



Linda S. Adams
Secretary for
Environmental Protection



Department of Toxic Substances Control

Maureen F. Gorsen, Director
1001 "I" Street
P.O. Box 806
Sacramento, California 95812-0806



Arnold Schwarzenegger
Governor

HAZARDOUS WASTE TRANSPORTER REGISTRATION WITH CONSOLIDATED TRANSPORTER NOTIFICATION

NAME AND ADDRESS OF REGISTERED TRANSPORTER:

STARLITE RECLAMATION ENVIRONMENTAL SERVICES, INC.
11225 MULLBERRY AVENUE
FONTANA, CA 92337

TRANSPORTER REGISTRATION NO.: 3164

EXPIRATION DATE: JULY 31, 2009

THIS IS TO CERTIFY THAT THE FIRM NAMED ABOVE IS DULY REGISTERED TO TRANSPORT HAZARDOUS WASTE IN THE STATE OF CALIFORNIA IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6.5, DIVISION 20 OF THE HEALTH AND SAFETY CODE AND TITLE 22 OF THE CALIFORNIA CODE OF REGULATIONS, DIVISION 4.5.

THIS REGISTRATION CERTIFICATE MUST BE CARRIED WITH EACH SHIPMENT OF HAZARDOUS WASTE.

FOR REGISTRATION INFORMATION, PLEASE CALL (916) 440-7145.

(AUTHORIZED SIGNATURE)

JUL 2 9 2009

(DATE)

CONSOLIDATED TRANSPORTER NOTIFICATION

1. Business Name (Show d.b.a. name, show name exactly as it will appear on registration; same name or trademark is required on all vehicles): <i>Starlite Reclamation Environmental Services Inc.</i>		2. Transporter Registration Number <i>3116A</i>		
3. Business Address Number/Street <i>11225 Mulberry Ave</i>	City <i>Fontana</i>	County/Province <i>S.B.</i>	State/Country <i>CA/USA</i>	Zip/Postal Code <i>92337</i>
4. Mailing Address (If different) P.O. Box/Street	City	County/Province	State/Country	Zip/Postal Code
5a. Telephone Number (Ext. Number) <i>909 434-0480</i>	5. Identification Numbers. If your company transports hazardous wastes, operates the designated facility, and intends to submit only the facility copy of the consolidated manifests pursuant to Health and Safety Code Section 25160.2(b)(5)(A), you must provide all the transporter and facility identification numbers (12 characters) used by your company on these manifests. If necessary, list additional identification numbers on a separate sheet. <i>CA000148296</i>			
5b. Fax Number <i>909 434-0618</i>				
5c. E-mail Address <i>Chris.jc.starlite.waste.com</i>				
7. I intend to transport the following hazardous wastestream under the consolidated manifesting procedure, as described in Health and Safety Code Section 25160.2(c)(2)(A). (Check all applicable box(es)):				
<input checked="" type="checkbox"/> A. Waste oil <input checked="" type="checkbox"/> B. Contents of an oil/water separator <input checked="" type="checkbox"/> C. Solids contaminated with used oil <input checked="" type="checkbox"/> D. Brake fluid <input checked="" type="checkbox"/> E. Antifreeze <input checked="" type="checkbox"/> F. Antifreeze sludge <input checked="" type="checkbox"/> G. Hydraulic solvents, including aqueous cleaning solvents <input checked="" type="checkbox"/> H. Hydraulic sludge contaminated solely with metals from a wastewater treatment process <input checked="" type="checkbox"/> I. "Waste sludge" wastes, including paints, thinners, fillers, and sludges <input checked="" type="checkbox"/> J. Spent photographic solutions <input checked="" type="checkbox"/> K. Dry cleaning solvents (including perchloroethylene, naphtha, and silicone based solvents) <input checked="" type="checkbox"/> L. Filters, lint, and sludges contaminated with dry cleaning solvent <input checked="" type="checkbox"/> M. Asbestos and asbestos-containing materials <input checked="" type="checkbox"/> N. Inks from the printing industry <input checked="" type="checkbox"/> O. Chemicals and laboratory packs collected from K-12 schools <input checked="" type="checkbox"/> P. Absorbents contaminated with other wastes listed in Health and Safety Code Section 25160.2(c) <input checked="" type="checkbox"/> Q. Filters from dispensing pumps for diesel and gasoline fuels				
8. Name and Title of Authorized Representative (print or type): <i>Chris Jacobson, President</i>				
Signature of Authorized Representative <i>Chris Jacobson</i>				Date <i>6-13-08</i>
Note: Keep this Consolidated Transporter Notification, signed by DTSC, with the valid Transporter Registration Certificate in the vehicle at all times during the transportation of hazardous waste. Transportation of wastestream(s) listed above, under the consolidated manifesting procedure, without notifying DTSC is a violation of Health and Safety Code (Health and Saf. Code), Section 25165(a), and may be subject to significant penalties. Consolidated transporters are also required to submit quarterly reports pursuant to Health and Saf. Code Section 25160.2(d).				
DO NOT WRITE BELOW THIS LINE (FOR DTSC USE ONLY)				
<i>Tari L. Patterson</i> Transportation Unit Representative <i>TARI L. PATTERSON</i> (Print or type name)		<i>June 24, 2008</i> Received date <i>July 31, 2009</i> Expiration date JUL 29 2008 DTSC acknowledgement date		
DTSC 1299 (12/07/07)				



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**HAZARDOUS MATERIALS
TRANSPORTATION LICENSE**

CHP 360H (REV. 1/00) OPI 062

CONTROL NUMBER 186703	LICENSE NUMBER 133344	ISSUE DATE 10/15/2008	EFFECTIVE DATE	EXPIRATION DATE 11/30/2009
--------------------------	--------------------------	--------------------------	----------------	-------------------------------

CHP CARRIER NUMBER CA 209068	LOCATION	<input type="checkbox"/> Duplicate	<input type="checkbox"/> Replacement
		<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Renewal

PROPERTY OF THE CALIFORNIA HIGHWAY PATROL (CHP)

The original valid license must be kept at the licensee's place of business as indicated on the license and legible copy must be carried in any vehicle or combination transporting hazardous materials and must be presented to any CHP officer upon request. This license is NON-TRANSFERABLE and must be surrendered to the CHP upon demand or as required by law. A majority change in ownership or control of the licensed activity shall require a new license. This license may be renewed by submitting an application and appropriate fee to the CHP. Persons whose licenses have expired or are otherwise no longer valid must immediately cease the activity requiring a license. THERE IS NO GRACE PERIOD. For licensing information contact CHP, Commercial Vehicle Section at (916) 327-3310.

LICENSEE NAME AND PHYSICAL ADDRESS *(only if different from below)*

STARLITE RECLAMATION ENVIRONMENTAL SERVICES

LICENSEE NAME AND MAILING ADDRESS

STARLITE RECLAMATION ENVIRONMENTAL SERVICES

11225 MULBERRY AVENUE
FONTANA CA 92337

ATTENTION: CHRIS JARAMILLO

This carrier is on the special routing/safe stopping place mailing lists as indicated below:

- (HMX) Explosives subject to Division 14, California Vehicle Code (CVC).
- (HMPIH) Poison Inhalation Hazard materials in bulk packagings subject to Division 14.3, CVC.
- (HRCQ) Highway Route Controlled Quantity radioactive materials subject to Division 14.5, CVC.


Any person who dumps, spills, or causes the release of hazardous materials or hazardous waste upon any highway shall immediately notify the CHP or the agency having jurisdiction for that highway. The minimum fine for failure to make the appropriate notification is \$ 2,000.00. (CVC Section 23112.5)

DEPARTMENT OF MOTOR VEHICLES
 MOTOR CARRIER SERVICES BRANCH MS G875
 P.O. BOX 932370 Sacramento, CA, 94232-3700
 (916) 657-8153



2/02/2009

STARLITE RECLAMATION ENVIRONMENTAL
 SERVICES INC
 11225 MULBERRY AVE
 FONTANA, CA 92337

 DEPARTMENT OF MOTOR VEHICLES A Public Service Agency		MOTOR CARRIER PERMIT	
DEPARTMENT OF MOTOR VEHICLES Motor Carrier Services Branch P.O. BOX 932370 Sacramento, CA. 94232-3700		Valid From:	02/01/2009
		Valid Through:	01/31/2010
STARLITE RECLAMATION ENVIRONMENTAL SERVICES INC 11225 MULBERRY AVE FONTANA, CA 92337		CA#:	0209068
		The carrier named on this permit, having made written application to the Department of Motor Vehicles for a permit to operate as a motor carrier of property as defined in vehicle code section 34601, and having met the requirements and paid the appropriate fees, is granted a permit of the following classification:	
		Private Full Year Corporation	
Pmt Date:	01/31/2009	Office #:	154
Account #:	347700	Tech ID:	TV
Sequence #:	0032	Amt Paid:	\$35.00

!!!IMPORTANT REMINDERS!!!

- Your permit will expire at midnight on the 'Valid Through' date. If you do not receive a renewal notice 30 days prior to the expiration date, please submit an original application and check the "Renewal" box.
- Your insurance must remain valid through the term of your permit or a suspension action could occur.
- Changes to your fleet are not required to be reported until your renewal.
- Changes to your business entity may require a new CA# and application for another Motor Carrier Permit.
- If you decide to no longer operate as a motor carrier of property, you must submit a 'Voluntary Withdrawal' form.
- For changes to the address, business name, officers, or authorized representative's name, please complete the 'Notice of Change' form. Changes during your renewal period may be submitted on your renewal application.
- You may download forms from the Internet at www.dmv.ca.gov or receive further information by calling: (916) 657-8153.

California Relay Telephone Service for the deaf or hearing impaired from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922

United States Environmental Protection Agency
Region 9
75 Hawthorne Street, (WST-6)
San Francisco, CA 94105

July 15, 2008

CHRIS JARAMILLO
STARLITE RECLAMATION ENVIRONMENTAL SVCS
11225 MULBERRY AVE
FONTANA, CA 92337

The US Environmental Protection Agency (EPA) has updated the information for your RCRA Subtitle C Site under the EPA Identification (ID) Number already assigned to your location (see below). EPA has updated this ID number in response to the RCRA Subtitle C Site Identification Form (8700-12) received from your RCRA Subtitle C Site on June 26, 2008.

By submitting the Form 8700-12, your RCRA Subtitle C Site has notified the EPA of the Resource Conservation and Recovery Act (RCRA) regulated waste activities shown below in accordance with Section 3010 of RCRA. The EPA ID number for this location is also referred to as a 'RCRA ID number' and is to be used on transport manifests and any other hazardous waste management documents required under Subtitle C of RCRA.

RCRA ID number: CAR000148296
is assigned to: STARLITE RECLAMATION ENVIRONMENTAL SVCS
11225 MULBERRY AVE
FONTANA, CA 92337

EPA has listed your status as:

Not a Generator
Transporter
Used Oil Transporter

For assistance regarding RCRA regulations, access the following websites:
<http://www.epa.gov/osw/> or <http://epa.gov/rcraonline/>
or if you need a current version of the Subtitle C Identification Form (8700-12), access
<http://www.epa.gov/epaoswer/hazwaste/data/form8700/forms.htm>

For assistance with any other RCRA Notification questions please call the Notification Information Line listed below.

U.S. EPA Region 9
RCRA Notifications
75 Hawthorne Street
(WST-6/Tetra Tech)
San Francisco, CA 94105

Notification Line (415) 495-8895

BUSINESS TAX CERTIFICATE

CITY OF FONTANA

8955 Sierra Avenue - Fontana, CA 92335
Phone: (909) 350-7675

The person, firm or corporation named on this certificate hereby grants this certificate pursuant to the provisions of Chapter 15 of the Fontana City Code, to engage in, carry on or conduct, in the City of Fontana, the business, trade, calling, profession, occupation, or avocation described below. This Business Tax Certificate does not constitute evidence that all requirements of the Fontana City Code or regulatory agencies have been satisfied. This Business Tax Certificate is NOT TRANSFERABLE.

BUSINESS NAME: Starlite Reclamation Environmental Services, Inc.

BUSINESS PHONE NO.: (909) 933-3604

BUSINESS OWNER: Chris Jaramillo

BUSINESS DESCRIPTION: WAREHOUSING/STORAGE FACILITIES

BUSINESS LOCATION: 11225 Mulberry Ave, Fontana, CA 92337

Business Tax Account Number: 039836

Effective Date: February 23, 2009

Expiration Date: January 31, 2010

STARLITE RECLAMATION ENVIRONMENTAL S
11225 MULBERRY AVE
FONTANA, CA 92337

TO BE POSTED IN A CONSPICUOUS PLACE

NOT TRANSFERABLE

ACORD, CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/23/2008

PRODUCER
ROSMIR INSURANCE SVCS, CORP
5900 MAGNOLIA AVE
RIVERSIDE, CA 92506

951-882-4493

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

INSURED
STARLITE RECLAMATION ENVIRONMENTAL SERVICES
11225 MULBERRY AVE
FONTANA, CA 92337

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	CENTURY NATIONAL INSURANCE CO	
INSURER B:	LLOYDS - LONDON	
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

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, IT MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	KS051	LYR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
B	Y	X		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC	R804380T0L552	08/21/2008	08/21/2008	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000 MED EXP (Any one person) \$ 6,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS/COMPROP AGG \$ 1,000,000
A	Y			AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	BAP167036	08/21/2008	08/21/2008	COMBINED SINGLE LIMIT (Per accident) \$ 1,200,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO-ONLY: EA ACCIDENT \$ OTHER THAN AUTO-ONLY: EA ACC \$ AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
				WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ E.L. DISEASE: EA EMPLOYEE \$ E.L. DISEASE: POLICY LIMIT \$
				OTHER				


DESCRIPTION OF OPERATIONS/LOCATION(S)/VEHICLE(S)/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

VEHICLE SCHEDULED ON FILE

CERTIFICATE HOLDER

CANCELLATION

PROOF OF INSURANCE ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRY DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS' WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO DOES NOT IMPOSE AN OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENT OR REPRESENTATIVE.
 AUTHORIZED REPRESENTATIVE




June 05, 2008

STARLITE RECLAMATION
CLIENT 811459
11225 MULBERRY AVE
FONTANA, CA 92337-7031

Re: Barrett Business Services, Inc. ("BBSI")
Letter of Self-Insurance for Workers' Compensation Coverage

As the named addressee of this Letter, your company's required workers' compensation coverage is provided through BBSI's state approved Self-Insured Workers' Compensation Plan by way of your co-employment contract with BBSI. BBSI's California customers can also verify BBSI's state certification at <http://www.djr.ca.gov/SIP/sip.html>; next, click on "Rosters"; then click on Private self insured employers; then scroll down to Barrett (the list is alpha by company name). Additional Information is as follows:

Self Insurance Certification Number:

California: 2246
Oregon: 1068
Washington: 706.116
Delaware: 152
Maryland: 11365

Other Comments (place an "X" if applicable):

Named "Letter Holder STARLITE RECLAMATION 11225 MULBERRY AVE FONTANA, CA 92337 ,

Other:

Additionally, BBSI's self-insured program is further supported by an excess workers' compensation insurance policy with American International Group (AIG), see accompanying certificate of insurance.

For additional information, please contact your local BBSI office at: (909) 605-8862 .

Very truly yours,

Michael D. Mulholland
Vice President-Finance

BBSI Office: ONTARIO

doc: LOSI-2

8100 NE Parkway Drive, Suite 200 Vancouver, Washington 98662 360.828.0700 800.494.5669 Fax 360.828.0701
www.barrettbusiness.com

PARTNERS IN PROFITABILITY

CERTIFICATE OF INSURANCE

Issue Date: January 1, 2008

PRODUCER Ron Graybeal Beecher Carlson/BL&K 220 NW 2nd Avenue, Suite 600 Portland, OR 97208-3351	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Barrett Business Services, Inc. 8100 NE Parkway, Suite 200 Vancouver, WA 98662	COMPANIES AFFORDING COVERAGE LETTER A National Union Fire Insurance Company of Pittsburgh, PA (an AIG Company) COMPANY LETTER B COMPANY LETTER C COMPANY LETTER D COMPANY LETTER E

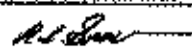
COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE		
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTORS PROT.	Policy Number	Effective Date	Expiration Date	GENERAL AGGREGATE PRODUCTS-COMP/OPS AGGREGATE PERSONAL & ADVERTISING INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MEDICAL EXPENSE (Any one person)	\$XXX,XXX \$XXX,XXX \$XXX,XXX \$XXX,XXX \$XXX,XXX \$XXX,XXX
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULE AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE COLLISION DEDUCTIBLE COMPREHENSIVE DEDUCTIBLE	\$XXX,XXX \$XXX,XXX \$XXX,XXX \$XXX,XXX \$XXX,XXX
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$XXX,XXX	
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	468018	1/1/2008	1/1/2009	\$15,000,000 LIMIT \$1,000,000 (EACH ACCIDENT) \$1,000,000 (DISEASE-POLICY LIMIT) \$1,000,000 (DISEASE-EACH EMPLOYEE)	

OTHER
 Covered states - CA, DE, OR, WA

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS
 Limits shown are above a \$5,000,000 self-insured retention.

CERTIFICATE HOLDER This section intentionally left blank	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS, OR REPRESENTATIVES. Authorized Representative R Graybeal, CPCU, ARM 
--------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Request for Taxpayer
Identification Number and Certification**

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

Name (as shown on your income tax return)
STARLITE RECLAMATION ENVIRONMENTAL SERVICES, INC

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other Exempt from backup withholding

Address (number, street, and apt. or suite no.)
11225 MULBERRY AVE

City, state, and ZIP code
FONTANA CA 92337

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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
| | | | | | | | | | | | | | | | | | | | | |

or

Employer identification number
| | | | | | | | | | | | | | | | | | | | | |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

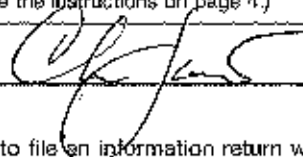
Under penalties of perjury, I certify that:

- 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. person (including a U.S. resident alien).

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 on page 4.)

Sign Here

Signature of U.S. person



Date

9-15-08

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.