



CERTIFICATE OF LIABILITY INSURANCE

OP ID: NB

DATE(MM/DD/YYYY)

08/10/11

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

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

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------|-----------------|
| PRODUCER GSM Insurors GSM Insurors Svcs of So Texas P. O. Box 1478 Rockport, TX 78381 GSM Insurors/Commercial Lines | 361-729-5414 361-729-3817 | CONTACT NAME: PHONE (A/C No., Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID# | FAX (A/C, No.): |
| INSURED UTW Transportation, LLC P.O. Box 450496 Laredo, TX 78045-0016 | | UTWTR-1 | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | | INSURER A: Western World Insurance Co | |
| | | INSURER B: Texas Mutual Insurance Co | 22945 |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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


| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | X | X | NPP8038240 | 08/10/11 | 08/10/12 | EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | X | TSF0001214838 | 07/13/11 | 07/13/12 | WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

Certificate holder is shown as additional insured with waiver of subrogation on general liability policy. Waiver of subrogation in favor of certificate holder on workers compensation policy.

CERTIFICATE HOLDER

CANCELLATION

| | |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HILDEDI Hidalgo County 2812 S. Hwy Bus 281 Edinburg, TX 78539 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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Progressive
 PO Box 94739
 Cleveland, OH 44101
 1-800-895-2886

Policy number: 07516675-1
 Underwritten by:
 Progressive County Mutual Ins Co
 August 3, 2011
 Page 1 of 1

Certificate of Insurance

Certificate Holder

Additional Insured

TEXAS LAND RECLAMATION

 PO BOX 450692
 LAREDO, TX 78045

Insured
UTW TRANSPORTATION LLC

 PO BOX 450496
 LAREDO, TX 78045

Agent

PROG COMMERCIAL

 PO BOX 94739
 CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Jun 22, 2011

Policy Expiration Date: Jun 22, 2012

Insurance coverage(s)
Limits

Bodily Injury/Property Damage

\$1,000,000 Combined Single Limit

Uninsured/Underinsured Motorist

\$300,000 Combined Single Limit

Uninsured Motorist Property Damage

\$300,000 Combined Single Limit w/\$250 Ded

Description of Location/Vehicles/Special Items
Scheduled autos only
Certificate number

21511JTH675

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.



Progressive
 PO Box 94739
 Cleveland, OH 44101
 1-800-895-2886

Policy number: 07516675-1

Underwritten by:
 Progressive County Mutual Ins Co
 July 8, 2011
 Page 1 of 2

Certificate of Insurance

Certificate Holder

Additional Insured
HIDALGO COUNTY
 28125 BUSH WY #281
 EDINBURG, TX 78539

Insured

UTW TRANSPORTATION LLC
 PO BOX 450496
 LAREDO, TX 78045

Agent

PROG COMMERCIAL
 PO BOX 94739
 CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Jun 22, 2011

Policy Expiration Date: Jun 22, 2012

Insurance coverage(s)

Limits

| | |
|------------------------------------|---------------------------------------------|
| Bodily Injury/Property Damage | \$1,000,000 Combined Single Limit |
| Uninsured/Underinsured Motorist | \$300,000 Combined Single Limit |
| Uninsured Motorist Property Damage | \$300,000 Combined Single Limit w/\$250 Ded |

Description of Location/Vehicles/Special Items

Scheduled autos only

| | |
|------------------------------------------|-------------|
| 2003 MACK CX6 1M1AE06Y23W012624 | |
| Personal Injury Protection | \$25,000 |
| Comprehensive | \$1,000 Ded |
| Collision | \$1,000 Ded |
| 1999 VOLV VVN 4VG7DERF6XN790738 | |
| Personal Injury Protection | \$25,000 |
| Comprehensive | \$1,000 Ded |
| Collision | \$1,000 Ded |
| 1992 STRATON TRAILER 1DW1A5324NS791716 | |
| 1997 WABA TRAILER 1JJV452T8VL429513 | |
| 1995 WABASH TRAILER 1JJV532Y3SL238137 | |
| 1995 PINE CTL TRAILER 1PNV482N5SGB80615 | |
| 1999 NOT KNOWN TRAILER 1JJV532W4XL579505 | |
| 1999 NOT KNOWN TRAILER 1JJV532W0XL579551 | |
| 1993 NOT KNOWN TRAILER 1S12E9486PE356085 | |
| 2005 FRHT COL 1FUJA6CG55LK25767 | |
| Personal Injury Protection | \$25,000 |
| Comprehensive | \$1,000 Ded |
| Collision | \$1,000 Ded |

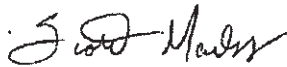
Policy number: 07516675-1

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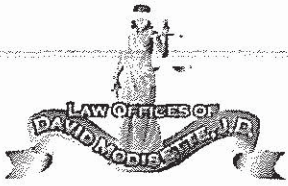
Certificate number

18911A08675

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.

A handwritten signature in black ink, appearing to read "J. J. Madson". The signature is written in a cursive style with a large initial "J" and a distinct "M".

Form 5241 (10/02)



David Gerard Modisette, J.D.

Attorney at Law

September 9, 2011

To: Steven Crain
scrain@atlashall.com

RE: Texas Land Reclamation, LLC D/B/A UTW Tire Collection Services; Hidalgo County

SENT VIA EMAIL

Dear Mr. Crain,

I understand that you represent Hidalgo County in approving vendor's contracts. My client, Texas Land Reclamation, LLC D/B/A UTW Tire Collection Services, has asked me to contact you in order to answer any questions you may have. This process does need to be concluded in a timely manner given the deadlines imposed, so please contact me at your earliest convenience.

I believe if you look into your records you will see that we already discussed this matter in June of last year, and you withdrew your prior objections. Given that this was already thoroughly vetted and there is a contract currently in place that is merely being extended, I hope we can clear up this issue quickly.

To reiterate the basic corporate structure, Texas Land Reclamation, LLC owns the required land and permits necessary to operate a tire shredding and LRPOT business. Texas Land Reclamation, LLC shreds the tires, excavates the land, and properly disposes of the shreds into its landfill.

The transportation of the tires to my client's facility is handled by UTW Transportation, LLC. This is the reason why the insurance for the trucks and trailers is in the name of UTW Transportation, LLC. Although legally separate entities, they work together.

For your purposes the bottom line is that Texas Land Reclamation, LLC is the party who contracts to remove and properly dispose of the tires and UTW Transportation, LLC is a subcontractor of my client to handle all transportation of the tires.

Both entities are fully insured and have maintained all the requirements placed on them in order to secure the current contract.

I hope this clarifies any questions you may have. If you have any remaining questions or concerns, please do not hesitate to call my office for further clarification.

Very Truly Yours,

David Modisette