

RECEIPT

DATE 3/27/26

No. 332529

RECEIVED FROM LS Blair Corporation

\$ 350.00

Three hundred fifty and 00/100 DOLLARS

FOR RENT
 FOR DL-SW-2056

ACCOUNT	
PAYMENT	
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM 5442 TO _____

BY M.M.



RECEIVED

MAR 27 2026

DNREC - WHS

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

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

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

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference:

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

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

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

1. Type of Permit

- New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- Renewal: Permit # DE-SW- 2056 Expiration Date June 30,

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

ALL OTHERS

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

- 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 LS Blair Corp

Location Address:	Mailing Address:
<u>3 Warner Rd New Hope PA</u>	<u>same</u>
<u>18938</u>	

Contact: Eric Blair Title: _____

Business Phone: 215-674-0659 Fax: 215-672-5421

E-mail: LSBlaircorp@comcast.net

24 hr Emergency Contact Phone: 215-936-5183

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: _____
- 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# 305419 MC# 41737

- 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:

	FOR-HIRE INTERSTATE	ALL OTHERS
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 Contaminated Soils	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

11. Spill Control and Safety

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

Spill Control Plan: Attachment _____

12. Driver Training

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

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

Driver Training, attachment _____

13. Vehicle Identification

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

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

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes

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

- Form W-2
- Form 1099-Misc
- Other

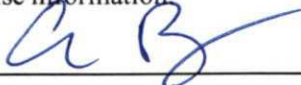
15. Environmental Record

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

- Attachment _____
- No violations within the specified time period

16. Certification

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

**Signature  Date 3/25/24
Print Name Eric Blair Title VP

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

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.

Request for Taxpayer Identification Number and Certification

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

▶ Go to 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. L. S. Blair Corporation	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 3 Warner Rd.	Requester's name and address (optional)
6 City, state, and ZIP code New Hope, PA 18938	
7 List account number(s) here (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													
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8	2			-	1	5	8	2	0	5	0		

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ ____/____/____
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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.

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.

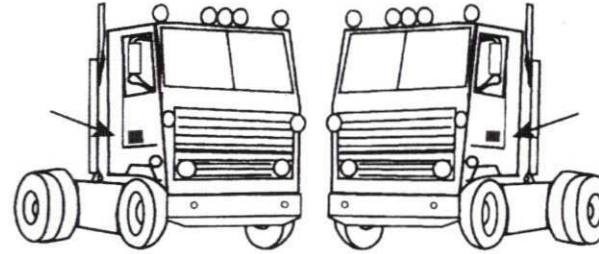
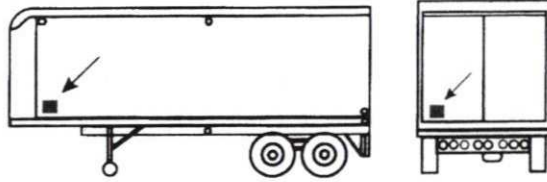
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

TRUCK #	Driver	Year/Make/Model	Type	VIN	PA LICENSE	GVWR	COMPANY	Ownership
LS05	Ron Morriss	2018 Mack GU64FR	Tri-Axle	1M2AX09CXJM038600		73280	L.S. Blair	Laurie Blair
LS06	Nick Clendaniel	2018 Mack GU64FR	Tri-Axle	1M2AX09C3JM038602		73280	L.S. Blair	Laurie Blair
LS07	Isaiah Rivera	2019 Mack GU64FR	Tri-Axle	1M2GR3GC3KM003178		73280	L.S. Blair	Laurie Blair
LS08	Asif Yaqoob	2020 Mack GU64FR	Tri-Axle	1M2GR3GCXLM019640		73280	L.S. Blair	Laurie Blair
LS09	Jim Rahill	2021 Mack GU64FR	Tri-Axle	1M2GR3GC6MM021774		73280	L.S. Blair	Laurie Blair
LS10	Rob White	2024 Mack GU64FR	Tri-Axle	1M2GR3GC6SM047935		73280	L.S. Blair	Laurie Blair

Waste Trailers

Trucks and Truck Tractors

Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

THIS DOCUMENT INCLUDES PRINTED WATERMARK ON REVERSE. HOLD AT ANGLE TO VIEW.

157



COMMONWEALTH OF PENNSYLVANIA
Waste Transportation Safety Program
Written Authorization

8921266001

Phone No. (215)-674-0659

VIN# 1M2AX09CXJM038600
WH18921
Expires Oct 2026

L S BLAIR
ERIC BLAIR
3 WARNER RD
NEW HOPE, PA 18938-9226

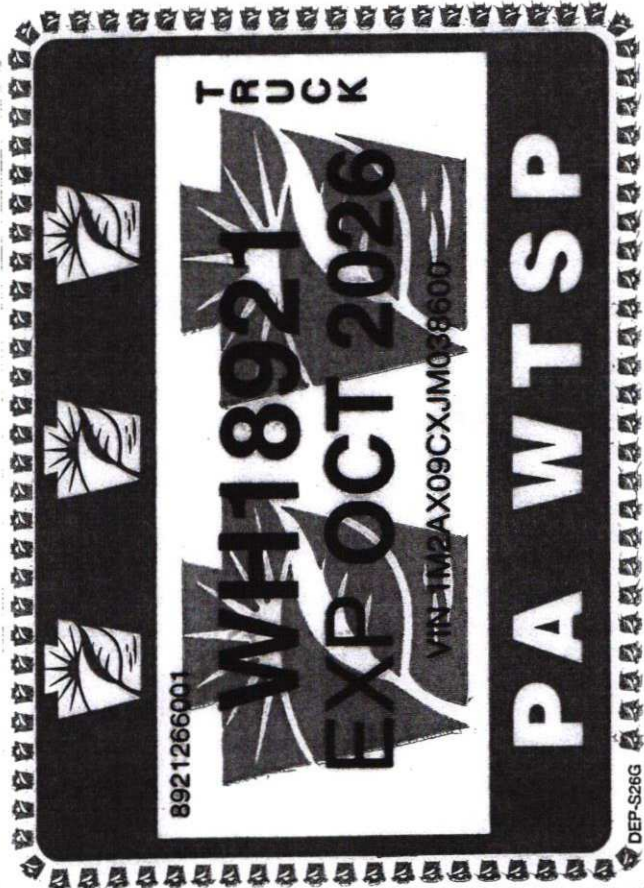
OS

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES. If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required. Duplication or Photocopies of this original documentation are not valid.

DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

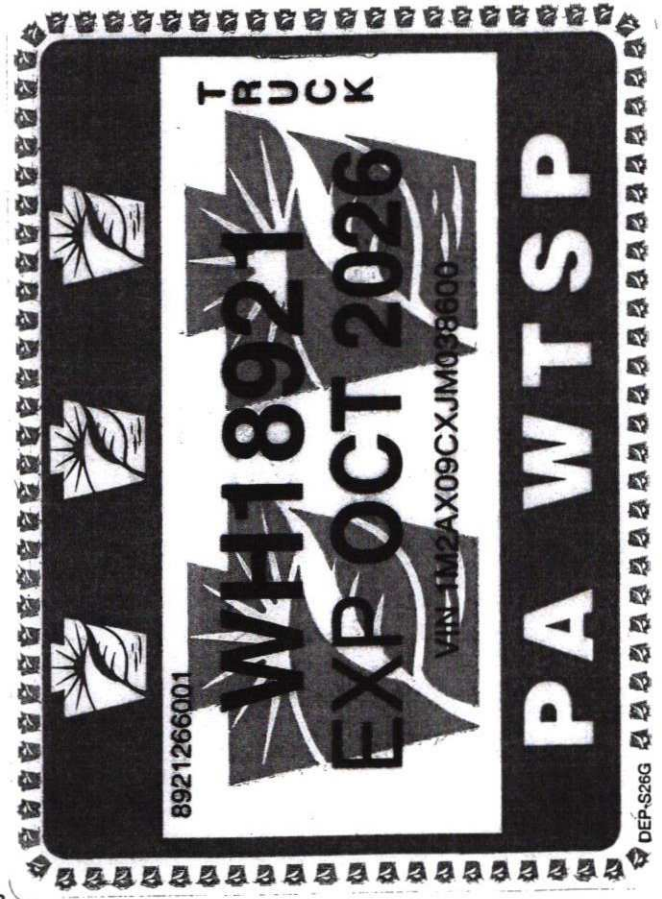
CAUTION! REMOVE STICKERS CAREFULLY.

Applied stickers take 24 hours to reach full tack



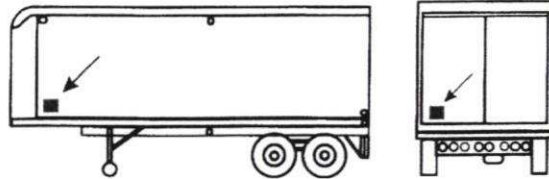
APPLICATION INSTRUCTIONS

1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.
2. Remove Sticker From Carrier Sheet.
3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.

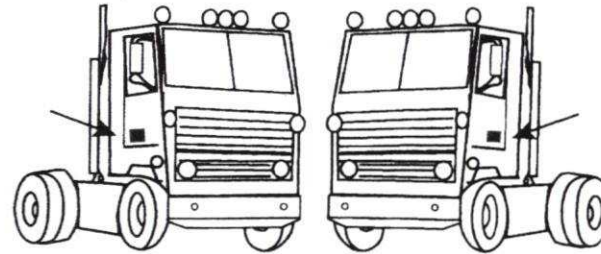


Waste Trailers

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Trucks and Truck Tractors



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

154

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COMMONWEALTH OF PENNSYLVANIA
Waste Transportation Safety Program
Written Authorization

8921266021

Phone No. (215)-674-0659

VIN# 1M2AX09C3JM038602
 WH18921
 Expires Oct 2026

L S BLAIR
 ERIC BLAIR
 3 WARNER RD
 NEW HOPE, PA 18938-9226

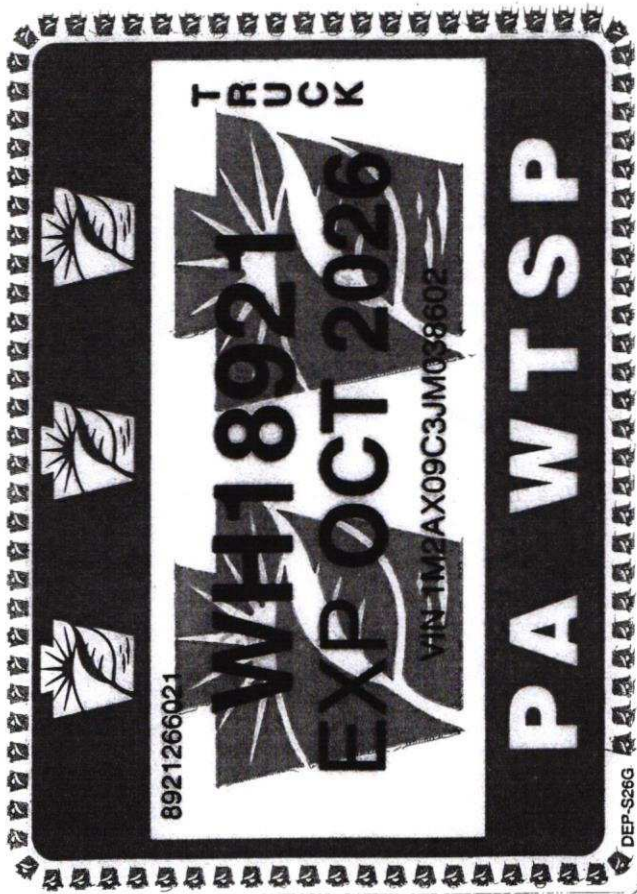
Handwritten initials

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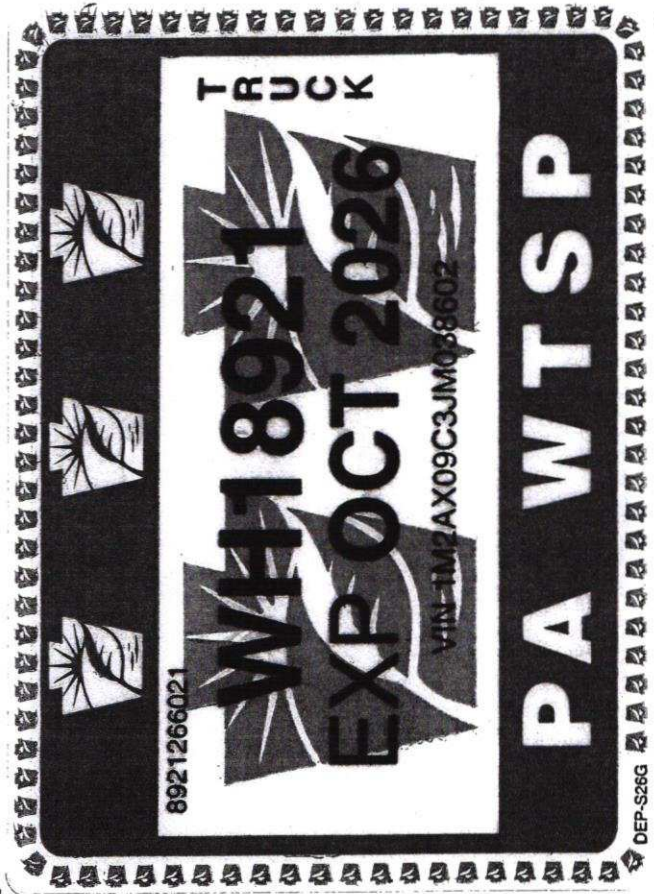
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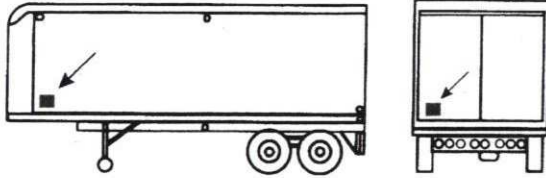


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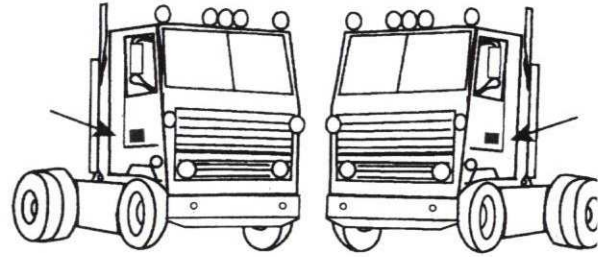


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Trucks and Truck Tractors



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COMMONWEALTH OF PENNSYLVANIA

8921261781

Waste Transportation Safety Program

Written Authorization

Phone No. (215)-674-0659

VIN# 1M2GR3GC3KM003178

WH18921

Expires Oct 2026

L S BLAIR
ERIC BLAIR
3 WARNER RD
NEW HOPE, PA 18938-9226

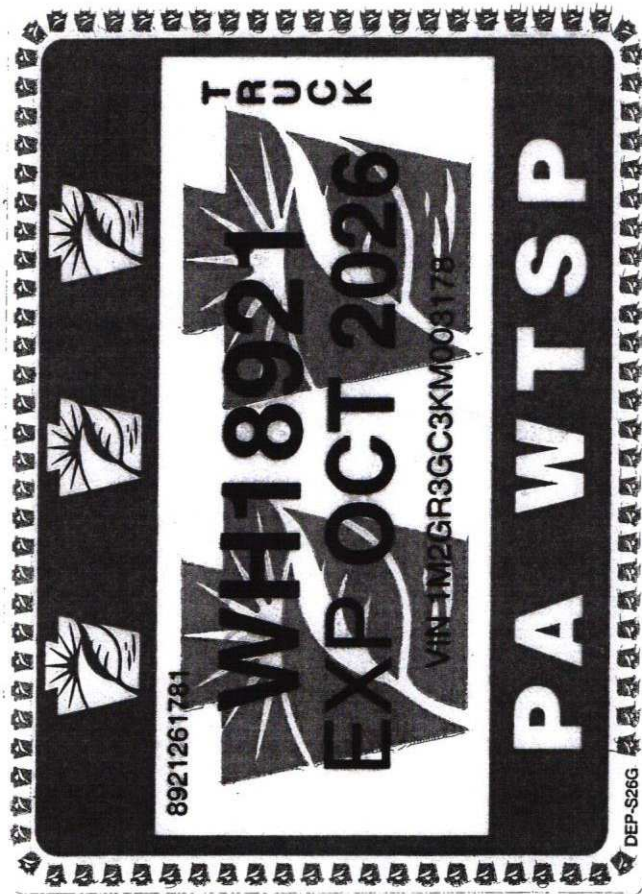
07

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES. If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required. Duplication or Photocopies of this original documentation are not valid.

DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

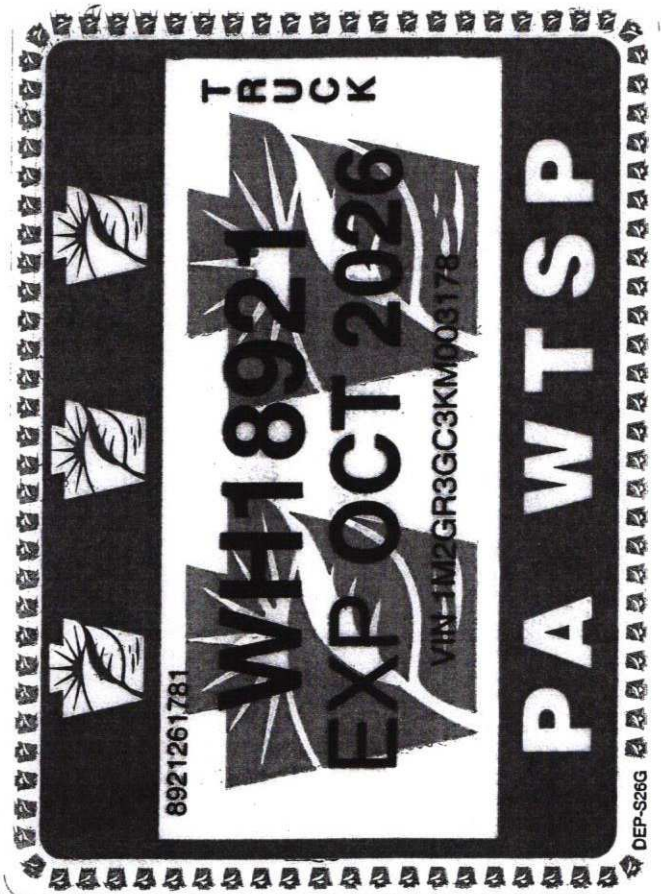
CAUTION! REMOVE STICKERS CAREFULLY.

Applied stickers take 24 hours to reach full tack



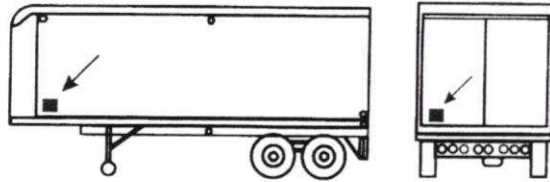
APPLICATION INSTRUCTIONS

1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.
2. Remove Sticker From Carrier Sheet.
3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.

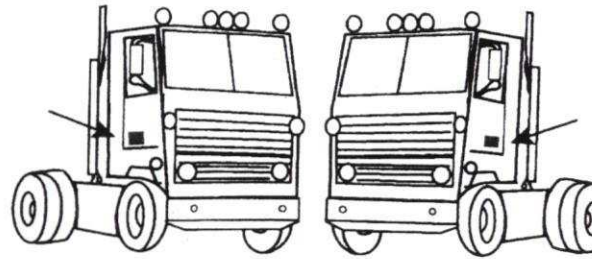


Waste Trailers

Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.



Trucks and Truck Tractors



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

155



COMMONWEALTH OF PENNSYLVANIA
Waste Transportation Safety Program
Written Authorization

8921266401

Phone No. (215)-674-0659

VIN# 1M2GR3GCXLM019640
WH18921
Expires Oct 2026

L S BLAIR
ERIC BLAIR
3 WARNER RD
NEW HOPE, PA 18938-9226

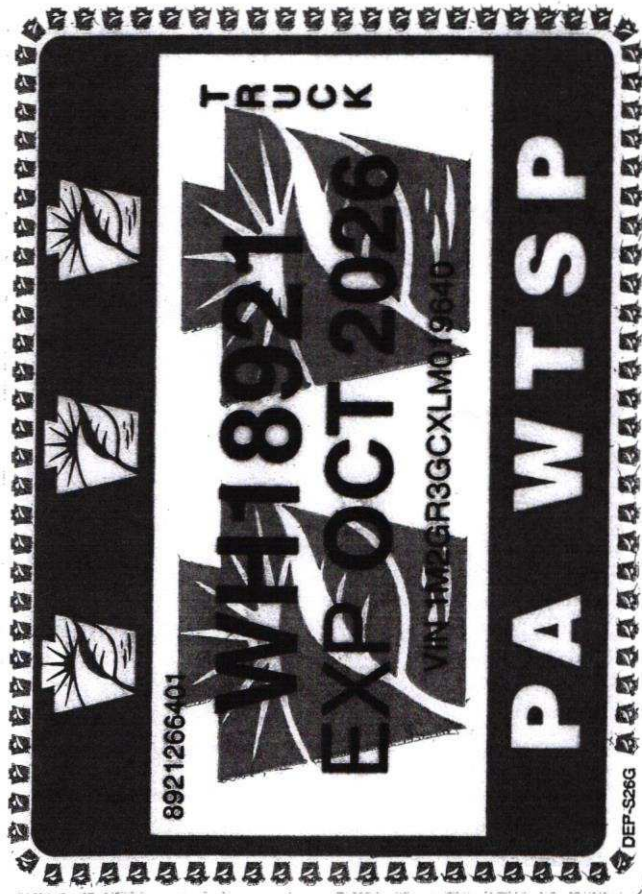
08

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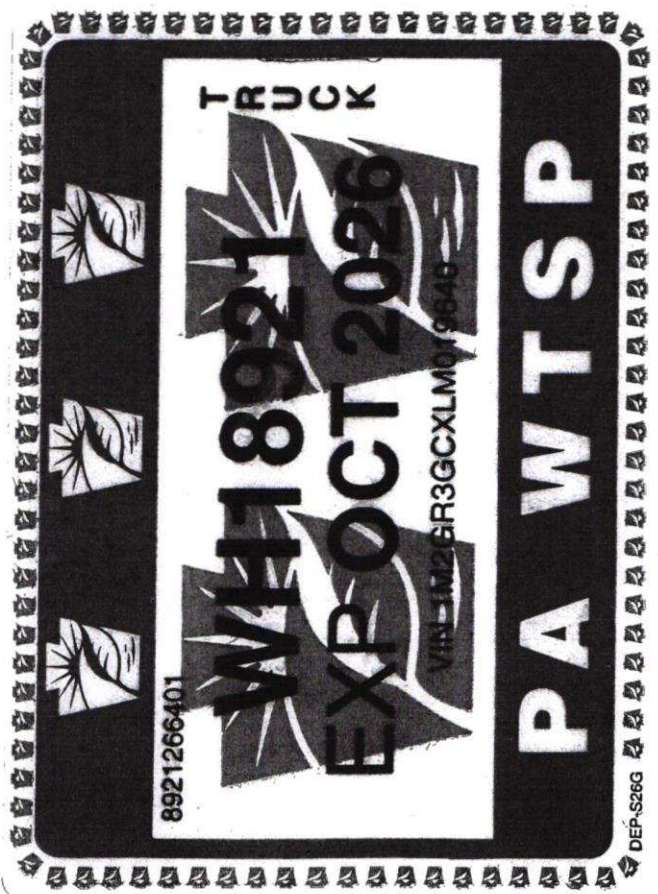
CAUTION! REMOVE STICKERS CAREFULLY.

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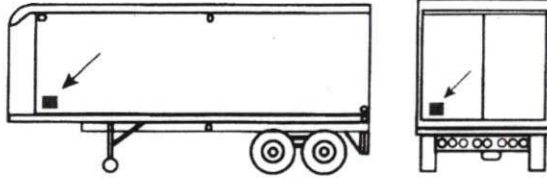
APPLICATION INSTRUCTIONS

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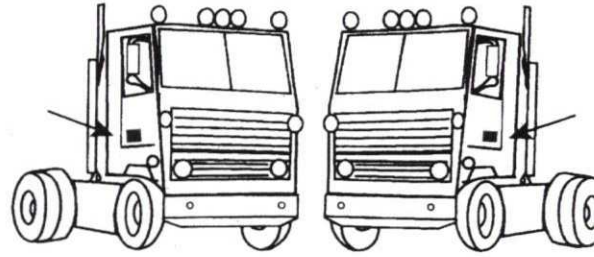


Waste Trailers

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Trucks and Truck Tractors



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

156



COMMONWEALTH OF PENNSYLVANIA
Waste Transportation Safety Program
Written Authorization

8921267741

Phone No. (215)-674-0659

VIN# 1M2GR3GC6MM021774
 WH18921
 Expires Oct 2026

L S BLAIR
 ERIC BLAIR
 3 WARNER RD
 NEW HOPE, PA 18938-9226

09

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES. If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required. Duplication or Photocopies of this original documentation are not valid.

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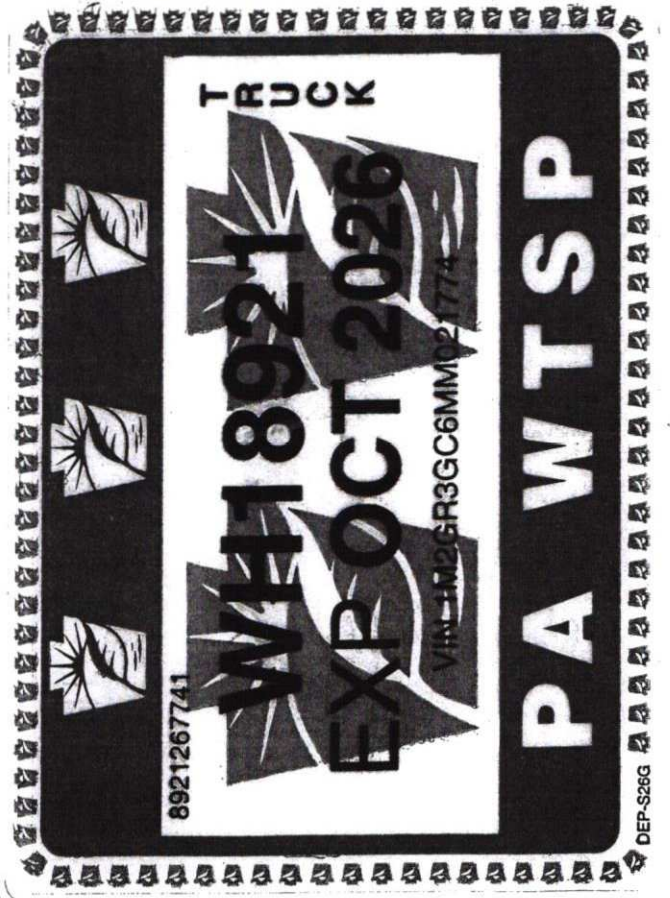
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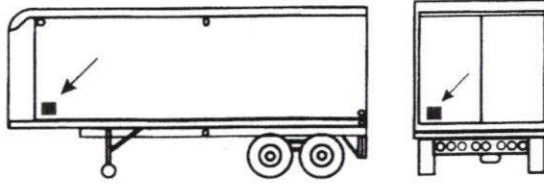
APPLICATION INSTRUCTIONS

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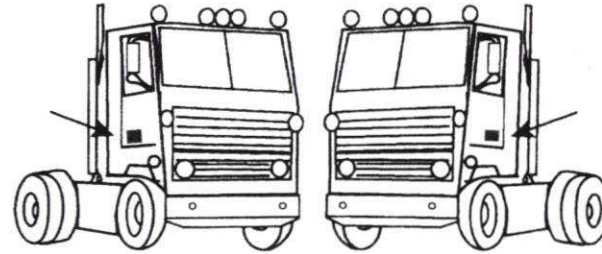
Waste Trailers

Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

Trucks and Truck Tractors



THIS DOCUMENT INCLUDES PRINTED WATERMARK ON REVERSE. HOLD AT ANGLE TO VIEW.

159



COMMONWEALTH OF PENNSYLVANIA
Waste Transportation Safety Program
Written Authorization

8921269351

Phone No. (215)-674-0659

VIN# 1M2GR3GC6SM047935
 WH18921
 Expires Oct 2026

L S BLAIR
 ERIC BLAIR
 3 WARNER RD
 NEW HOPE, PA 18938-9226

10

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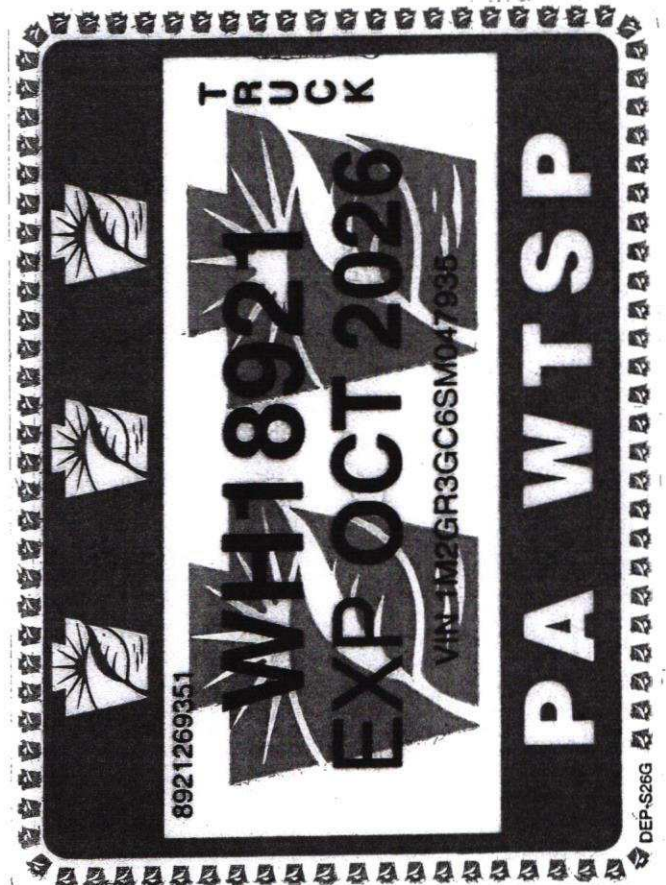
CAUTION! REMOVE STICKERS CAREFULLY.

Applied stickers take 24 hours to reach full tack



APPLICATION INSTRUCTIONS

1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.
2. Remove Sticker From Carrier Sheet.
3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.



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.



Spill Control Plan for Solid Waste Haulers



The following outlines the spill control plan for L.S. Blair

1. Spill Response Equipment (Spill-Kit)

- Reflectors
- Fire Extinguisher
- First Aid Kit
- Hard Hat
- Safety Vest
- Gloves Goggles
- Absorbent Pads & Garbage Bags
- Shovel
- Bungee Cords

The spill response kit will be kept in an easy to reach location and regularly inspected to make sure everything is readily available for use.

2. Driver Preventive Measures

All loads will be tarped to prevent accidental discharge of waste
Drivers will obey posted speed limits and laws while operating the commercial vehicle.

3. Driver Immediate Corrective Actions

Pre-trip and post-trip inspections will ne performed everyday

Air Lines

Battery

Brake Accessories

Drive Line

Engine

Exhaust

Fluids (Oil, Coolant and Hydraulic oil)

Front & Rear Axle

Fuel Tanks

Horn

Lights (Head, Tail, Turn Signals, Marker Lights)

Mirrors

Safety Equipment

Spill Kit

Suspension

Tarp

Tires / Rims

DVIR (Daily Vehicle Inspection Report)

4. Company Communications

If a spill occurs, drivers need to act fast to stop the spill and mitigate damage. The driver will act fast to protect the public health and the environment of any such spills and immediately contact the emergency coordinator.

Contact (Emergency Coordinator) **Eric Blair**

Phone: 215-936-5183 Office: 215-674-0659

Determine what spilled and use appropriate Personal Protective Equipment including gloves, eye protection, special protective clothing, etc.

Review Materials Safety Data Sheets (MSDS) to determine safe handling and clean up information

1. Call 911
2. Delaware 1-800-662-8802
3. DEP (484) 250-5900

5. The designated coordinator will contact the state and municipal authorities of the location of the accident or spill
 1. **Call 911**
 2. **Delaware 1800-662-8802**
 3. **DEP (484) 250-5900**
6. The designated coordinator will contact clean-up services, if necessary.
7. L.S. Blair trucks will be equipped with a spill control manual, along with the Delaware Solid Waste Permit while working in the state of Delaware.



Spill Control and Safety

Solid Waste



L.S. Blair Trucks will be equipped with spill control manual, along with the Delaware Solid Waste Permit while working in the state of Delaware.

Emergency coordinator – Eric Blair

The designated coordinator will contact the state and municipal authorities of the location of the accident / spill,

Emergency protocol and emergency numbers

If there is an accident or other emergency the driver will contact the following:

1. Eric Blair 215-936-5183
2. Blair Office 215-674-0659
3. 911
4. Delaware 800-662-8802
5. DEP 484-250-5900
6. CEMCO 888-642-6710
Custom Environmental Management

The designated coordinator will contact CEMCO for clean-up services.

Spill Response Equipment (Spill Kit)

- Reflectors / Flairs
- Fire Extinguisher
- First Aid Kit
- Hard hat, Safety Vest, Gloves (PPE)
- Absorbent Pads-Garbage Bags
- Shovel
- Bungee Cords

The spill response kit will be kept in an easy to reach location and regularly inspected to make sure everything is readily available for use.

Spill while on the road

If a spill occurs, drivers need to act fast to stop the spill and mitigate damage. The driver will act fast to protect the public health and the environment of any such spills.

Contact (Emergency Coordinator)

Protect yourself and others at all times

Determine what spilled and use appropriate Personal Protective Equipment including gloves, eye protection, special protective equipment, etc.

Review Material Safety Data Sheets (MSDS) to determine safe handling and clean up information.

If it is safe, stop the source of the spill (make sure you have the proper protective clothing and equipment)

Control and contain the spill using absorbent materials and shovel

Call for help from clean cleanup contractors

Reporting a Spill

1. Your name and phone number
2. Exact address / location of spill
3. Date, time cause and type of incident (spill, fire, vehicle accident, etc.)
4. Name of material that was spilled
5. Quantity of material that was spilled
6. Injuries (if any)
7. Possible hazards to the public health and or environment outside the facility



Driver Training Summary for Solid Waste Haulers

Davis, DaQuan (DNREC)

From: Davis, DaQuan (DNREC) on behalf of WHStransporters
Sent: Monday, April 6, 2026 10:02 AM
To: LSBlaircorp@comcast.net
Subject: Delaware Solid Waste Transporter Permit Application (LS Blair Corporation)

Categories: Egress Switch: Unprotected

Hello,

Thank you for submitting your application for 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)**- The ownership/corporate officer information that was submitted is missing the dates of birth, ownership percentages, titles, and the owner's /corporate officer's mailing address. Please update your ownership information.
- **Section 10**-Please provide an MCS-90 endorsement form with policy number S 2364631.
- **Section 12**- Please provide driver training. Requirements include:
 - (a). Special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
 - (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points.
 - (c). Describe how drivers are instructed in the following:
 - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
 - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - (iii) Familiarity with the conditions of the solid waste transporter's permit.

Please provide the information requested above via e-mail within five (5) days.

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

✓ 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



Davis, DaQuan (DNREC)

From: Thom Crawford <Dispatch@rpblairtrucking.com>
Sent: Tuesday, April 7, 2026 1:45 PM
To: WHStranporters
Subject: RP Blair
Attachments: RP Blair_326040714060.pdf

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Sincerely

Thom Crawford

The R.P Blair Companies

1956 Stout Drive | Ivyland, PA | 18974 Phone 215.674.0659 | Fax 215.672.5421

This communication is the property of R.P Blair Corporation or its subsidiaries, and may contain confidential or privileged information. Unauthorized use of this communication is strictly prohibited and may be unlawful. If you received this communication in error, please immediately notify the sender by reply email and destroy all copies of the communication and any attachments.

P Please consider the environment before printing this e-mail!



The following outlines the spill control plan for R.P. Blair

1. Spill Response Equipment (Spill-Kit)

- Reflectors
- Fire Extinguisher
- First Aid Kit
- Hard Hat
- Safety Vest
- Gloves Goggles
- Absorbent Pads & Garbage Bags
- Shovel
- Bungee Cords

The spill response kit will be kept in an easy to reach location and regularly inspected to make sure everything is readily available for use.

2. Driver Preventive Measures

All loads will be tarped to prevent accidental discharge of waste
Drivers will obey posted speed limits and laws while operating the commercial vehicle.

3. Driver Immediate Corrective Actions

Pre-trip and post-trip inspections will be performed everyday

Air Lines

Battery

Brake Accessories

Drive Line

Engine

Exhaust

Fluids (Oil, Coolant and Hydraulic oil)

Front & Rear Axle

Fuel Tanks

Horn

Lights (Head, Tail, Turn Signals, Marker Lights)

Mirrors

Safety Equipment

Spill Kit

Suspension

Tarp

Tires / Rims

DVIR (Daily Vehicle Inspection Report)

4. Company Communications

If a spill occurs, drivers need to act fast to stop the spill and mitigate damage. The driver will act fast to protect the public health and the environment of any such spills and immediately contact the emergency coordinator.

Contact (Emergency Coordinator) **Eric Blair**

Phone: 215-936-5183 Office: 215-674-0659

Determine what spilled and use appropriate Personal Protective Equipment including gloves, eye protection, special protective clothing, etc.

Review Materials Safety Data Sheets (MSDS) to determine safe handling and clean up information

1. Call 911
2. Delaware 1-800-662-8802
3. DEP (484) 250-5900

5. The designated coordinator will contact the state and municipal authorities of the location of the accident or spill

1. Call 911
2. Delaware 1800-662-8802
3. DEP (484) 250-5900

6. The designated coordinator will contact clean-up services, if necessary.

7. L.S. Blair trucks will be equipped with a spill control manual, along with the Delaware Solid Waste Permit while working in the state of Delaware.

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, Financial Responsibility Filings 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.

20000FS 2364631 376

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 RP BLAIR CORP of 1956 STOUT DR, IVYLAND, PA 18974
(Motor Carrier name) (Motor Carrier State or Province)
Dated at MID ATLANTIC REGION on this 09 day of FEBRUARY, 2026
Amending Policy Number: S 2364631 Effective date: February 21, 2026
Name of Insurance Company: SELECTIVE INSURANCE COMPANY OF AMERICA

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 \$750,000 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: 1-800-777-9656.

Cancellation of this endorsement may be effected by the company of 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 <https://www.fmcsa.dot.gov/registration>.

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 any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

(continued on next page)

FORM MCS-90 (07/24)

Page 2 of 3

INSURED'S COPY

SCHEDULE OF LIMITS — PUBLIC LIABILITY

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 (Non-hazardous)	\$ 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.

20000FS 2364631 378

Davis, DaQuan (DNREC)

From: Thom Crawford <Dispatch@rpblairtrucking.com>
Sent: Friday, April 10, 2026 8:39 AM
To: WHStranporters
Subject: LS Blair
Attachments: RP Blair_326041009000.pdf

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Sincerely

Thom Crawford

The R.P Blair Companies


1956 Stout Drive | Ivyland, PA | 18974 Phone 215.674.0659 | Fax 215.672.5421

This communication is the property of R.P Blair Corporation or its subsidiaries, and may contain confidential or privileged information. Unauthorized use of this communication is strictly prohibited and may be unlawful. If you received this communication in error, please immediately notify the sender by reply email and destroy all copies of the communication and any attachments.

P Please consider the environment before printing this e-mail!

Entity# : 6571991
Date Filed : 06/22/2017
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to:	<p>Articles of Incorporation - For Profit DSCB: 15-1308/2102/2303/2702/2903/3101/3303/7102 (rev. 2/2017)</p>  <p>TCO170622MC1322</p>
Name: Legatzoom.com, Inc.	
Address: c/o PennCorp Servicegroup, Inc. Counter Pick Up 52434	
City: State: Zip Code:	
<input type="checkbox"/> Return document by email to:	

Read all instructions prior to completing. This form may be

- Fee: \$125 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)
- Check only one: Business-stock (§ 1306) Management (§ 2703) Benefit (§ 3303)
 Business-nonstock (§ 2102) Professional (§ 2903) Cooperative (§ 7102)
 Business-statutory close (§ 2303) Insurance (§ 3101)

In compliance with the requirements of the applicable provisions (relating to corporations and unincorporated associations), the undersigned, desiring to incorporate a corporation for profit, hereby states that:

1. The name of the corporation (corporate designator required, i.e., "corporation," "incorporated," "limited," "company," or any abbreviation thereof. "Professional corporation" or "P.C." permitted for professional corporations):
L S Blair Corporation

2. Complete part (a) or (b) - not both:

(a) The address of this corporation's proposed registered office in this Commonwealth is:
(post office box alone is not acceptable)

Number and Street	City	State	Zip	County
-------------------	------	-------	-----	--------

(b) The name of this corporation's commercial registered office provider and the county of venue is:
c/o: United States Corporation Agents, Inc., County of Lehigh

Name of Commercial Registered Office Provider	County
---	--------

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. Check and complete one:
 The corporation is organized on a nonstock basis.
 The corporation is organized on a stock share basis and the aggregate number of shares authorized is:
100

5. The name and address, including number and street, if any, of each incorporator (*all incorporators must sign below*):

Name	Address
<u>Cheyenne Moseley, Legalzoom.com, Inc. 9900 Spectrum Drive, Austin, TX 78717</u>	
<u> </u>	
<u> </u>	

6. The specified future effective date, if any: _____
month/day/year hour, if any

7. Additional provisions of the articles, if any, attach an 8½ by 11 sheet.

8. *Statutory close corporation only:* Neither the corporation nor any shareholder shall make an offering of any of its shares or any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a-ssss).

9. *For Cooperative Corporation Only.*

Check and complete one.
The corporation is a cooperative corporation and the common bond of membership among its members is: _____
 The corporation is a cooperative corporation and the common bond of membership among its shareholders is: _____

10. *Benefit corporations only:* This corporation shall have the purpose of creating general public benefit.

State, set if applicable, the corporation shall have the purpose of creating the enumerated specific public benefit(s): _____

IN TESTIMONY WHEREOF, the incorporator(s) has/have signed these Articles of Incorporation this

21st day of June, 2017

Cheyenne Moseley, incorporator, Legalzoom.com, Inc.

Signature

Signature

Bucks County, SS.

LS BLAIR CORP
1956 STOUT DRIVE
WARMINSTER, PA 18974

**NOTICE OF FILING
OF ARTICLES OF
INCORPORATION**

Notice is given that Articles of Incorporation of L.S. Blair Corporation have been filed with the Pennsylvania Department of State, and the corporation has been incorporated under the provisions of the Business Corporation Law of 1988.
11 Jy 16 7141463

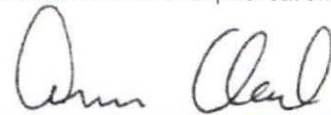
2156740659

0007141463-01

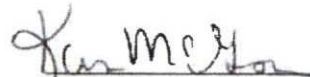
Ann Clark being duly affirmed according to law, deposes and says that he/she is the Legal Billing Co-ordinator of the CALKINS NEWSPAPER INCORPORATED, Publisher of The Intelligencer, a newspaper of general circulation, published and having its place of business at Doylestown, Bucks County, Pa. and Horsham, Montgomery County, Pa.; that said newspaper was established in 1886; that securely attached hereto is a facsimile of the printed notice which is exactly as printed and published in said newspaper on

.....
July 16, 2017
.....

and is a true copy thereof; and that this affiant is not interested in said subject matter of advertising; and all of the allegations in this statement as to the time, place and character of publication are true.



LEGAL BILLING CO-ORDINATOR



Affirmed and subscribed to me before me this 17th day of July 2017 A.D.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Karen McGovern, Notary Public
Tullytown Boro. Bucks County
My Commission Expires Feb. 19, 2021
MEMBER PENNSYLVANIA ASSOCIATION OF NOTARIES

2553

Election by a Small Business Corporation
(Under section 1362 of the Internal Revenue Code)

OMB No. 1545-0123

(Rev. December 2013)

Department of the Treasury
Internal Revenue Service

See Parts II and III on page 3.

You can fax this form to the IRS (see separate instructions).

Information about Form 2553 and its separate instructions is at www.irs.gov/form2553.

Note. This election to be an S corporation can be accepted only if all the tests are met under Who May Elect in the instructions, all shareholders have signed the consent statement, an officer has signed below, and the exact name and address of the corporation (entity) and other required form information have been provided.


Part I Election Information
A Employer identification number 82-1582050
B Date incorporated 06/22/17
C State of incorporation Pennsylvania
D Check the applicable box(es) if the corporation (entity), after applying for the EIN shown in A above, changed its name or address
E Election is to be effective for tax year beginning (month, day, year) (see instructions) 06/22/17
F Selected tax year: (1) [x] Calendar year
G If more than 100 shareholders are listed for item J (see page 2), check this box if treating members of a family as one shareholder results in no more than 100 shareholders (see test 2 under Who May Elect in the instructions)
H Name and title of officer or legal representative who the IRS may call for more information Laurie Blair, President
I Telephone number of officer or legal representative 215-674-0659

If this S corporation election is being filed late, I declare that I had reasonable cause for not filing Form 2553 timely, and if this late election is being made by an entity eligible to elect to be treated as a corporation, I declare that I also had reasonable cause for not filing an entity classification election timely and that the representations listed in Part IV are true. See below for my explanation of the reasons the election or elections were not made on time and a description of my diligent actions to correct the mistake upon its discovery (see instructions).

Dotted lines for explanation of late election.

Sign Here
Under penalties of perjury, I declare that I have examined this election, including accompanying documents, and, to the best of my knowledge and belief, the election contains all the relevant facts relating to the election, and such facts are true, correct, and complete.
Signature of officer: Laurie Blair
Title: President
Date: 7/6/17

Part I Election Information (continued) Note. If you need more rows, use additional copies of page 2.

J Name and address of each shareholder or former shareholder required to consent to the election. (see instructions)	K Shareholder's Consent Statement Under penalties of perjury, I declare that I consent to the election of the above-named corporation (entity) to be an S corporation under section 1362(a) and that I have examined this consent statement, including accompanying documents, and, to the best of my knowledge and belief, the election contains all the relevant facts relating to the election, and such facts are true, correct, and complete. I understand my consent is binding and may not be withdrawn after the corporation (entity) has made a valid election. If seeking relief for a late filed election, I also declare under penalties of perjury that I have reported my income on all affected returns consistent with the S corporation election for the year for which the election should have been filed (see beginning date entered on line E) and for all subsequent years.		L Stock owned or percentage of ownership (see instructions)		M Social security number or employer identification number (see instructions)	N Shareholder's tax year ends (month and day)
	Signature	Date	Number of shares or percentage of ownership	Date(s) acquired		
Laurie Blair 	<i>Laurie Blair</i>	7/4/17	100	06/22/17	[REDACTED]	12/31

Part II Selection of Fiscal Tax Year (see instructions)

Note. All corporations using this part must complete item O and Item P, Q, or R.

O Check the applicable box to indicate whether the corporation is:

- 1. A new corporation **adopting** the tax year entered in item F, Part I.
- 2. An existing corporation **retaining** the tax year entered in item F, Part I.
- 3. An existing corporation **changing** to the tax year entered in item F, Part I.

P Complete item P if the corporation is using the automatic approval provisions of Rev. Proc. 2006-46, 2006-45 I.R.B. 859, to request (1) a natural business year (as defined in section 5.07 of Rev. Proc. 2006-46) or (2) a year that satisfies the ownership tax year test (as defined in section 5.08 of Rev. Proc. 2006-46). Check the applicable box below to indicate the representation statement the corporation is making.

1. **Natural Business Year** ▶ I represent that the corporation is adopting, retaining, or changing to a tax year that qualifies as its natural business year (as defined in section 5.07 of Rev. Proc. 2006-46) and has attached a statement showing separately for each month the gross receipts for the most recent 47 months (see instructions). I also represent that the corporation is not precluded by section 4.02 of Rev. Proc. 2006-46 from obtaining automatic approval of such adoption, retention, or change in tax year.

2. **Ownership Tax Year** ▶ I represent that shareholders (as described in section 5.08 of Rev. Proc. 2006-46) holding more than half of the shares of the stock (as of the first day of the tax year to which the request relates) of the corporation have the same tax year or are concurrently changing to the tax year that the corporation adopts, retains, or changes to per item F, Part I, and that such tax year satisfies the requirement of section 4.01(3) of Rev. Proc. 2006-46. I also represent that the corporation is not precluded by section 4.02 of Rev. Proc. 2006-46 from obtaining automatic approval of such adoption, retention, or change in tax year.

Note. If you do not use item P and the corporation wants a fiscal tax year, complete either item Q or R below. Item Q is used to request a fiscal tax year based on a business purpose and to make a back-up section 444 election. Item R is used to make a regular section 444 election.

Q **Business Purpose**—To request a fiscal tax year based on a business purpose, check box Q1. See instructions for details including payment of a user fee. You may also check box Q2 and/or box Q3.

1. **Check here** ▶ If the fiscal year entered in item F, Part I, is requested under the prior approval provisions of Rev. Proc. 2002-39, 2002-22 I.R.B. 1046. Attach to Form 2553 a statement describing the relevant facts and circumstances and, if applicable, the gross receipts from sales and services necessary to establish a business purpose. See the instructions for details regarding the gross receipts from sales and services. If the IRS proposes to disapprove the requested fiscal year, do you want a conference with the IRS National Office?

Yes No

2. **Check here** ▶ to show that the corporation intends to make a back-up section 444 election in the event the corporation's business purpose request is not approved by the IRS. (See instructions for more information.)

3. **Check here** ▶ to show that the corporation agrees to adopt or change to a tax year ending December 31 if necessary for the IRS to accept this election for S corporation status in the event (1) the corporation's business purpose request is not approved and the corporation makes a back-up section 444 election, but is ultimately not qualified to make a section 444 election, or (2) the corporation's business purpose request is not approved and the corporation did not make a back-up section 444 election.

R **Section 444 Election**—To make a section 444 election, check box R1. You may also check box R2.

1. **Check here** ▶ to show that the corporation will make, if qualified, a section 444 election to have the fiscal tax year shown in item F, Part I. To make the election, you must complete Form 8716, Election To Have a Tax Year Other Than a Required Tax Year, and either attach it to Form 2553 or file it separately.

2. **Check here** ▶ to show that the corporation agrees to adopt or change to a tax year ending December 31 if necessary for the IRS to accept this election for S corporation status in the event the corporation is ultimately not qualified to make a section 444 election.

Part III Qualified Subchapter S Trust (QSST) Election Under Section 1361(d)(2)*

Income beneficiary's name and address	Social security number
Trust's name and address	Employer identification number

Date on which stock of the corporation was transferred to the trust (month, day, year) ▶

In order for the trust named above to be a QSST and thus a qualifying shareholder of the S corporation for which this Form 2553 is filed, I hereby make the election under section 1361(d)(2). Under penalties of perjury, I certify that the trust meets the definitional requirements of section 1361(d)(3) and that all other information provided in Part III is true, correct, and complete.

Signature of income beneficiary or signature and title of legal representative or other qualified person making the election _____ Date _____

*Use Part III to make the QSST election only if stock of the corporation has been transferred to the trust on or before the date on which the corporation makes its election to be an S corporation. The QSST election must be made and filed separately if stock of the corporation is transferred to the trust after the date on which the corporation makes the S election.

Part IV Late Corporate Classification Election Representations (see instructions)

If a late entity classification election was intended to be effective on the same date that the S corporation election was intended to be effective, relief for a late S corporation election must also include the following representations.

- 1 The requesting entity is an eligible entity as defined in Regulations section 301.7701-3(a);
- 2 The requesting entity intended to be classified as a corporation as of the effective date of the S corporation status;
- 3 The requesting entity fails to qualify as a corporation solely because Form 8832, Entity Classification Election, was not timely filed under Regulations section 301.7701-3(c)(1)(i), or Form 8832 was not deemed to have been filed under Regulations section 301.7701-3(c)(1)(v)(C);
- 4 The requesting entity fails to qualify as an S corporation on the effective date of the S corporation status solely because the S corporation election was not timely filed pursuant to section 1362(b); **and**
- 5a The requesting entity timely filed all required federal tax returns and information returns consistent with its requested classification as an S corporation for all of the years the entity intended to be an S corporation and no inconsistent tax or information returns have been filed by or with respect to the entity during any of the tax years, **or**
- b The requesting entity has not filed a federal tax or information return for the first year in which the election was intended to be effective because the due date has not passed for that year's federal tax or information return.

Davis, DaQuan (DNREC)

From: Thom Crawford <Dispatch@rpblairtrucking.com>
Sent: Friday, April 10, 2026 8:39 AM
To: WHStranporters
Subject: LS Blair
Attachments: RP Blair_326041009000.pdf

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Sincerely

Thom Crawford

The R.P Blair Companies

1956 Stout Drive | Ivyland, PA | 18974 Phone 215.674.0659 | Fax 215.672.5421

This communication is the property of R.P Blair Corporation or its subsidiaries, and may contain confidential or privileged information. Unauthorized use of this communication is strictly prohibited and may be unlawful. If you received this communication in error, please immediately notify the sender by reply email and destroy all copies of the communication and any attachments.

P Please consider the environment before printing this e-mail!

- Carry a complete spill response kit including absorbent materials, containment boom, and PPE (gloves, goggles, and coveralls).

2. Driver Corrective Actions in Case of a Spill

Immediate Response

- Stop the vehicle in a safe location away from traffic and water sources.
- Turn off the engine to prevent ignition of flammable substances.

Contain the Spill

- Use absorbent materials, dikes or booms to limit the spill's spread.
- Seal or plug the source of the leak, if it is safe to do so.

Secure the Area

- Establish a safety perimeter using cones or warning signs.
- Ensure no unauthorized personnel enter the spill site.

Personal Protection

- Wear appropriate PPE before handling spilled materials.

Cleanup and Recovery

- Follow the material-specific spill response procedure outlined in the Safety data Sheet (SDS).

- Used cleanup tools (shovels, brooms) to remove contaminated materials safely.

3. Communication Protocols

Internal Communications

- Notify the company owner immediately.
- Provide details about the location, type of material, and estimated quantity spilled.

External Communication

- If required, contact emergency services (911) or local environmental agencies (e.g., EPA or state agency).

Documentation

- Complete an incident report, including photos of the spill site and actions taken.
- Record the type and amount of material spilled, along with cleanup details.

By following this spill control plan, spill risks can be minimized, and drivers can effectively respond to any spill incidents to reduce harm to people, property, and the environment. For emergencies, please contact Delaware Emergency Reporting at 1-800-662-8802 and 302-739-9401. Also, contact Enoch Johnson (owner) at 302-384-6955.