (Equity) Lease Schedule

Quote No: 4715975

Supplemental to and part of Master Equity Lease Agreement date: 12/18/2015

<b>1. Lessee Name</b>	Aftermath Holdings, LLC	<b>Delivery Date</b>	02/18/2021
<b>Address</b>	75 Executive Drive, Suite 200	<b>Customer#</b>	546402
<b>City</b>	AURORA	<b>Postal Code</b>	60504
<b>ATTN</b>			
<b>Driver</b>		<b>Alternate Driver</b>	Baltimore, MD
<b>Address</b>	512 Crain Hwy N	<b>Garage County</b>	Anne Arundel
<b>City</b>	Glen Burnie	<b>State</b>	MD
		<b>Postal Code</b>	21061

**2. Lease Term** Commencing on the delivery date of the vehicle and ending 60 months after the first full monthly rental payment date, with an option to continue month-to-month for an unlimited period of time.

<b>3. Vehicle Description</b>	<b>Year</b> 2021	<b>Make</b> Nissan	<b>Model</b> NV200
	<b>Series</b> SV 4dr Compact Cargo Van		
	<b>License #</b> 9EL1465	<b>Unit #</b> 23MRHM	<b>Replacement Unit #</b>
			<b>VIN#</b> 3N6CM0KN0MK691519

**4. Monthly Rental and Other Payments Due****4A. Calculation of Monthly Rental**

\$27,739.17	Capitalized Price of Vehicle
\$280.00	Initial License Fee
\$1,176.63	License and Certain Other Charges
\$0.00	Other
\$0.00	Extended Mechanical Service Program
\$0.00	Less Gain Applied From Prior Unit
\$4,414.31	Less Capitalized Price Reduction
<u>\$24,501.49</u>	Total Capitalized Amount (Delivered Price)
\$404.27	Depreciation Reserve @1.65%
\$63.03	Monthly Lease Charge
<u>\$467.30</u>	<b>Total Monthly Rental Excluding Additional Services</b>

**Additional Services**

\$98.91	Full Maintenance <sup>1</sup>	<b>Contract Miles</b> <u>125,000</u>	<b>Overmileage Charge</b> <u>\$0.0350</u> Per Mile
	<b>Incl: # Brake Sets (1 Set = 1Axle)</b> <u>0</u>	<b># Tires</b> <u>0</u>	<b>Loaner Vehicle Not Included</b>
	Master Policy Enrollment Fees		
\$0.00	Physical Damage Management		<b>Comp/Collision Deductible</b> <u>0/0</u>
\$0.00	Commercial Automobile Liability Enrollment		
	Liability Limit	\$0.00	
\$566.21	Monthly Rental Sub-Total		
<u>\$0.00</u>	Tax	<u>0.0000</u>	<b>State</b> <u>MD</u>
<u>\$566.21</u>	<b>Total Monthly Rental Including Additional Services</b>		

**4B. Initial Charges**

\$226.15	Pro-Rated Rental
\$566.21	First Month's Rental
\$0.00	Security Deposit
\$0.00	Tax on Security Deposit
\$4,414.31	Capitalized Price Reduction
\$0.00	Tax on Capitalized Price Reduction
\$0.00	Tax on Gain On Prior
\$0.00	Tax on Incentive ( Taxable Incentive Total : \$0.00 )
\$0.00	License and Certain Other Charges
\$0.00	Aftermarket Equipment
<u>\$100.00</u>	Other: (See Page 2)
<u>\$5,306.67</u>	<b>Total Initial Charges</b>

**4C. Service Charge**\$400.00 Service Charge Due at Lease Termination**4D. Reduced Book Value**\$89.22 Reduced Book Value at Lease Termination

Quote based on estimated annual mileage of 25,000

**Special Provisions**

As set forth in the Master Open - End (Equity) Lease Agreement, the terms and provisions contained in this schedule shall be conclusive and binding on Lessee unless Lessee objects in writing to the same within ten (10) days after the date of delivery of the vehicle.

Enterprise FM Trust, a Delaware statutory trust, is the owner of the vehicle covered by this Schedule. Enterprise FM Trust (not Enterprise Fleet Management) is and shall be deemed to be the Lessor of such vehicle under the Master Open - End (Equity) Lease Agreement and shall have all rights and obligations of the Lessor under the Master Open - End (Equity) Lease Agreement with respect to such vehicle. All rental and other payments owed by the Lessee with respect to such vehicle under the Master Open - End (Equity) Lease Agreement shall be paid to Enterprise Fleet Management in its capacity as the servicer for Enterprise FM Trust. All references in Sections 11(a) and 12 of the Master Open - End (Equity) Lease Agreement to the "Lessor" shall include any servicer(s) and/or other agent(s) for or of Enterprise FM Trust. Lessee must maintain insurance coverage on the vehicle as set forth in Section 11 of the Master Open-End (Equity) Lease Agreement until the vehicle is sold.

<sup>1</sup>The inclusion herein of references to maintenance fees/services are solely for the administrative convenience of Lessee. Notwithstanding the inclusion of such references in this [Invoice/Schedule/Quote], all such maintenance services are to be performed by Enterprise Fleet Management, Inc., and all such maintenance fees are payable by Lessee solely for the account of Enterprise Fleet Management, Inc., pursuant to that certain separate [Maintenance Agreement] entered into by and between Lessee and Enterprise Fleet Management, Inc.; provided that such maintenance fees are being billed by Enterprise FM Trust, and are payable at the direction of Enterprise FM Trust, solely as an authorized agent for collection on behalf of Enterprise Fleet Management, Inc.

## Aftermarket Equipment Totals

Description	(B)illed or (C)apped	Price
Total Billed		\$0.00
bins	C	\$5,560.17
Total Capitalized		\$5,560.17
Total		\$5,560.17

## Other Totals

Description	(B)illed or (C)apped	Price
Initial Administration Fee	B	\$100.00
Total Billed		\$100.00
Courtesy Delivery Fee	C	\$0.00
Total Capitalized		\$0.00
Total		\$100.00



**AMENDMENT TO MASTER EQUITY LEASE AGREEMENT**

THIS AMENDMENT TO MASTER EQUITY LEASE AGREEMENT (this "Amendment") is made and entered into as of the 18th day of Feb, 2021, by and between Enterprise FM Trust, a Delaware statutory trust ("Lessor") and Aftermath Holdings, LLC ("Lessee").

**WITNESSETH:**

WHEREAS, Lessor and Lessee are parties to certain Master Equity Lease Agreement dated 18th day of Dec, 2015, as amended (the "Agreement"; all capitalized terms used and not otherwise defined in this Amendment shall have the respective meanings ascribed to them in the Agreement as amended by this Amendment); and

WHEREAS, Lessor and Lessee desire to amend the Agreement in the manner hereinafter set forth;

NOW, THEREFORE, in consideration of the premises and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Lessor and Lessee hereby agree as follows:

1. Notwithstanding the second to last sentence of Section 1 of the Agreement, Lessor and Lessee hereby agree that, solely for federal, state and local income tax purposes, the lease by Lessor to Lessee under the Agreement of following Vehicles (the "Specified Vehicles") will be treated as a conditional sale rather than a true lease and that Lessee will be treated as the owner of the Vehicle solely for such income tax purposes:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Quote #</u>
2021	Nissan	NV200	4715975

The Agreement and this Amendment have the specific intent of creating a conditional sale rather than a true lease with respect to the vehicles listed above, and by design, give appropriate consideration to tax statutes, Regulations, Court decisions, and IRS rulings and positions. In recognition of that intent, each of Lessor and Lessee hereby further agrees that it will not take any action or file any return or other document inconsistent with such tax treatment or with the ownership of the Specified Vehicles by Lessee solely for such income tax purposes.

Notwithstanding the foregoing, or anything else in this Amendment, the Agreement or any Schedule to the contrary, and given the inherent uncertainty that exists with respect to any advertised tax result or outcome, Lessee hereby acknowledges and agrees that Lessor makes no representation, warranty or covenant that any tax authority will not assert a contrary position or assert that (a) the lease of the Specified Vehicles by Lessor to Lessee is a true lease for tax purposes, (b) Lessee is not the owner of the Specified Vehicles for tax purposes and/or (c) Lessee is not entitled to claim any depreciation or recovery deduction for tax purposes with respect to the Specified Vehicles. Lessee shall be solely liable for any and all costs and expenses, including, without limitation, any and all attorneys' fees, incurred in contesting any such treatment of the lease of the Specified Vehicles as other than a conditional sale and shall keep Lessor informed, in writing, of any dispute with any tax authority as to the tax treatment of the lease of the Specified Vehicles.

2. All references in the Agreement and in the various Schedules and addenda to the Agreement and any other references of similar import shall henceforth mean the Agreement as amended by this Amendment. Except to the extent specifically amended by this Amendment, all of the terms, provisions, conditions, covenants, representations and warranties contained in the Agreement shall be and remain in full force and effect and the same are hereby ratified and confirmed.

IN WITNESS WHEREOF, Lessor and Lessee have executed this Amendment to Master Equity Lease Agreement as of the 18th day of Feb, 2021

Enterprise FM Trust (Lessor)

Aftermath Holdings, LLC ("Lessee")

By: Enterprise Fleet Management, Inc., its attorney in fact

By Tom Dolan Digitally signed by Tom Dolan

By \_\_\_\_\_

Title: Fleet Management AVP

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



## Open - End (Equity) Lease Schedule

Quote No: 4673085

Supplemental to and part of Master Equity Lease Agreement date: 12/18/2015

<b>1. Lessee Name</b> Aftermath Holdings, LLC		<b>Delivery Date</b> 12/08/2020
<b>Address</b> 75 Executive Drive, Suite 200		<b>Customer#</b> 546402
<b>City</b> AURORA	<b>State</b> IL	<b>Postal Code</b> 60504
<b>ATTN Driver</b>	<b>Alternate Driver</b> Baltimore, MD	
<b>Address</b> 512 N. Crain Highway	<b>Garage County</b> ANNE ARUNDEL	
<b>City</b> GLEN BURNIE	<b>State</b> MD	<b>Postal Code</b> 21061
<b>2. Lease Term</b> Commencing on the delivery date of the vehicle and ending 60 months after the first full monthly rental payment date, with an option to continue month-to-month for an unlimited period of time.		
<b>3. Vehicle Description</b>		
<b>Year</b> 2021	<b>Make</b> RAM	<b>Model</b> ProMaster 3500
<b>Series</b> High Roof Extended Cargo Van 159 in. WB		
<b>License #</b> 7EJ5577	<b>Unit #</b> 23LHMZ	<b>Replacement Unit #</b>
		<b>VIN#</b> 3C6FRVJG1ME509527

**4. Monthly Rental and Other Payments Due****4A. Calculation of Monthly Rental**

\$45,710.26	Capitalized Price of Vehicle
\$280.00	Initial License Fee
\$1,861.70	License and Certain Other Charges
\$1,240.77	Other: (See Page 2)
\$0.00	Extended Mechanical Service Program
\$0.00	Less Gain Applied From Prior Unit
\$7,314.41	Less Capitalized Price Reduction
<u>\$41,498.32</u>	Total Capitalized Amount (Delivered Price)
\$675.03	Depreciation Reserve @1.63%
\$112.85	Monthly Lease Charge
<u>\$787.88</u>	Total Monthly Rental Excluding Additional Services

**Additional Services**

\$110.47	Full Maintenance <sup>1</sup>	<b>Contract Miles</b> <u>125,000</u>	<b>Overmileage Charge</b> <u>\$0.0450</u> Per Mile
	<b>Incl: # Brake Sets (1 Set = 1Axle)</b> <u>0</u>	<b># Tires</b> <u>0</u>	<b>Loaner Vehicle Not Included</b>
	Master Policy Enrollment Fees		
\$0.00	Physical Damage Management		<b>Comp/Collision Deductible</b> <u>0/0</u>
\$0.00	Commercial Automobile Liability Enrollment		
	Liability Limit	\$0.00	
\$898.35	Monthly Rental Sub-Total		
<u>\$0.00</u>	Tax	<u>0.0000</u>	<b>State</b> <u>MD</u>
<u>\$898.35</u>	Total Monthly Rental Including Additional Services		

**4B. Initial Charges**

\$694.78	Pro-Rated Rental
\$898.35	First Month's Rental
\$0.00	Security Deposit
\$0.00	Tax on Security Deposit
\$7,314.41	Capitalized Price Reduction
\$0.00	Tax on Capitalized Price Reduction
\$0.00	Tax on Gain On Prior
\$0.00	Tax on Incentive ( Taxable Incentive Total : \$0.00 )
\$0.00	License and Certain Other Charges
\$0.00	Aftermarket Equipment
<u>\$100.00</u>	Other: (See Page 2)
<u>\$9,007.54</u>	Total Initial Charges

**4C. Service Charge**\$400.00 Service Charge Due at Lease Termination**4D. Reduced Book Value**\$500.00 Reduced Book Value at Lease TerminationQuote based on estimated annual mileage of **25,000****Special Provisions**

As set forth in the Master Open - End (Equity) Lease Agreement, the terms and provisions contained in this schedule shall be conclusive and binding on Lessee unless Lessee objects in writing to the same within ten (10) days after the date of delivery of the vehicle.

Enterprise FM Trust, a Delaware statutory trust, is the owner of the vehicle covered by this Schedule. Enterprise FM Trust (not Enterprise Fleet Management) is and shall be deemed to be the Lessor of such vehicle under the Master Open - End (Equity) Lease Agreement and shall have all rights and obligations of the Lessor under the Master Open - End (Equity) Lease Agreement with respect to such vehicle. All rental and other payments owed by the Lessee with respect to such vehicle under the Master Open - End (Equity) Lease Agreement shall be paid to Enterprise Fleet Management in its capacity as the servicer for Enterprise FM Trust. All references in Sections 11(a) and 12 of the Master Open - End (Equity) Lease Agreement to the "Lessor" shall include any servicer(s) and/or other agent(s) for or of Enterprise FM Trust. Lessee must maintain insurance coverage on the vehicle as set forth in Section 11 of the Master Open-End (Equity) Lease Agreement until the vehicle is sold.

<sup>1</sup>The inclusion herein of references to maintenance fees/services are solely for the administrative convenience of Lessee. Notwithstanding the inclusion of such references in this [Invoice/Schedule/Quote], all such maintenance services are to be performed by Enterprise Fleet Management, Inc., and all such maintenance fees are payable by Lessee solely for the account of Enterprise Fleet Management, Inc., pursuant to that certain separate [Maintenance Agreement] entered into by and between Lessee and Enterprise Fleet Management, Inc.; provided that such maintenance fees are being billed by Enterprise FM Trust, and are payable at the direction of Enterprise FM Trust, solely as an authorized agent for collection on behalf of Enterprise Fleet Management, Inc.

**Aftermarket Equipment Totals**

Description	(B)illed or (C)apped	Price
Total Billed		\$0.00
bins	C	\$9,546.26
Total Capitalized		\$9,546.26
Total		\$9,546.26

**Other Totals**

Description	(B)illed or (C)apped	Price
Initial Administration Fee	B	\$100.00
Total Billed		\$100.00
transport IL to MD	C	\$940.77
Courtesy Delivery Fee	C	\$300.00
Total Capitalized		\$1,240.77
Total		\$1,340.77

**AMENDMENT TO MASTER EQUITY LEASE AGREEMENT**

THIS AMENDMENT TO MASTER EQUITY LEASE AGREEMENT (this "Amendment") is made and entered into as of the 8th day of Dec, 2020, by and between Enterprise FM Trust, a Delaware statutory trust ("Lessor") and Aftermath Holdings, LLC ("Lessee").

**WITNESSETH:**

WHEREAS, Lessor and Lessee are parties to certain Master Equity Lease Agreement dated 18th day of Dec, 2015, as amended (the "Agreement"; all capitalized terms used and not otherwise defined in this Amendment shall have the respective meanings ascribed to them in the Agreement as amended by this Amendment); and

WHEREAS, Lessor and Lessee desire to amend the Agreement in the manner hereinafter set forth;

NOW, THEREFORE, in consideration of the premises and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Lessor and Lessee hereby agree as follows:

1. Notwithstanding the second to last sentence of Section 1 of the Agreement, Lessor and Lessee hereby agree that, solely for federal, state and local income tax purposes, the lease by Lessor to Lessee under the Agreement of following Vehicles (the "Specified Vehicles") will be treated as a conditional sale rather than a true lease and that Lessee will be treated as the owner of the Vehicle solely for such income tax purposes:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Quote #</u>
2021	RAM	ProMaster 3500	4673085

The Agreement and this Amendment have the specific intent of creating a conditional sale rather than a true lease with respect to the vehicles listed above, and by design, give appropriate consideration to tax statutes, Regulations, Court decisions, and IRS rulings and positions. In recognition of that intent, each of Lessor and Lessee hereby further agrees that it will not take any action or file any return or other document inconsistent with such tax treatment or with the ownership of the Specified Vehicles by Lessee solely for such income tax purposes.

Notwithstanding the foregoing, or anything else in this Amendment, the Agreement or any Schedule to the contrary, and given the inherent uncertainty that exists with respect to any advertised tax result or outcome, Lessee hereby acknowledges and agrees that Lessor makes no representation, warranty or covenant that any tax authority will not assert a contrary position or assert that (a) the lease of the Specified Vehicles by Lessor to Lessee is a true lease for tax purposes, (b) Lessee is not the owner of the Specified Vehicles for tax purposes and/or (c) Lessee is not entitled to claim any depreciation or recovery deduction for tax purposes with respect to the Specified Vehicles. Lessee shall be solely liable for any and all costs and expenses, including, without limitation, any and all attorneys' fees, incurred in contesting any such treatment of the lease of the Specified Vehicles as other than a conditional sale and shall keep Lessor informed, in writing, of any dispute with any tax authority as to the tax treatment of the lease of the Specified Vehicles.

2. All references in the Agreement and in the various Schedules and addenda to the Agreement and any other references of similar import shall henceforth mean the Agreement as amended by this Amendment. Except to the extent specifically amended by this Amendment, all of the terms, provisions, conditions, covenants, representations and warranties contained in the Agreement shall be and remain in full force and effect and the same are hereby ratified and confirmed.

IN WITNESS WHEREOF, Lessor and Lessee have executed this Amendment to Master Equity Lease Agreement as of the 8th day of Dec, 2020

Enterprise FM Trust (Lessor)

Aftermath Holdings, LLC ("Lessee")

By: Enterprise Fleet Management, Inc., its attorney in fact

By Tom Dolan Digitally signed by Tom Dolan  
Title: Fleet Management AVP

By \_\_\_\_\_  
Title: \_\_\_\_\_



# Open - End (Equity) Lease Schedule

Quote No: 4264145

Supplemental to and part of Master Equity Lease Agreement date: 12/18/2015

<b>1. Lessee Name</b> Aftermath Holdings, LLC		<b>Delivery Date</b> 12/16/2019
<b>Address</b> 75 Executive Drive, Suite 200		<b>Customer#</b> 546402
<b>City</b> AURORA	<b>State</b> IL	<b>Postal Code</b> 60504
<b>ATTN Driver</b>	<b>Alternate Driver</b> Middletown, CT	
<b>Address</b> 161 Johnson St., Suite 2	<b>Garage County</b> MIDDLESEX	
<b>City</b> MIDDLETOWN	<b>State</b> CT	<b>Postal Code</b> 06457
<b>2. Lease Term</b> Commencing on the delivery date of the vehicle and ending 60 months after the first full monthly rental payment date, with an option to continue month-to-month for an unlimited period of time.		
<b>3. Vehicle Description</b>		
<b>Year</b> 2019	<b>Make</b> RAM	<b>Model</b> ProMaster 3500
<b>Series</b> High Roof Extended Cargo Van 159 in. WB		
<b>License #</b> C220710	<b>Unit #</b> 235VHM	<b>Replacement Unit #</b>
		<b>VIN#</b> 3C6URVJG1KE564905

## 4. Monthly Rental and Other Payments Due

### 4A. Calculation of Monthly Rental

\$42,271.73	Capitalized Price of Vehicle
\$351.00	Initial License Fee
\$0.00	Sales Tax
\$1,434.58	Other: (See Page 2)
\$0.00	Extended Mechanical Service Program
\$0.00	Less Gain Applied From Prior Unit
\$6,705.95	Less Capitalized Price Reduction
<u>\$37,000.36</u>	Total Capitalized Amount (Delivered Price)
\$3.70	Depreciation Reserve @0.01%
\$41.97	Monthly Lease Charge
<b>\$45.67</b>	<b>Total Monthly Rental Excluding Additional Services</b>

### Additional Services

\$0.00	Full Maintenance <sup>1</sup>	<b>Contract Miles</b> 0	<b>Overmileage Charge</b> \$0.0000 Per Mile
	<b>Incl: # Brake Sets (1 Set = 1Axle)</b> 0	<b># Tires</b> 0	<b>Loaner Vehicle Not Included</b>
	Master Policy Enrollment Fees		
\$0.00	Physical Damage Management		<b>Comp/Collision Deductible</b> 0/0
\$0.00	Commercial Automobile Liability Enrollment		
	Liability Limit	\$0.00	
\$45.67	Monthly Rental Sub-Total		
\$2.90	Tax	6.3500	<b>State</b> CT
<b>\$48.57</b>	<b>Total Monthly Rental Including Additional Services</b>		

### 4B. Initial Charges

\$408.24	Pro-Rated Rental
\$48.57	First Month's Rental
\$0.00	Security Deposit
\$0.00	Tax on Security Deposit
\$6,705.95	Capitalized Price Reduction
\$425.83	Tax on Capitalized Price Reduction
\$0.00	Tax on Gain On Prior
\$0.00	Tax on Incentive ( Taxable Incentive Total : \$0.00 )
\$0.00	License and Certain Other Charges
\$0.00	Aftermarket Equipment
\$100.00	Other: (See Page 2)
<b>\$7,688.59</b>	<b>Total Initial Charges</b>

### 4C. Service Charge

**\$400.00** Service Charge Due at Lease Termination

### 4D. Reduced Book Value

**\$376.25** Reduced Book Value at Lease Termination

Quote based on estimated annual mileage of 25,000

### Special Provisions

As set forth in the Master Open - End (Equity) Lease Agreement, the terms and provisions contained in this schedule shall be conclusive and binding on Lessee unless Lessee objects in writing to the same within ten (10) days after the date of delivery of the vehicle.

Enterprise FM Trust, a Delaware statutory trust, is the owner of the vehicle covered by this Schedule. Enterprise FM Trust (not Enterprise Fleet Management) is and shall be deemed to be the Lessor of such vehicle under the Master Open - End (Equity) Lease Agreement and shall have all rights and obligations of the Lessor under the Master Open - End (Equity) Lease Agreement with respect to such vehicle. All rental and other payments owed by the Lessee with respect to such vehicle under the Master Open - End (Equity) Lease Agreement shall be paid to Enterprise Fleet Management in its capacity as the servicer for Enterprise FM Trust. All references in Sections 11(a) and 12 of the Master Open - End (Equity) Lease Agreement to the "Lessor" shall include any servicer(s) and/or other agent(s) for or of Enterprise FM Trust. Lessee must maintain insurance coverage on the vehicle as set forth in Section 11 of the Master Open-End (Equity) Lease Agreement until the vehicle is sold.

# Open - End (Equity) Lease Schedule

Quote No: 4264145

<sup>1</sup>The inclusion herein of references to maintenance fees/services are solely for the administrative convenience of Lessee. Notwithstanding the inclusion of such references in this [Invoice/Schedule/Quote], all such maintenance services are to be performed by Enterprise Fleet Management, Inc., and all such maintenance fees are payable by Lessee solely for the account of Enterprise Fleet Management, Inc., pursuant to that certain separate [Maintenance Agreement] entered into by and between Lessee and Enterprise Fleet Management, Inc.; provided that such maintenance fees are being billed by Enterprise FM Trust, and are payable at the direction of Enterprise FM Trust, solely as an authorized agent for collection on behalf of Enterprise Fleet Management, Inc.

## Aftermarket Equipment Totals

Description	(B)illed or (C)apped	Price
<b>Total Billed</b>		<b>\$0.00</b>
Inlad 100783	C	\$9,286.73
<b>Total Capitalized</b>		<b>\$9,286.73</b>
<b>Total</b>		<b>\$9,286.73</b>

## Other Totals

Description	(B)illed or (C)apped	Price
Initial Administration Fee	B	\$100.00
<b>Total Billed</b>		<b>\$100.00</b>
transport	C	\$1,284.58
Courtesy Delivery Fee	C	\$150.00
<b>Total Capitalized</b>		<b>\$1,434.58</b>
<b>Total</b>		<b>\$1,534.58</b>



**AMENDMENT TO MASTER EQUITY LEASE AGREEMENT**

THIS AMENDMENT TO MASTER EQUITY LEASE AGREEMENT (this "Amendment") is made and entered into as of the 16th day of Dec, 2019, by and between Enterprise FM Trust, a Delaware statutory trust ("Lessor") and Aftermath Holdings, LLC ("Lessee").

**WITNESSETH:**

WHEREAS, Lessor and Lessee are parties to certain Master Equity Lease Agreement dated 18th day of Dec, 2015, as amended (the "Agreement"; all capitalized terms used and not otherwise defined in this Amendment shall have the respective meanings ascribed to them in the Agreement as amended by this Amendment); and

WHEREAS, Lessor and Lessee desire to amend the Agreement in the manner hereinafter set forth;

NOW, THEREFORE, in consideration of the premises and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Lessor and Lessee hereby agree as follows:

1. Notwithstanding the second to last sentence of Section 1 of the Agreement, Lessor and Lessee hereby agree that, solely for federal, state and local income tax purposes, the lease by Lessor to Lessee under the Agreement of following Vehicles (the "Specified Vehicles") will be treated as a conditional sale rather than a true lease and that Lessee will be treated as the owner of the Vehicle solely for such income tax purposes:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Quote #</u>
2019	RAM	ProMaster 3500	4264145

The Agreement and this Amendment have the specific intent of creating a conditional sale rather than a true lease with respect to the vehicles listed above, and by design, give appropriate consideration to tax statutes, Regulations, Court decisions, and IRS rulings and positions. In recognition of that intent, each of Lessor and Lessee hereby further agrees that it will not take any action or file any return or other document inconsistent with such tax treatment or with the ownership of the Specified Vehicles by Lessee solely for such income tax purposes.

Notwithstanding the foregoing, or anything else in this Amendment, the Agreement or any Schedule to the contrary, and given the inherent uncertainty that exists with respect to any advertised tax result or outcome, Lessee hereby acknowledges and agrees that Lessor makes no representation, warranty or covenant that any tax authority will not assert a contrary position or assert that (a) the lease of the Specified Vehicles by Lessor to Lessee is a true lease for tax purposes, (b) Lessee is not the owner of the Specified Vehicles for tax purposes and/or (c) Lessee is not entitled to claim any depreciation or recovery deduction for tax purposes with respect to the Specified Vehicles. Lessee shall be solely liable for any and all costs and expenses, including, without limitation, any and all attorneys' fees, incurred in contesting any such treatment of the lease of the Specified Vehicles as other than a conditional sale and shall keep Lessor informed, in writing, of any dispute with any tax authority as to the tax treatment of the lease of the Specified Vehicles.

2. All references in the Agreement and in the various Schedules and addenda to the Agreement and any other references of similar import shall henceforth mean the Agreement as amended by this Amendment. Except to the extent specifically amended by this Amendment, all of the terms, provisions, conditions, covenants, representations and warranties contained in the Agreement shall be and remain in full force and effect and the same are hereby ratified and confirmed.

IN WITNESS WHEREOF, Lessor and Lessee have executed this Amendment to Master Equity Lease Agreement as of the 16th day of Dec, 2019

Enterprise FM Trust (Lessor)

Aftermath Holdings, LLC ("Lessee")

By: Enterprise Fleet Management, Inc., its attorney in fact

By Tom Dolan Digitally signed by Tom Dolan  
Title: Fleet Management AVP

By \_\_\_\_\_  
Title: \_\_\_\_\_

## Open - End (Equity) Lease Schedule

Quote No: 4634177

Supplemental to and part of Master Equity Lease Agreement date: 12/18/2015

<b>1. Lessee Name</b>	Aftermath Holdings, LLC	<b>Delivery Date</b>	06/15/2020
<b>Address</b>	75 Executive Drive, Suite 200	<b>Customer#</b>	546402
<b>City</b>	AURORA	<b>Postal Code</b>	60504
<b>ATTN</b>			
<b>Driver</b>		<b>Alternate Driver</b>	733 Northampton
<b>Address</b>	2100 Siegfried Avenue	<b>Garage County</b>	NORTHAMPTON
<b>City</b>	NORTHAMPTON	<b>State</b>	PA
		<b>Postal Code</b>	18067
<b>2. Lease Term</b>	Commencing on the delivery date of the vehicle and ending 60 months after the first full monthly rental payment date, with an option to continue month-to-month for an unlimited period of time.		
<b>3. Vehicle Description</b>	<b>Year</b> 2020	<b>Make</b> RAM	<b>Model</b> ProMaster 3500
	<b>Series</b> High Roof Extended Cargo Van 159 in. WB		
	<b>License #</b> ZPW9023	<b>Unit #</b> 23KJ6N	<b>Replacement Unit #</b>
			<b>VIN#</b> 3C6URVJG6LE109663

**4. Monthly Rental and Other Payments Due****4A. Calculation of Monthly Rental**

\$45,376.19	Capitalized Price of Vehicle
\$75.00	Initial License Fee
\$0.00	Sales Tax
\$625.00	Other: (See Page 2)
\$0.00	Extended Mechanical Service Program
\$0.00	Less Gain Applied From Prior Unit
\$6,858.93	Less Capitalized Price Reduction
<u>\$39,142.26</u>	Total Capitalized Amount (Delivered Price)
\$639.12	Depreciation Reserve @1.63%
\$108.51	Monthly Lease Charge
<u>\$747.63</u>	Total Monthly Rental Excluding Additional Services

**Additional Services**

\$110.47	Full Maintenance <sup>1</sup>	<b>Contract Miles</b>	<u>125,000</u>	<b>Overmileage Charge</b>	\$0.0450 Per Mile
	<b>Incl: # Brake Sets (1 Set = 1Axle)</b>	<u>0</u>	<b># Tires</b>	<u>0</u>	<b>Loaner Vehicle Not Included</b>
	Master Policy Enrollment Fees				
\$0.00	Physical Damage Management			<b>Comp/Collision Deductible</b>	<u>0/0</u>
\$0.00	Commercial Automobile Liability Enrollment				
	Liability Limit	\$0.00			
\$858.10	Monthly Rental Sub-Total				
<u>\$54.80</u>	Tax	<u>6.0000</u>		<b>State</b>	<u>PA</u>
<u>\$912.90</u>	Total Monthly Rental Including Additional Services				

**4B. Initial Charges**

\$495.84	Pro-Rated Rental
\$912.90	First Month's Rental
\$0.00	Security Deposit
\$0.00	Tax on Security Deposit
\$6,858.93	Capitalized Price Reduction
\$411.54	Tax on Capitalized Price Reduction
\$0.00	Tax on Gain On Prior
\$0.00	Tax on Incentive ( Taxable Incentive Total : \$0.00 )
\$0.00	License and Certain Other Charges
\$0.00	Aftermarket Equipment
<u>\$300.00</u>	Other: (See Page 2)
<u>\$8,979.21</u>	Total Initial Charges

**4C. Service Charge**\$400.00 Service Charge Due at Lease Termination**4D. Reduced Book Value**\$515.90 Reduced Book Value at Lease Termination

Quote based on estimated annual mileage of 25,000

**Special Provisions**

As set forth in the Master Open - End (Equity) Lease Agreement, the terms and provisions contained in this schedule shall be conclusive and binding on Lessee unless Lessee objects in writing to the same within ten (10) days after the date of delivery of the vehicle.

Enterprise FM Trust, a Delaware statutory trust, is the owner of the vehicle covered by this Schedule. Enterprise FM Trust (not Enterprise Fleet Management) is and shall be deemed to be the Lessor of such vehicle under the Master Open - End (Equity) Lease Agreement and shall have all rights and obligations of the Lessor under the Master Open - End (Equity) Lease Agreement with respect to such vehicle. All rental and other payments owed by the Lessee with respect to such vehicle under the Master Open - End (Equity) Lease Agreement shall be paid to Enterprise Fleet Management in its capacity as the servicer for Enterprise FM Trust. All references in Sections 11(a) and 12 of the Master Open - End (Equity) Lease Agreement to the "Lessor" shall include any servicer(s) and/or other agent(s) for or of Enterprise FM Trust. Lessee must maintain insurance coverage on the vehicle as set forth in Section 11 of the Master Open-End (Equity) Lease Agreement until the vehicle is sold.

<sup>1</sup>The inclusion herein of references to maintenance fees/services are solely for the administrative convenience of Lessee. Notwithstanding the inclusion of such references in this [Invoice/Schedule/Quote], all such maintenance services are to be performed by Enterprise Fleet Management, Inc., and all such maintenance fees are payable by Lessee solely for the account of Enterprise Fleet Management, Inc., pursuant to that certain separate [Maintenance Agreement] entered into by and between Lessee and Enterprise Fleet Management, Inc.; provided that such maintenance fees are being billed by Enterprise FM Trust, and are payable at the direction of Enterprise FM Trust, solely as an authorized agent for collection on behalf of Enterprise Fleet Management, Inc.

## Aftermarket Equipment Totals

Description	(B)illed or (C)apped	Price
<b>Total Billed</b>		<b>\$0.00</b>
Inlad quote 46494 includes delivery to Northampton	C	\$9,754.71
<b>Total Capitalized</b>		<b>\$9,754.71</b>
<b>Total</b>		<b>\$9,754.71</b>

## Other Totals

Description	(B)illed or (C)apped	Price
Initial Administration Fee	B	\$90.00
Pricing Plan Delivery Charge	B	\$210.00
<b>Total Billed</b>		<b>\$300.00</b>
transport dealer to Inlad, MD	C	\$350.00
License Fee True Up	C	\$275.00
Courtesy Delivery Fee	C	\$0.00
<b>Total Capitalized</b>		<b>\$625.00</b>
<b>Total</b>		<b>\$925.00</b>



**AMENDMENT TO MASTER EQUITY LEASE AGREEMENT**

THIS AMENDMENT TO MASTER EQUITY LEASE AGREEMENT (this "Amendment") is made and entered into as of the 15th day of Jun, 2020, by and between Enterprise FM Trust, a Delaware statutory trust ("Lessor") and Aftermath Holdings, LLC ("Lessee").

**WITNESSETH:**

WHEREAS, Lessor and Lessee are parties to certain Master Equity Lease Agreement dated 18th day of Dec, 2015, as amended (the "Agreement"; all capitalized terms used and not otherwise defined in this Amendment shall have the respective meanings ascribed to them in the Agreement as amended by this Amendment); and

WHEREAS, Lessor and Lessee desire to amend the Agreement in the manner hereinafter set forth;

NOW, THEREFORE, in consideration of the premises and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Lessor and Lessee hereby agree as follows:

1. Notwithstanding the second to last sentence of Section 1 of the Agreement, Lessor and Lessee hereby agree that, solely for federal, state and local income tax purposes, the lease by Lessor to Lessee under the Agreement of following Vehicles (the "Specified Vehicles") will be treated as a conditional sale rather than a true lease and that Lessee will be treated as the owner of the Vehicle solely for such income tax purposes:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Quote #</u>
2020	RAM	ProMaster 3500	4634177

The Agreement and this Amendment have the specific intent of creating a conditional sale rather than a true lease with respect to the vehicles listed above, and by design, give appropriate consideration to tax statutes, Regulations, Court decisions, and IRS rulings and positions. In recognition of that intent, each of Lessor and Lessee hereby further agrees that it will not take any action or file any return or other document inconsistent with such tax treatment or with the ownership of the Specified Vehicles by Lessee solely for such income tax purposes.

Notwithstanding the foregoing, or anything else in this Amendment, the Agreement or any Schedule to the contrary, and given the inherent uncertainty that exists with respect to any advertised tax result or outcome, Lessee hereby acknowledges and agrees that Lessor makes no representation, warranty or covenant that any tax authority will not assert a contrary position or assert that (a) the lease of the Specified Vehicles by Lessor to Lessee is a true lease for tax purposes, (b) Lessee is not the owner of the Specified Vehicles for tax purposes and/or (c) Lessee is not entitled to claim any depreciation or recovery deduction for tax purposes with respect to the Specified Vehicles. Lessee shall be solely liable for any and all costs and expenses, including, without limitation, any and all attorneys' fees, incurred in contesting any such treatment of the lease of the Specified Vehicles as other than a conditional sale and shall keep Lessor informed, in writing, of any dispute with any tax authority as to the tax treatment of the lease of the Specified Vehicles.

2. All references in the Agreement and in the various Schedules and addenda to the Agreement and any other references of similar import shall henceforth mean the Agreement as amended by this Amendment. Except to the extent specifically amended by this Amendment, all of the terms, provisions, conditions, covenants, representations and warranties contained in the Agreement shall be and remain in full force and effect and the same are hereby ratified and confirmed.

IN WITNESS WHEREOF, Lessor and Lessee have executed this Amendment to Master Equity Lease Agreement as of the 15th day of Jun, 2020

Enterprise FM Trust (Lessor)

Aftermath Holdings, LLC ("Lessee")

By: Enterprise Fleet Management, Inc., its attorney in fact

By Tom Dolan Digitally signed by Tom Dolan

By \_\_\_\_\_

Title: Fleet Management AVP

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

# Open - End (Equity) Lease Schedule

Quote No: 4264168

Supplemental to and part of Master Equity Lease Agreement date: 12/18/2015

<b>1. Lessee Name</b> Aftermath Holdings, LLC		<b>Delivery Date</b> 12/16/2019
<b>Address</b> 75 Executive Drive, Suite 200		<b>Customer#</b> 546402
<b>City</b> AURORA	<b>State</b> IL	<b>Postal Code</b> 60504
<b>ATTN</b>		
<b>Driver</b>	<b>Alternate Driver</b> Middletown, CT	
<b>Address</b> 2100 Siegfried ave	<b>Garage County</b> NORTHAMPTON	
<b>City</b> NORTHAMPTON	<b>State</b> PA	<b>Postal Code</b> 18067
<b>2. Lease Term</b> Commencing on the delivery date of the vehicle and ending 60 months after the first full monthly rental payment date, with an option to continue month-to-month for an unlimited period of time.		
<b>3. Vehicle Description</b>		
<b>Year</b> 2019	<b>Make</b> RAM	<b>Model</b> ProMaster 3500
<b>Series</b> High Roof Extended Cargo Van 159 in. WB		
<b>License #</b> ZWK0932	<b>Unit #</b> 235VJ2	<b>Replacement Unit #</b>
		<b>VIN#</b> 3C6URVJG3KE564906

## 4. Monthly Rental and Other Payments Due

### 4A. Calculation of Monthly Rental

\$43,271.73	Capitalized Price of Vehicle
\$351.00	Initial License Fee
\$0.00	Sales Tax
\$1,434.58	Other: (See Page 2)
\$0.00	Extended Mechanical Service Program
\$0.00	Less Gain Applied From Prior Unit
\$6,705.95	Less Capitalized Price Reduction
<u>\$38,000.36</u>	Total Capitalized Amount (Delivered Price)
\$3.80	Depreciation Reserve @0.01%
\$41.97	Monthly Lease Charge
<u>\$45.77</u>	Total Monthly Rental Excluding Additional Services

### Additional Services

\$110.47	Full Maintenance <sup>1</sup>	<b>Contract Miles</b> 125,000	<b>Overmileage Charge</b> \$0.0450 Per Mile
	<b>Incl: # Brake Sets (1 Set = 1Axle)</b> 0	<b># Tires</b> 0	<b>Loaner Vehicle Not Included</b>
	Master Policy Enrollment Fees		
\$0.00	Physical Damage Management		<b>Comp/Collision Deductible</b> 0/0
\$0.00	Commercial Automobile Liability Enrollment		
	Liability Limit	\$0.00	
\$156.24	Monthly Rental Sub-Total		
<u>\$9.38</u>	Tax	6.0000	<b>State</b> PA
<u>\$165.62</u>	Total Monthly Rental Including Additional Services		

### 4B. Initial Charges

\$465.26	Pro-Rated Rental
\$165.62	First Month's Rental
\$0.00	Security Deposit
\$0.00	Tax on Security Deposit
\$6,705.95	Capitalized Price Reduction
\$402.36	Tax on Capitalized Price Reduction
\$0.00	Tax on Gain On Prior
\$0.00	Tax on Incentive ( Taxable Incentive Total : \$0.00 )
\$0.00	License and Certain Other Charges
\$0.00	Aftermarket Equipment
<u>\$100.00</u>	Other: (See Page 2)
<u>\$7,839.19</u>	Total Initial Charges

### 4C. Service Charge

\$400.00 Service Charge Due at Lease Termination

### 4D. Reduced Book Value

\$60.67 Reduced Book Value at Lease Termination

Quote based on estimated annual mileage of 25,000

### Special Provisions

As set forth in the Master Open - End (Equity) Lease Agreement, the terms and provisions contained in this schedule shall be conclusive and binding on Lessee unless Lessee objects in writing to the same within ten (10) days after the date of delivery of the vehicle.

Enterprise FM Trust, a Delaware statutory trust, is the owner of the vehicle covered by this Schedule. Enterprise FM Trust (not Enterprise Fleet Management) is and shall be deemed to be the Lessor of such vehicle under the Master Open - End (Equity) Lease Agreement and shall have all rights and obligations of the Lessor under the Master Open - End (Equity) Lease Agreement with respect to such vehicle. All rental and other payments owed by the Lessee with respect to such vehicle under the Master Open - End (Equity) Lease Agreement shall be paid to Enterprise Fleet Management in its capacity as the servicer for Enterprise FM Trust. All references in Sections 11(a) and 12 of the Master Open - End (Equity) Lease Agreement to the "Lessor" shall include any servicer(s) and/or other agent(s) for or of Enterprise FM Trust. Lessee must maintain insurance coverage on the vehicle as set forth in Section 11 of the Master Open-End (Equity) Lease Agreement until the vehicle is sold.



# Open - End (Equity) Lease Schedule

Quote No: 4264168

<sup>1</sup>The inclusion herein of references to maintenance fees/services are solely for the administrative convenience of Lessee. Notwithstanding the inclusion of such references in this [Invoice/Schedule/Quote], all such maintenance services are to be performed by Enterprise Fleet Management, Inc., and all such maintenance fees are payable by Lessee solely for the account of Enterprise Fleet Management, Inc., pursuant to that certain separate [Maintenance Agreement] entered into by and between Lessee and Enterprise Fleet Management, Inc.; provided that such maintenance fees are being billed by Enterprise FM Trust, and are payable at the direction of Enterprise FM Trust, solely as an authorized agent for collection on behalf of Enterprise Fleet Management, Inc.

## Aftermarket Equipment Totals

Description	(B)illed or (C)apped	Price
<b>Total Billed</b>		<b>\$0.00</b>
Inlad 100783	C	\$9,286.73
<b>Total Capitalized</b>		<b>\$9,286.73</b>
<b>Total</b>		<b>\$9,286.73</b>

## Other Totals

Description	(B)illed or (C)apped	Price
Initial Administration Fee	B	\$100.00
<b>Total Billed</b>		<b>\$100.00</b>
transport	C	\$1,284.58
Courtesy Delivery Fee	C	\$150.00
<b>Total Capitalized</b>		<b>\$1,434.58</b>
<b>Total</b>		<b>\$1,534.58</b>

**AMENDMENT TO MASTER EQUITY LEASE AGREEMENT**

THIS AMENDMENT TO MASTER EQUITY LEASE AGREEMENT (this "Amendment") is made and entered into as of the 16th day of Dec, 2019, by and between Enterprise FM Trust, a Delaware statutory trust ("Lessor") and Aftermath Holdings, LLC ("Lessee").

**WITNESSETH:**

WHEREAS, Lessor and Lessee are parties to certain Master Equity Lease Agreement dated 18th day of Dec, 2015, as amended (the "Agreement"; all capitalized terms used and not otherwise defined in this Amendment shall have the respective meanings ascribed to them in the Agreement as amended by this Amendment); and

WHEREAS, Lessor and Lessee desire to amend the Agreement in the manner hereinafter set forth;

NOW, THEREFORE, in consideration of the premises and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Lessor and Lessee hereby agree as follows:

1. Notwithstanding the second to last sentence of Section 1 of the Agreement, Lessor and Lessee hereby agree that, solely for federal, state and local income tax purposes, the lease by Lessor to Lessee under the Agreement of following Vehicles (the "Specified Vehicles") will be treated as a conditional sale rather than a true lease and that Lessee will be treated as the owner of the Vehicle solely for such income tax purposes:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Quote #</u>
2019	RAM	ProMaster 3500	4264168

The Agreement and this Amendment have the specific intent of creating a conditional sale rather than a true lease with respect to the vehicles listed above, and by design, give appropriate consideration to tax statutes, Regulations, Court decisions, and IRS rulings and positions. In recognition of that intent, each of Lessor and Lessee hereby further agrees that it will not take any action or file any return or other document inconsistent with such tax treatment or with the ownership of the Specified Vehicles by Lessee solely for such income tax purposes.

Notwithstanding the foregoing, or anything else in this Amendment, the Agreement or any Schedule to the contrary, and given the inherent uncertainty that exists with respect to any advertised tax result or outcome, Lessee hereby acknowledges and agrees that Lessor makes no representation, warranty or covenant that any tax authority will not assert a contrary position or assert that (a) the lease of the Specified Vehicles by Lessor to Lessee is a true lease for tax purposes, (b) Lessee is not the owner of the Specified Vehicles for tax purposes and/or (c) Lessee is not entitled to claim any depreciation or recovery deduction for tax purposes with respect to the Specified Vehicles. Lessee shall be solely liable for any and all costs and expenses, including, without limitation, any and all attorneys' fees, incurred in contesting any such treatment of the lease of the Specified Vehicles as other than a conditional sale and shall keep Lessor informed, in writing, of any dispute with any tax authority as to the tax treatment of the lease of the Specified Vehicles.

2. All references in the Agreement and in the various Schedules and addenda to the Agreement and any other references of similar import shall henceforth mean the Agreement as amended by this Amendment. Except to the extent specifically amended by this Amendment, all of the terms, provisions, conditions, covenants, representations and warranties contained in the Agreement shall be and remain in full force and effect and the same are hereby ratified and confirmed.

IN WITNESS WHEREOF, Lessor and Lessee have executed this Amendment to Master Equity Lease Agreement as of the 16th day of Dec, 2019

Enterprise FM Trust (Lessor)

Aftermath Holdings, LLC ("Lessee")

By: Enterprise Fleet Management, Inc., its attorney in fact

By Tom Dolan Digitally signed by Tom Dolan

By \_\_\_\_\_

Title: Fleet Management AVP

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

## Open - End (Equity) Lease Schedule

Quote No: 4601257

Supplemental to and part of Master Equity Lease Agreement date: 12/18/2015

<b>1. Lessee Name</b> Aftermath Holdings, LLC		<b>Delivery Date</b> 07/29/2020
<b>Address</b> 75 Executive Drive, Suite 200		<b>Customer#</b> 546402
<b>City</b> AURORA	<b>State</b> IL	<b>Postal Code</b> 60504
<b>ATTN Driver</b>	<b>Alternate Driver</b> Bayville 101	
<b>Address</b> 2100 Siegfried Ave	<b>Garage County</b> NORTHAMPTON	
<b>City</b> NORTHAMPTON	<b>State</b> PA	<b>Postal Code</b> 18067
<b>2. Lease Term</b> Commencing on the delivery date of the vehicle and ending 60 months after the first full monthly rental payment date, with an option to continue month-to-month for an unlimited period of time.		
<b>3. Vehicle Description</b>		
<b>Year</b> 2020	<b>Make</b> Nissan	<b>Model</b> NV200
<b>Series</b> SV 4dr Compact Cargo Van		
<b>License #</b> ZWK0933	<b>Unit #</b> 23JH7R	<b>Replacement Unit #</b>
		<b>VIN#</b> 3N6CM0KNXLK695902

**4. Monthly Rental and Other Payments Due****4A. Calculation of Monthly Rental**

\$29,526.04	Capitalized Price of Vehicle
\$275.00	Initial License Fee
\$1,475.37	Sales Tax
\$26.00	Other: (See Page 2)
\$0.00	Extended Mechanical Service Program
\$0.00	Less Gain Applied From Prior Unit
\$4,650.21	Less Capitalized Price Reduction
<u>\$26,377.20</u>	Total Capitalized Amount (Delivered Price)
\$435.22	Depreciation Reserve @1.65%
\$65.47	Monthly Lease Charge
<u>\$500.69</u>	Total Monthly Rental Excluding Additional Services

**Additional Services**

\$98.91	Full Maintenance <sup>1</sup>	<b>Contract Miles</b> <u>125,000</u>	<b>Overmileage Charge</b> <u>\$0.0350</u> Per Mile
	<b>Incl: # Brake Sets (1 Set = 1Axle)</b> <u>0</u>	<b># Tires</b> <u>0</u>	<b>Loaner Vehicle Not Included</b>
	Master Policy Enrollment Fees		
\$0.00	Physical Damage Management		<b>Comp/Collision Deductible</b> <u>0/0</u>
\$0.00	Commercial Automobile Liability Enrollment		
	Liability Limit	\$0.00	
\$599.60	Monthly Rental Sub-Total		
<u>\$53.96</u>	Tax	<u>9.0000</u>	<b>State</b> <u>PA</u>
<u>\$653.56</u>	Total Monthly Rental Including Additional Services		

**4B. Initial Charges**

\$57.98	Pro-Rated Rental
\$653.56	First Month's Rental
\$0.00	Security Deposit
\$0.00	Tax on Security Deposit
\$4,650.21	Capitalized Price Reduction
\$308.08	Tax on Capitalized Price Reduction
\$0.00	Tax on Gain On Prior
\$0.00	Tax on Incentive ( Taxable Incentive Total : \$0.00 )
\$0.00	License and Certain Other Charges
\$0.00	Aftermarket Equipment
<u>\$300.00</u>	Other: (See Page 2)
<u>\$5,969.83</u>	Total Initial Charges

**4C. Service Charge**\$400.00 Service Charge Due at Lease Termination**4D. Reduced Book Value**\$248.42 Reduced Book Value at Lease TerminationQuote based on estimated annual mileage of **25,000****Special Provisions**

As set forth in the Master Open - End (Equity) Lease Agreement, the terms and provisions contained in this schedule shall be conclusive and binding on Lessee unless Lessee objects in writing to the same within ten (10) days after the date of delivery of the vehicle.

Enterprise FM Trust, a Delaware statutory trust, is the owner of the vehicle covered by this Schedule. Enterprise FM Trust (not Enterprise Fleet Management) is and shall be deemed to be the Lessor of such vehicle under the Master Open - End (Equity) Lease Agreement and shall have all rights and obligations of the Lessor under the Master Open - End (Equity) Lease Agreement with respect to such vehicle. All rental and other payments owed by the Lessee with respect to such vehicle under the Master Open - End (Equity) Lease Agreement shall be paid to Enterprise Fleet Management in its capacity as the servicer for Enterprise FM Trust. All references in Sections 11(a) and 12 of the Master Open - End (Equity) Lease Agreement to the "Lessor" shall include any servicer(s) and/or other agent(s) for or of Enterprise FM Trust. Lessee must maintain insurance coverage on the vehicle as set forth in Section 11 of the Master Open-End (Equity) Lease Agreement until the vehicle is sold.

<sup>1</sup>The inclusion herein of references to maintenance fees/services are solely for the administrative convenience of Lessee. Notwithstanding the inclusion of such references in this [Invoice/Schedule/Quote], all such maintenance services are to be performed by Enterprise Fleet Management, Inc., and all such maintenance fees are payable by Lessee solely for the account of Enterprise Fleet Management, Inc., pursuant to that certain separate [Maintenance Agreement] entered into by and between Lessee and Enterprise Fleet Management, Inc.; provided that such maintenance fees are being billed by Enterprise FM Trust, and are payable at the direction of Enterprise FM Trust, solely as an authorized agent for collection on behalf of Enterprise Fleet Management, Inc.

## Aftermarket Equipment Totals

Description	(B)illed or (C)apped	Price
<b>Total Billed</b>		<b>\$0.00</b>
estimated bins	C	\$5,573.11
<b>Total Capitalized</b>		<b>\$5,573.11</b>
<b>Total</b>		<b>\$5,573.11</b>

## Other Totals

Description	(B)illed or (C)apped	Price
Initial Administration Fee	B	\$90.00
Pricing Plan Delivery Charge	B	\$210.00
<b>Total Billed</b>		<b>\$300.00</b>
Lic Fee True Up	C	\$301.00
License Fee Refund	C	-\$275.00
Courtesy Delivery Fee	C	\$0.00
<b>Total Capitalized</b>		<b>\$26.00</b>
<b>Total</b>		<b>\$326.00</b>



**AMENDMENT TO MASTER EQUITY LEASE AGREEMENT**

THIS AMENDMENT TO MASTER EQUITY LEASE AGREEMENT (this "Amendment") is made and entered into as of the 29th day of Jul, 2020, by and between Enterprise FM Trust, a Delaware statutory trust ("Lessor") and Aftermath Holdings, LLC ("Lessee").

**WITNESSETH:**

WHEREAS, Lessor and Lessee are parties to certain Master Equity Lease Agreement dated 18th day of Dec, 2015, as amended (the "Agreement"); all capitalized terms used and not otherwise defined in this Amendment shall have the respective meanings ascribed to them in the Agreement as amended by this Amendment); and

WHEREAS, Lessor and Lessee desire to amend the Agreement in the manner hereinafter set forth;

NOW, THEREFORE, in consideration of the premises and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Lessor and Lessee hereby agree as follows:

1. Notwithstanding the second to last sentence of Section 1 of the Agreement, Lessor and Lessee hereby agree that, solely for federal, state and local income tax purposes, the lease by Lessor to Lessee under the Agreement of following Vehicles (the "Specified Vehicles") will be treated as a conditional sale rather than a true lease and that Lessee will be treated as the owner of the Vehicle solely for such income tax purposes:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Quote #</u>
2020	Nissan	NV200	4601257

The Agreement and this Amendment have the specific intent of creating a conditional sale rather than a true lease with respect to the vehicles listed above, and by design, give appropriate consideration to tax statutes, Regulations, Court decisions, and IRS rulings and positions. In recognition of that intent, each of Lessor and Lessee hereby further agrees that it will not take any action or file any return or other document inconsistent with such tax treatment or with the ownership of the Specified Vehicles by Lessee solely for such income tax purposes.

Notwithstanding the foregoing, or anything else in this Amendment, the Agreement or any Schedule to the contrary, and given the inherent uncertainty that exists with respect to any advertised tax result or outcome, Lessee hereby acknowledges and agrees that Lessor makes no representation, warranty or covenant that any tax authority will not assert a contrary position or assert that (a) the lease of the Specified Vehicles by Lessor to Lessee is a true lease for tax purposes, (b) Lessee is not the owner of the Specified Vehicles for tax purposes and/or (c) Lessee is not entitled to claim any depreciation or recovery deduction for tax purposes with respect to the Specified Vehicles. Lessee shall be solely liable for any and all costs and expenses, including, without limitation, any and all attorneys' fees, incurred in contesting any such treatment of the lease of the Specified Vehicles as other than a conditional sale and shall keep Lessor informed, in writing, of any dispute with any tax authority as to the tax treatment of the lease of the Specified Vehicles.

2. All references in the Agreement and in the various Schedules and addenda to the Agreement and any other references of similar import shall henceforth mean the Agreement as amended by this Amendment. Except to the extent specifically amended by this Amendment, all of the terms, provisions, conditions, covenants, representations and warranties contained in the Agreement shall be and remain in full force and effect and the same are hereby ratified and confirmed.

IN WITNESS WHEREOF, Lessor and Lessee have executed this Amendment to Master Equity Lease Agreement as of the 29th day of Jul, 2020

Enterprise FM Trust (Lessor)

Aftermath Holdings, LLC ("Lessee")

By: Enterprise Fleet Management, Inc., its attorney in fact

By Tom Dolan Digitally signed by Tom Dolan  
Title: Fleet Management AVP

By \_\_\_\_\_  
Title: \_\_\_\_\_



Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

[illegible]



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/05/2024

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).

<b>PRODUCER</b> MARSH USA, LLC TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326  CN131651218--GAWU-24-25	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL ADDRESS:</b>  <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Admiral Insurance Co <b>INSURER B:</b> Hartford Fire Insurance Co <b>INSURER C:</b> Redwood Fire & Casualty Co <b>INSURER D:</b> Continental Divide Ins Co <b>INSURER E:</b> <b>INSURER F:</b>	<b>FAX</b> (A/C, No):  <b>NAIC #</b> 24856 19682 11673
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**INSURED**  
Aftermath Services LLC  
75 Executive Drive, Suite 200  
Aurora, IL 60504

**COVERAGES****CERTIFICATE NUMBER:**

ATL-005816849-05

**REVISION NUMBER:** 3

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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		FEI-ECC-35409-02	11/01/2024	11/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Deductible Value: \$ 20,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		20 UEN EM0556 (AOS) 20 UEN BF8NWM (MA)	11/01/2024 11/01/2024	11/01/2025 11/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Deductible Value: \$ 3,000
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	AFWC553406 (AOS) AFWC553610 (FL,OR)	01/15/2024 01/15/2024	01/15/2025 01/15/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

Department of Natural Resources and  
Environmental Control  
89 Kings Highway  
Dover, DE 19901

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

*Marsh USA LLC*

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## Davis, DaQuan (DNREC)

---

**From:** Susan Stevens <sstevens@aftermath.com>  
**Sent:** Thursday, December 12, 2024 11:16 AM  
**To:** WHStranporters  
**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application  
**Attachments:** Aftermath+Services+MCS+-+90+Form.pdf

Daquan,  
I finally received the MCS-90. Apologies for the delay.

Respectfully,  
Susan Stevens  
Assets, Logistics, & Licensing Specialist  
[sstevens@aftermath.com](mailto:sstevens@aftermath.com)  
C: (847) 989-1568  
O: (630) 423-4278  
F: (630) 786-1675  
**Aftermath**  
Aftermath Services LLC  
THE BIOHAZARD PEOPLE  
*Specialists in Trauma Cleaning & Biohazard Removal*  
[www.aftermath.com](http://www.aftermath.com)



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<http://www.aftermath.com/carriers/>

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**From:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> **On Behalf Of** WHStranporters  
**Sent:** Tuesday, December 3, 2024 12:28 PM  
**To:** Susan Stevens <sstevens@aftermath.com>  
**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

**Section 10:** Please remember to provide an MCS-90 endorsement form with the policy number 20 UEN EM0556

**Section 12:** Does Aftermath Services LLC train drivers on the Delaware Solid Waste transporter permit conditions, spill control plan, and solid waste handling and require special licenses such as CDLs, and company procedure for periodic checks of driving records? Our training is for regulated medical waste transportation is a general overview of the local, state and federal guidelines. We are not required to have CDLs. I believe that there are periodic checks of driving records; however, I do not have access to that information. I need you to confirm whether the periodic checks of driver's licenses are being conducted as required. Thus, I need a yes or no.



## DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

302-739-9403

[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)

89 Kings Hwy SW, Dover, DE 19901

[dnrec.delaware.gov](http://dnrec.delaware.gov)



---

**From:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>

**Sent:** Monday, December 2, 2024 3:17 PM

**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Daquan,

Here's the personalized COI. In regards to Section 12:

**Section 12:** Does Aftermath Services LLC train drivers on the Delaware Solid Waste transporter permit conditions, spill control plan, and solid waste handling and require special licenses such as CDLs, and company procedure for periodic checks of driving records? Our training is for regulated medical waste transportation is a general overview of the local, state and federal guidelines. We are not required to have CDLs. I believe that there are periodic checks of driving records; however, I do not have access to that information.

Hope this helps!

Respectfully,

Susan Stevens

Assets, Logistics, & Licensing Specialist

[sstevens@aftermath.com](mailto:sstevens@aftermath.com)

C: (847) 989-1568

O: (630) 423-4278

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<http://www.aftermath.com/carriers/>



---

**From:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> **On Behalf Of** WHStranporters  
**Sent:** Monday, December 2, 2024 1:23 PM  
**To:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>  
**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Hello,

To answer to your question below:

**Section 10:** Provide an up-to-date Certificate of Insurance the one you provided expired 11/1/24. Does this need to be personalized? Yes, Department of Natural Resources and Environmental Control-89 Kings Hwy Dover, DE, 19904 must be the certificate holder.

**Section 12:** Does Aftermath Services LLC train drivers on the Delaware Solid Waste transporter permit conditions, spill control plan, and solid waste handling and require special licenses such as CDLs, and company procedure for periodic checks of driving records? Doesn't our spill plan and driver's policy cover this? Not all topics are covered, does aftermath train on all topics listed above though?

---

**From:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>  
**Sent:** Wednesday, November 27, 2024 10:32 AM  
**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>  
**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Good morning,  
Thank you for clarification.

**Section 10:** Provide an up-to-date Certificate of Insurance the one you provided expired 11/1/24. Does this need to be personalized?

**Section 10:** Please provide an MCS-90 endorsement form that matches the Certificate of Insurance. Requested from our insurance broker

**Section 12:** Does Aftermath Services LLC train drivers on the Delaware Solid Waste transporter permit conditions, spill control plan, and solid waste handling and require special licenses such as CDLs, and company procedure for periodic checks of driving records? Doesn't our spill plan and driver's policy cover this?

**Section 13:** The vehicle list is missing the year, model/make, and manufacturer's GVWR for each vehicle. Please add and send it back. See attached.

**Section 13:** Where is the lease agreement(s) for the vehicles from Enterprise and Emkay? Please provide this. See attached.

Respectfully,  
Susan Stevens  
Assets, Logistics, & Licensing Specialist  
[sstevens@aftermath.com](mailto:sstevens@aftermath.com)  
C: (847) 989-1568



O: (630) 423-4278

F: (630) 786-1675

### **Aftermath**

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<http://www.aftermath.com/carriers/>

---

**From:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> **On Behalf Of** WHStransporters

**Sent:** Tuesday, November 26, 2024 10:46 AM

**To:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

I still need the following addressed to deem your application submission complete:

**Section 10:** Provide an up-to-date Certificate of Insurance the one you provided expired 11/1/24.

**Section 10:** Please provide an MCS-90 endorsement form that matches the Certificate of Insurance.

**Section 12:** Does Aftermath Services LLC train drivers on the Delaware Solid Waste transporter permit conditions, spill control plan, and solid waste handling and require special licenses such as CDLs, and company procedure for periodic checks of driving records?

**Section 13:** The vehicle list is missing the year, model/make, and manufacturer's GVWR for each vehicle. Please add and send it back.

**Section 13:** Where is the lease agreement(s) for the vehicles from Enterprise and Emkay? Please provide this.



## **DaQuan L. Davis**

Environmental Scientist I

**Division of Waste and Hazardous Substances**

☎ 302-739-9403

✉ [WHStransporters@delaware.gov](mailto:WHStransporters@delaware.gov)

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)



---

**From:** Susan Stevens <[ss Stevens@aftermath.com](mailto:ss Stevens@aftermath.com)>

**Sent:** Monday, November 25, 2024 1:09 PM

**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Daquan,

I believe I have everything requested. I apologize if there are still missing items. We are restructuring our compliance department and I am assisting until they hire someone. I just copied last year's application and changed management and drivers as that is the only information that has changed.

Respectfully,

Susan Stevens

Assets, Logistics, & Licensing Specialist

[ss Stevens@aftermath.com](mailto:ss Stevens@aftermath.com)

C: (847) 989-1568

O: (630) 423-4278

F: (630) 786-1675

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---

**From:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> **On Behalf Of** WHStranporters

**Sent:** Friday, November 22, 2024 10:44 AM

**To:** Susan Stevens <[ss Stevens@aftermath.com](mailto:ss Stevens@aftermath.com)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Please provide this information below in 5 days:

**Section 4(b):** Your ownership information is missing the dates of birth and mailing addresses for each of your legal corporate officers. Please update this information and send it back.

**Section 9(b):** Please provide your other state solid waste permits.

**Section 10:** Provide an up-to-date Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Hwy, Dover, DE 19901. Please provide an MCS-90 endorsement form.

**Section 12:** Does Aftermath Services LLC train drivers on the Delaware Solid Waste transporter permit conditions, spill control plan, and solid waste handling and require special licenses such as CDLs, and company procedure for periodic checks of driving records?

**Section 13:** Please provide the Aftermath vehicle list and ensure it has the year, model, make, vin #, license plates, manufacturer's GVWR, state of registration, and name of ownership. If the vehicle is a lease, please provide all lease agreements.



## DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

302-739-9403

[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)

89 Kings Hwy SW, Dover, DE 19901

[dnrec.delaware.gov](http://dnrec.delaware.gov)



---

**From:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>

**Sent:** Monday, November 4, 2024 9:20 AM

**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

DaQuan,

Apologies as I was out part of last week. Can you please let me know what I am still missing?

Respectfully,

Susan Stevens

Assets, Logistics, & Licensing Specialist

[sstevens@aftermath.com](mailto:sstevens@aftermath.com)

C: (847) 989-1568

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**From:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> **On Behalf Of** WHStranporters  
**Sent:** Thursday, October 31, 2024 1:38 PM  
**To:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>  
**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Good afternoon, please provide an update on the status of acquiring the missing information.

Thank you,  
DaQuan Davis



## DaQuan L. Davis

Environmental Scientist I

**Division of Waste and Hazardous Substances**

☎ 302-739-9403

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📍 89 Kings Hwy SW, Dover, DE 19901

🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)



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**From:** Davis, DaQuan (DNREC) **On Behalf Of** WHStranporters  
**Sent:** Wednesday, October 23, 2024 9:49 AM  
**To:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>  
**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Okay. Thank you for the notification.

DaQuan Davis



## DaQuan L. Davis

Environmental Scientist I

**Division of Waste and Hazardous Substances**

☎ 302-739-9403

✉ [daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)



---

**From:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>  
**Sent:** Wednesday, October 23, 2024 9:42 AM

**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

DaQuan,

Management is all at a training in Atlanta this week. I will have this information to you prior to the end of the month.

Thank you!

Respectfully,

Susan Stevens

Assets, Logistics, & Licensing Specialist

[sstevens@aftermath.com](mailto:sstevens@aftermath.com)

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---

**From:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> **On Behalf Of** WHStranporters

**Sent:** Thursday, October 17, 2024 9:59 AM

**To:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Yes, please provide the information by October 24, 2024.

Thank you,

DaQuan Davis





## DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

302-739-9403

[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)

89 Kings Hwy SW, Dover, DE 19901

[dnrec.delaware.gov](http://dnrec.delaware.gov)



---

**From:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>

**Sent:** Thursday, October 17, 2024 10:47 AM

**To:** WHStransporters <[WHStransporters@delaware.gov](mailto:WHStransporters@delaware.gov)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Good morning,

Would you be so kind as to give me a few days to get this information? I'm remote thru today and then will be back in the office Tuesday. I can get the information then.

Respectfully,

Susan Stevens

Assets, Logistics, & Licensing Specialist

[sstevens@aftermath.com](mailto:sstevens@aftermath.com)

C: (847) 989-1568

O: (630) 423-4278

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<http://www.aftermath.com/carriers/>

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**From:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> **On Behalf Of** WHStransporters

**Sent:** Thursday, October 17, 2024 9:33 AM

**To:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Good morning, here are my responses highlighted in yellow:

Section 4(b): Why do you need their birthdays? **It is for verification purposes.** And would it be a home address or business? **Either**

Section 6: Do you need all our locations across the country to just our Home Office? **No. On the application, affiliates were checked thus all affiliates' addresses must be provided with the nature of their business.**

Section 9(a): We have branches throughout the country, but registered as a Delaware company. What state would you like – where our Home Office is? **The location address was from Illinois thus we need a copy of a permit from that state.**

Section 9(b): For every branch? **For each state so provide all solid waste transporter state permits**

Section 9(c): We do not. **Okay.**

Section 10: Attached

Section 10: Requested from our insurance broker(COI). **Please let me know of any complications. Must match the MCS 90 form's policy number you attached.**

Section 12: I duplicated last year's application. Can you provide a sample so I can correct it? **We don't have samples. Is there something else I can provide you?**

Section 13: No, we lease from Enterprise and Emkay. What do you need me to provide. **Please provide all Lease agreements.**

---

**From:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>

**Sent:** Wednesday, October 16, 2024 12:58 PM

**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Good morning,

I am working remote until Tuesday, 10/22. I am working to compile the needed information, but have a few clarifying questions:

Section 4(b): Why do you need their birthdays? And would it be home address or business?

Section 6: Do you need all of our locations across the country to just our Home Office?

Section 9(a): We have branches throughout the country, but registered as a Delaware company. What state would you like – where our Home Office is?

Section 9(b): For every branch?

Section 9(c): We do not

Section 10: Attached

Section 10: Requested from our insurance broker

Section 12: I duplicated last year's application. Can you provide a sample so I can correct?

Section 13: No, we lease from Enterprise and Emkay. What do you need me to provide?

Please advise and I will get working on this ASAP.  
Thank you.

Respectfully,  
Susan Stevens  
Assets, Logistics, & Licensing Specialist  
[sstevens@aftermath.com](mailto:sstevens@aftermath.com)  
C: (847) 989-1568  
O: (630) 423-4278  
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---

**From:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> **On Behalf Of** WHStransporters  
**Sent:** Tuesday, October 15, 2024 1:57 PM  
**To:** Compliance <[compliance@aftermath.com](mailto:compliance@aftermath.com)>  
**Subject:** [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Dear Ms. Stevens,

Thank you for submitting your application to renew your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

Section 4(b): Your ownership is missing the dates of birth and mailing addresses of each of your legal corporate officers. Please update your ownership information and send it back.

Section 6: Please provide your company affiliates' mailing and location addresses and the nature of the business.

Section 9(a): Please provide your home state transporter permit.

Section 9(b): Please provide your other state solid waste permits.

Section 9(c): For-hire means you're in the business of transporting passengers, regulated property, or household goods owned by others for compensation. Do you transport any of the following? If so, please provide a motor carrier number (MC#).



Section 10: Please provide an MCS-90 endorsement form.

Section 10: Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Hwy, Dover, DE 19901. Also, we will require a copy of a certificate of insurance for after 11/1/24 to issue your permit.

Section 12: Your driver training is incomplete. Please view section 12. The training is missing driver familiarity with the Delaware Solid Waste permit, driver familiarity with the spill control plan, special licenses such as CDLs, and company procedure for periodic checks of driving records and solid waste handling.

Section 13: The vehicle list lacks the years, manufacturer's GVWRs, and the company that leases the vehicles. I notice there are agreements from Stericycle, do they own the vehicles?

Please provide the information requested above via email within five (5) days.

Thank you,  
DaQuan Davis



**DaQuan L. Davis**

Environmental Scientist I

**Division of Waste and Hazardous Substances**

☎ 302-739-9403

✉ [daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)



Thank you,  
DaQuan Davis  
Environmental Scientist I  
Division of Waste and Hazardous Substances  
302-739-9403  
[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)  
89 Kings Hwy SW, Dover, DE 19901  
[dnrec.delaware.gov](http://dnrec.delaware.gov)

## Davis, DaQuan (DNREC)

---

**From:** Susan Stevens <sstevens@aftermath.com>  
**Sent:** Thursday, January 2, 2025 8:22 AM  
**To:** WHStranporters  
**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Daquan,  
Apologies as I was out for the holidays and was waiting confirmation. DLs are checked periodically.  
Thank you!

Respectfully,  
Susan Stevens  
Assets, Logistics, & Licensing Specialist  
[sstevens@aftermath.com](mailto:sstevens@aftermath.com)  
C: (847) 989-1568  
O: (630) 423-4278  
F: (630) 786-1675  
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<http://www.aftermath.com/carriers/>

---

**From:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> **On Behalf Of** WHStranporters  
**Sent:** Friday, December 20, 2024 9:37 AM  
**To:** Susan Stevens <sstevens@aftermath.com>  
**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Good morning the deadline is 12/31/24. I still need confirmation. Can you confirm that the periodic checks of driver's licenses are being conducted as required?





## DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

302-739-9403

[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)

89 Kings Hwy SW, Dover, DE 19901

[dnrec.delaware.gov](http://dnrec.delaware.gov)



---

**From:** Davis, DaQuan (DNREC) **On Behalf Of** WHStranporters

**Sent:** Thursday, December 12, 2024 3:19 PM

**To:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Thank you. Can you confirm that the company whether the periodic checks of driver's licenses are being conducted as required?



## DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

302-739-9403

[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)

89 Kings Hwy SW, Dover, DE 19901

[dnrec.delaware.gov](http://dnrec.delaware.gov)



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**From:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>

**Sent:** Thursday, December 12, 2024 11:16 AM

**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Daquan,  
I finally received the MCS-90. Apologies for the delay.

Respectfully,  
Susan Stevens  
Assets, Logistics, & Licensing Specialist  
[sstevens@aftermath.com](mailto:sstevens@aftermath.com)

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O: (630) 423-4278

F: (630) 786-1675

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**From:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> **On Behalf Of** WHStranporters  
**Sent:** Tuesday, December 3, 2024 12:28 PM  
**To:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>  
**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

**Section 10:** Please remember to provide an MCS-90 endorsement form with the policy number 20 UEN EM0556

**Section 12:** Does Aftermath Services LLC train drivers on the Delaware Solid Waste transporter permit conditions, spill control plan, and solid waste handling and require special licenses such as CDLs, and company procedure for periodic checks of driving records? Our training is for regulated medical waste transportation is a general overview of the local, state and federal guidelines. We are not required to have CDLs. I believe that there are periodic checks of driving records; however, I do not have access to that information. I need you to confirm whether the periodic checks of driver's licenses are being conducted as required. Thus, I need a yes or no.



### DaQuan L. Davis

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**From:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>  
**Sent:** Monday, December 2, 2024 3:17 PM  
**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>  
**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Daquan,  
Here's the personalized COI. In regards to Section 12:

**Section 12:** Does Aftermath Services LLC train drivers on the Delaware Solid Waste transporter permit conditions, spill control plan, and solid waste handling and require special licenses such as CDLs, and company procedure for periodic checks of driving records? Our training is for regulated medical waste transportation is a general overview of the local, state and federal guidelines. We are not required to have CDLs. I believe that there are periodic checks of driving records; however, I do not have access to that information.

Hope this helps!

Respectfully,

Susan Stevens

Assets, Logistics, & Licensing Specialist

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---

**From:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> **On Behalf Of** WHStranporters

**Sent:** Monday, December 2, 2024 1:23 PM

**To:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Hello,

To answer to your question below:

**Section 10:** Provide an up-to-date Certificate of Insurance the one you provided expired 11/1/24. Does this need to be personalized? Yes, Department of Natural Resources and Environmental Control-89 Kings Hwy Dover, DE, 19904 must be the certificate holder.

**Section 12:** Does Aftermath Services LLC train drivers on the Delaware Solid Waste transporter permit conditions, spill control plan, and solid waste handling and require special licenses such as CDLs, and company procedure for periodic checks of driving records? Doesn't our spill plan and driver's policy cover this? Not all topics are covered, does aftermath train on all topics listed above though?



---

**From:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>

**Sent:** Wednesday, November 27, 2024 10:32 AM

**To:** WHStransporters <[WHStransporters@delaware.gov](mailto:WHStransporters@delaware.gov)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Good morning,

Thank you for clarification.

**Section 10:** Provide an up-to-date Certificate of Insurance the one you provided expired 11/1/24. Does this need to be personalized?

**Section 10:** Please provide an MCS-90 endorsement form that matches the Certificate of Insurance. Requested from our insurance broker

**Section 12:** Does Aftermath Services LLC train drivers on the Delaware Solid Waste transporter permit conditions, spill control plan, and solid waste handling and require special licenses such as CDLs, and company procedure for periodic checks of driving records? Doesn't our spill plan and driver's policy cover this?

**Section 13:** The vehicle list is missing the year, model/make, and manufacturer's GVWR for each vehicle. Please add and send it back. See attached.

**Section 13:** Where is the lease agreement(s) for the vehicles from Enterprise and Emkay? Please provide this. See attached.

Respectfully,

Susan Stevens

Assets, Logistics, & Licensing Specialist

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---

**From:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> **On Behalf Of** WHStransporters

**Sent:** Tuesday, November 26, 2024 10:46 AM

**To:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application



I still need the following addressed to deem your application submission complete:

**Section 10:** Provide an up-to-date Certificate of Insurance the one you provided expired 11/1/24.

**Section 10:** Please provide an MCS-90 endorsement form that matches the Certificate of Insurance.

**Section 12:** Does Aftermath Services LLC train drivers on the Delaware Solid Waste transporter permit conditions, spill control plan, and solid waste handling and require special licenses such as CDLs, and company procedure for periodic checks of driving records?

**Section 13:** The vehicle list is missing the year, model/make, and manufacturer's GVWR for each vehicle. Please add and send it back.

**Section 13:** Where is the lease agreement(s) for the vehicles from Enterprise and Emkay? Please provide this.



## DaQuan L. Davis

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---

**From:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>

**Sent:** Monday, November 25, 2024 1:09 PM

**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Daquan,

I believe I have everything requested. I apologize if there are still missing items. We are restructuring our compliance department and I am assisting until they hire someone. I just copied last year's application and changed management and drivers as that is the only information that has changed.

Respectfully,

Susan Stevens

Assets, Logistics, & Licensing Specialist

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**From:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> **On Behalf Of** WHStranporters

**Sent:** Friday, November 22, 2024 10:44 AM

**To:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Please provide this information below in 5 days:

**Section 4(b):** Your ownership information is missing the dates of birth and mailing addresses for each of your legal corporate officers. Please update this information and send it back.

**Section 9(b):** Please provide your other state solid waste permits.

**Section 10:** Provide an up-to-date Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Hwy, Dover, DE 19901. Please provide an MCS-90 endorsement form.

**Section 12:** Does Aftermath Services LLC train drivers on the Delaware Solid Waste transporter permit conditions, spill control plan, and solid waste handling and require special licenses such as CDLs, and company procedure for periodic checks of driving records?

**Section 13:** Please provide the Aftermath vehicle list and ensure it has the year, model, make, vin #, license plates, manufacturer's GVWR, state of registration, and name of ownership. If the vehicle is a lease, please provide all lease agreements.



### DaQuan L. Davis

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---

**From:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>

**Sent:** Monday, November 4, 2024 9:20 AM

**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

DaQuan,

Apologies as I was out part of last week. Can you please let me know what I am still missing?

Respectfully,

Susan Stevens

Assets, Logistics, & Licensing Specialist

[sstevens@aftermath.com](mailto:sstevens@aftermath.com)

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**From:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> **On Behalf Of** WHStranporters

**Sent:** Thursday, October 31, 2024 1:38 PM

**To:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>

**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Good afternoon, please provide an update on the status of acquiring the missing information.

Thank you,

DaQuan Davis



**DaQuan L. Davis**

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**From:** Davis, DaQuan (DNREC) **On Behalf Of** WHStranporters  
**Sent:** Wednesday, October 23, 2024 9:49 AM  
**To:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>  
**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Okay. Thank you for the notification.

DaQuan Davis



## DaQuan L. Davis

Environmental Scientist I

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---

**From:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>  
**Sent:** Wednesday, October 23, 2024 9:42 AM  
**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>  
**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

DaQuan,  
Management is all at a training in Atlanta this week. I will have this information to you prior to the end of the month.  
Thank you!

Respectfully,  
Susan Stevens  
Assets, Logistics, & Licensing Specialist

[sstevens@aftermath.com](mailto:sstevens@aftermath.com)

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**From:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> **On Behalf Of** WHStranporters  
**Sent:** Thursday, October 17, 2024 9:59 AM  
**To:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>  
**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Yes, please provide the information by October 24, 2024.

Thank you,  
DaQuan Davis



## DaQuan L. Davis

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**From:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>  
**Sent:** Thursday, October 17, 2024 10:47 AM  
**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>  
**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Good morning,  
Would you be so kind as to give me a few days to get this information? I'm remote thru today and then will be back in the office Tuesday. I can get the information then.

Respectfully,  
Susan Stevens  
Assets, Logistics, & Licensing Specialist  
[sstevens@aftermath.com](mailto:sstevens@aftermath.com)

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**From:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> **On Behalf Of** WHStranporters  
**Sent:** Thursday, October 17, 2024 9:33 AM  
**To:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>  
**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Good morning, here are my responses highlighted in yellow:

Section 4(b): Why do you need their birthdays? **It is for verification purposes.** And would it be a home address or business? **Either**

Section 6: Do you need all our locations across the country to just our Home Office? **No. On the application, affiliates were checked thus all affiliates' addresses must be provided with the nature of their business.**

Section 9(a): We have branches throughout the country, but registered as a Delaware company. What state would you like – where our Home Office Is? **The location address was from Illinois thus we need a copy of a permit from that state.**

Section 9(b): For every branch? **For each state so provide all solid waste transporter state permits**

Section 9(c): We do not. **Okay.**

Section 10: Attached

Section 10: Requested from our insurance broker(COI). **Please let me know of any complications. Must match the MCS 90 form's policy number you attached.**

Section 12: I duplicated last year's application. Can you provide a sample so I can correct it? **We don't have samples. Is there something else I can provide you?**

Section 13: No, we lease from Enterprise and Emkay. What do you need me to provide. **Please provide all Lease agreements.**

---

**From:** Susan Stevens <[sstevens@aftermath.com](mailto:sstevens@aftermath.com)>  
**Sent:** Wednesday, October 16, 2024 12:58 PM  
**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>  
**Subject:** RE: [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Good morning,

I am working remote until Tuesday, 10/22. I am working to compile the needed information, but have a few clarifying questions:

Section 4(b): Why do you need their birthdays? And would it be home address or business?

Section 6: Do you need all of our locations across the country to just our Home Office?

Section 9(a): We have branches throughout the country, but registered as a Delaware company. What state would you like – where our Home Office is?

Section 9(b): For every branch?

Section 9(c): We do not

Section 10: Attached

Section 10: Requested from our insurance broker

Section 12: I duplicated last year's application. Can you provide a sample so I can correct?

Section 13: No, we lease from Enterprise and Emkay. What do you need me to provide?

Please advise and I will get working on this ASAP.

Thank you.

Respectfully,

Susan Stevens

Assets, Logistics, & Licensing Specialist

[sstevens@aftermath.com](mailto:sstevens@aftermath.com)

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From: Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> On Behalf Of WHStranporters

Sent: Tuesday, October 15, 2024 1:57 PM



**To:** Compliance <[compliance@aftermath.com](mailto:compliance@aftermath.com)>

**Subject:** [External] Missing Information on Delaware Solid Waste Transporter Permit Application

Dear Ms. Stevens,

Thank you for submitting your application to renew your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

Section 4(b): Your ownership is missing the dates of birth and mailing addresses of each of your legal corporate officers. Please update your ownership information and send it back.

Section 6: Please provide your company affiliates' mailing and location addresses and the nature of the business.

Section 9(a): Please provide your home state transporter permit.

Section 9(b): Please provide your other state solid waste permits.

Section 9(c): For-hire means you're in the business of transporting passengers, regulated property, or household goods owned by others for compensation. Do you transport any of the following? If so, please provide a motor carrier number (MC#).

Section 10: Please provide an MCS-90 endorsement form.

Section 10: Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Hwy, Dover, DE 19901. Also, we will require a copy of a certificate of insurance for after 11/1/24 to issue your permit.

Section 12: Your driver training is incomplete. Please view section 12. The training is missing driver familiarity with the Delaware Solid Waste permit, driver familiarity with the spill control plan, special licenses such as CDLs, and company procedure for periodic checks of driving records and solid waste handling.

Section 13: The vehicle list lacks the years, manufacturer's GVWRs, and the company that leases the vehicles. I notice there are agreements from Stericycle, do they own the vehicles?

Please provide the information requested above via email within five (5) days.

Thank you,  
DaQuan Davis



**DaQuan L. Davis**

Environmental Scientist I

**Division of Waste and Hazardous Substances**

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Thank you,  
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