



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
DEP13751



PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
CHUCK BOWMAN 304-558-2157

VENDOR

Mountain Tech Resources
 Attention: Patsy Holcomb
 7000 Erbacon Road
 Erbacon, WV 26203

SHIP TO

ENVIRONMENTAL PROTECTION
 DEPARTMENT OF
 OFFICE OF WASTE MANAGEMENT
 601 57TH STREET SE
 CHARLESTON, WV
 25304 304-926-0499

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
09/22/2006				

BID OPENING DATE: 10/10/2006 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
***** ADDENDUM NO. 1 *****						
ADDENDUM ISSUED TO DISTRIBUTE PRE-BID SIGN-IN SHEET FROM MANDATORY MEETING HELD 09/18/06 FOR THE TIRE/DUMP CLEAN-UP CONTRACT.						
INCLUDED AND ATTACHED TO THIS ADDENDUM ARE THE COMMENTS AND CLARIFICATIONS RESULTING FROM THE MEETING AND THE REVISED 'VENDOR QUALIFICATION SHEET'.						
BID DATE AND OPENING TIME REMAIN 10/10/06 AT 1:30 PM.						
***** NO OTHER CHANGES *****						
0001	1	EA		962-73		
RECLAMATION: RESTORATION OF LAND & OTHER PROPERTIES						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
<i>Patsy Holcomb</i>	304-226-3793	10-3-06
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
<i>President</i>	20-3308391	

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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ADDRESS CORRESPONDENCE TO ATTENTION OF:
**CHUCK BOWMAN
 304-558-2157**

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

*MOUNTAIN Technology Resources
 7000 ERBACON Rd
 ERBACON, WV 26203*

SHIP TO

**ENVIRONMENTAL PROTECTION
 DEPARTMENT OF
 OFFICE OF WASTE MANAGEMENT
 601 57TH STREET SE
 CHARLESTON, WV
 25304 304-926-0499**

DATE PRINTED 10/02/2006	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
BID OPENING DATE: 10/12/2006		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>***** ADDENDUM NO. 2 *****</p> <p>ADDENDUM ISSUED TO CLARIFY THE INTENT OF THE COLUMN ON THE VENDOR QUALIFICATION SHEET TITLED 'MINIMUM MOBILIZATION COST'. THE WV DEP WILL UTILIZE THE BID AMOUNT SHOWN IN THIS COLUMN AS FOLLOWS:</p> <p>....THE MINIMUM MOBILIZATION COST FOR EACH BIDDER WILL BE EVALUATED AND USED FOR AWARDING THE SMALL, LESS THAN \$2,500.00 JOBS. VENDORS WITH THE LOWEST MOBILIZATION COST IN THE PROJECT COUNTY WILL BE GIVEN FIRST OPPORTUNITY TO COMPLETE THE SMALL JOBS, IF THERE IS A TIE FOR MINIMUM MOBILIZATION IN A COUNTY, PROJECTS WILL BE ROTATED AMONG THE TIED VENDORS. ON THE BID SUBMITTAL SHEET FOR VENDOR QUALIFICATION, EACH COUNTY'S MOBILIZATION COST STANDS ALONE. TOTALING OF THE COUNTY COSTS IS NOT NECESSARY.</p> <p>ON BIDS FOR ACTUAL PROJECTS, MOBILIZATION COSTS WILL BE INCLUDED IN THE BID TO COMPLETE THE PROJECT.</p> <p>BID DATE AND OPENING TIME HAVE BEEN EXTENDED FROM 10/10/2006 AT 1:30 PM TO 10/12/2006 AT 1:30 PM.</p> <p>***** NO OTHER CHANGES *****</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Patsy Halcomb</i>	TELEPHONE 304-226-3793	DATE 10-3-06
TITLE <i>President</i>	FEIN 20-3308391	ADDRESS CHANGES TO BE NOTED ABOVE

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ADDRESS CORRESPONDENCE TO ATTENTION OF:
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TYPE NAME/ADDRESS HERE

*MOUNTAIN Technology Resources Inc
 7000 Erbacou Rd
 Erbacou, WV 26203*

ENVIRONMENTAL PROTECTION
 DEPARTMENT OF
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 601 57TH STREET SE
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0001	1	EA		962-73		
<p>RECLAMATION: RESTORATION OF LAND & OTHER PROPERTIES</p> <p>THE WEST VIRGINIA PURCHASING DIVISION, ON BEHALF OF THE AGENCY, THE WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION'S REAP (REHABILITATION ENVIRONMENTAL ACTION PLAN) & PPOD (POLLUTION PREVENTION OPEN DUMP) PROGRAMS, ARE SOLICITING VENDOR QUALIFICATIONS AND MOBILIZATION COSTS TO ESTABLISH A CONTRACT FOR QUALIFIED VENDORS TO PROVIDE FOR THE REMEDIATION OF ILLEGAL DUMPS AND/OR TIRE PILES AND FOR THE TRUCKING/TRANSPORTAION OF THE SOLID WASTE AND/OR TIRES TO AN APPROVED DISPOSAL FACILITY. VENDORS WILL BE PRE-QUALIFIED FOR EACH COUNTY IN THE STATE.</p> <p>A MANDATORY PRE-QUALIFICATION CONFERENCE WILL BE HELD AT WVDEP HEADQUARTERS LOCATED AT 601 57TH STREET SE, CHARLESTON, WV, ON MONDAY, SEPTEMBER 18, 2006 AT 11:00 AM. ATTENDANCE AT THIS MEETING IS MANDATORY. ONLY THE PROSPECTIVE VENDORS REPRESENTED AT THE CONFERENCE AND IDENTIFIED ON THE SIGN-IN SHEET WILL BE ELIGIBLE FOR QUALIFICATION UNDER THIS CONTRACT. ALL APPLICATIONS RECEIVED BY INDIVIDUALS NOT PRESENT AT THIS CONFERENCE WILL BE REJECTED.</p> <p>THE SCOPE OF WORK, BID REQUIREMENTS, SPECIFICATIONS, TERMS & CONDITIONS, THE VENDOR QUALIFICATION SHEET, AND THE PROCEDURES FOR THE SECONDARY BID PROCESS AND AWARD ARE INCLUDED IN THE ATTACHED.</p> <p>PLEASE PAY CLOSE ATTENTION TO THE REQUIREMENTS FOR SUBMISSION IN THIS PRE-QUALIFICATION BID PROCESS.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Patsy Holcomb</i>	TELEPHONE 304-226-3793	DATE 10-3-06
TITLE President	FEIN 20-3308391	ADDRESS CHANGES TO BE NOTED ABOVE

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7000 Erbacou Rd
Erbacou, WV 26203

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<p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE UPON AWARD AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Patsy Holcomb</i>	TELEPHONE 304-226-3793	DATE 10-3-06
TITLE President	FEIN 20-3308391	ADDRESS CHANGES TO BE NOTED ABOVE

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7000 Erbagon Rd
Erbagon, WV 26203

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<p>IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER.</p> <p style="text-align: center;">NOTICE</p> <p>AN ORIGINAL, SIGNED BID MUST BE SUBMITTED TO:</p> <p style="text-align: center;">DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p> <p>BID MUST CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER: CB-23</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE <i>Patsy Holcomb</i>	TELEPHONE 304-226-3793	DATE 10-3-06	
TITLE <i>President</i>	FEIN 20-3308391	ADDRESS CHANGES TO BE NOTED ABOVE	

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				RFQ. NO.:		DEP13751
				BID OPENING DATE:		10/10/2006
				BID OPENING TIME:		1:30 PM
PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:						
				304-226-3047		
CONTACT PERSON (PLEASE PRINT CLEARLY):						
				Patsy Holcomb		
***** THIS IS THE END OF RFQ DEP13751 ***** TOTAL:						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE Patsy Holcomb	TELEPHONE 304-226-3793	DATE 10-3-06
TITLE President	FAX 20-3308391	ADDRESS CHANGES TO BE NOTED ABOVE

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A F F I D A V I T

011

West Virginia Code §5A-3-10a states:

No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owned is an amount greater than one thousand dollars in the aggregate.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions.

"Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

EXCEPTION:

The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

LICENSING:

The vendor must be licensed in accordance with any and all state requirements to do business with the state of West Virginia.

CONFIDENTIALITY:

The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendors should visit www.state.wv.us/admin/purchase/privacy for the Notice of Agency Confidentiality Policies.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), it is hereby certified that the vendor acknowledges the information in this said affidavit and are in compliance with the requirements as stated.

Vendor's Name: MOUNTAIN Technology Resources INC

Authorized Signature: Patsy Halcomb Date: 10-3-06

WV-36a	STATE OF WEST VIRGINIA PURCHASING CONTINUATION SHEET	Buyer: CB-23	Page 7	Req. or P.O. No: DEP13751
Vendor: <i>MOUNTAIN Technology Resources Inc</i>		Spending Unit:		

Vendor Qualification Sheet

Vendors must mark all counties in which they wish to be qualified to perform work and their minimum mobilization cost for each county. Contractors may not add counties during the term of this contract.

County	Requesting Qualification	Minimum Mobilization Cost	County	Requesting Qualification	Minimum Mobilization Cost
Barbour	✓	2500	Mineral		
Berkeley			Mingo		
Boone			Monongalia	✓	2500
Braxton	✓	0	Monroe		
Brooke			Morgan		
Cabell			Nicholas	✓	0
Calhoun	✓	2500	Ohio		
Clay	✓	0	Pendleton		
Doddridge	✓	2500	Pleasants		
Fayette	✓	2500	Pocahontas	✓	2500
Gilmer	✓	0	Preston	✓	2500
Grant			Putnam		
Greenbrier	✓	2500	Raleigh		
Hampshire			Randolph	✓	2500
Hancock			Ritchie	✓	2500
Hardy			Roane	✓	2500
Harrison	✓	0	Summers		
Jackson			Taylor	✓	2500
Jefferson			Tucker	✓	2500
Kanawha			Tyler		
Lewis	✓	0	Upshur	✓	0
Lincoln			Wayne		
Logan			Webster	✓	0
Marion	✓	2500	Wetzel		
Marshall			Wirt		
Mason			Wood		
McDowell			Wyoming		
Mercer					

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 09/19/2006
PRODUCER (304) 847-2073 VALLEY INSURANCE SERVICE INC 142 E NORTH COURT SQUARE WEBSTER SPRINGS WV 26288- INSURED MOUNTAIN TECHNOLOGY RESOURCES, INC. 7000 ERBACON RD ERBACON WV 26203-		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.
		INSURERS AFFORDING COVERAGE
		INSURER A: WESTFIELD COMPANIES
		INSURER B:
		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 OR 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	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CWP 3 180 872	04/04/2006	04/04/2007	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000												
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CWP 3 180 872	04/04/2006	04/04/2007	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ 1,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$												
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$												
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$		/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$												
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">WG STATU-TORY LIMITS</td> <td style="width:15%;">OTH-ER</td> <td style="width:70%;"></td> </tr> <tr> <td colspan="2"></td> <td>E.L. EACH ACCIDENT \$</td> </tr> <tr> <td colspan="2"></td> <td>E.L. DISEASE - EA EMPLOYEE \$</td> </tr> <tr> <td colspan="2"></td> <td>E.L. DISEASE - POLICY LIMIT \$</td> </tr> </table>	WG STATU-TORY LIMITS	OTH-ER				E.L. EACH ACCIDENT \$			E.L. DISEASE - EA EMPLOYEE \$			E.L. DISEASE - POLICY LIMIT \$
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		E.L. DISEASE - EA EMPLOYEE \$																
		E.L. DISEASE - POLICY LIMIT \$																
		OTHER		/ /	/ /													

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER () - () -	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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Article 8 - Submittal For Qualification

- D. 40 H.P. 4 W.D. Endloader Backhoe, Bobcat Loader, 2 Ton Dump Truck, Wrecker Truck with Winches, Capstan Winch and any rental equipment necessary to perform the work in a safe, timely manner including but not limited to Dozers, Trackhoes, etc. Mountain Technology is a owner operated corp. without employees.
- E. Although M.T. Tech. Resources have access to a vast amount of heavy equipment (some rental) we prefer to do as much as possible with winches and chev blocks using large bags filled with hand pick up, tires and larger items like appliances and old cars and loaded on a truck for transport to either the salvage yard or the landfill, there by reducing environmental damage also minimizing reclamation work, which is done by hand with a seed broadcaster, with the type and amount of seed and fertilizer and lime as specified in the contract with hay or straw for mulch cover. Other methods will be used as per WV DEP requirements.

Here's A copy of the WORKERS COMPENSATION
EXEMPTION FORM I FILED WITH THE INSURANCE
COMMISSION. AS SOON AS I GET THE EXEMPTION
PAPER I'LL SEND IT ON TO YOU.

THANKS,

MOUNTAIN TECHNOLOGY RESOURCES

PATSY HOLCOMB



west virginia

**INSURANCE
COMMISSION**

1124 Smith Street
Charleston, WV 25301

Mail Completed Application To:
WV INSURANCE COMMISSION
Employer Coverage Division
PO Box 11682
Charleston, WV 25339-1682

Telephone: 304-558-5091

Application for Exemption

WV Workers' Compensation Coverage

For Insurance Commission Use Only
Exemption ID #: _____
Effective Date: _____
Reviewed By: _____ Date: _____

ALL QUESTIONS ON THIS APPLICATION MUST BE ANSWERED IN FULL. THE APPLICATION MUST BE NOTARIZED AND A \$25.00 APPLICATION FEE IS REQUIRED OR THE APPLICATION CANNOT BE PROCESSED. IF YOU HAVE ANY QUESTIONS PLEASE CALL 304-558-5091.

With limited exceptions, as set forth more specifically in W. Va. Code § 23-2-1, workers' compensation coverage is mandatory for employers who employ one or more employees in WV. Owners, partners, officers and members are assumed to be employees and subject to mandatory coverage requirements unless Section III of this application is completed in its entirety. Additionally, there is case law from the West Virginia Supreme Court to support the presumption that when one person is retained to render a service for another person or entity, as a general rule, it is considered to be an "employer-employee" relationship. The Insurance Commissioner will consult applicable case law from the West Virginia Supreme Court when reviewing an assertion by an employer that person(s) performing services for the employer are independent contractors rather than employees. Therefore, it is strongly advised that before submitting an application for exemption which is partially based on an assertion that certain individuals performing work for the employer are independent contractors, employers become familiar with the applicable law regarding independent contractors, and provide proper documentation regarding the same.

SECTION I: BUSINESS INFORMATION

1. State the Reason(s) for Filing an Exemption Application. This must be a reason or reasons supported by one or more specific exemptions as set forth in W. Va. Code § 23-2-1(b)(1) through (8), or stating otherwise that the employer is exempt from West Virginia workers compensation laws because it does not fall under the purview of W. Va. Code § 23-2-1(a). Within this section, please account for all of the persons or entities which ever perform work or services for the State of West Virginia on the employer's behalf, but whom the applying employer does not consider to be an "employee" for the purposes of workers' compensation (i.e., the person(s)/entity(s) is a subcontractor, independent contractor, etc.). Sufficient documentation in support of the claimed exemption should be provided with this application. If coverage is provided in another state on behalf of the applicant, the applicant must attach proof of coverage from that state.

2. Legal Name of Business: MOUNTAIN Technology Resources INC.
Trading As/Doing Business As: SAME

3. Primary Corporate Address: 7000 ERBACON Rd
Not a Post Office Box
Street: ERBACON City: Webster County: WV State: 2620
Name of Contact Person: Patsy Holcomb Telephone #: 304-226-3793 Fax #: 226-3793
Contact Person's Email Address: MOUNTAINtechnology@frontier.net.net

4. Mailing Address: 7000 ERBACON Rd
Street: ERBACON City: Webster County: WV State: 2620

5. Primary WV Address: 7000 ERBACON Rd
Not a Post Office Box
Street: ERBACON City: Webster County: WV State: 2620

SECTION I: BUSINESS INFORMATION - Continued

6. Federal ID #: 203308391

7. WV Unemployment Compensation Account #: NA

8. WV State Tax ID #: 20-3308391
Attach Copy of WV Business Registration Certificate

9. Type of Organization: Check all that apply
- Sole Proprietorship
 - Partnership
 - Limited Liability Corporation
 - Domestic Corporation
 - Foreign Corporation
 - State Agency
 - Municipality
 - Receivership
 - 'S' Corporation
 - Limited Partnership
 - Joint Venture, Corporation
 - Joint Venture, Partnership
 - Association
 - County Agency
 - Trustee
 - For Profit
 - Not for Profit

10. State Where Incorporated: WEST VIRGINIA

Date Incorporated: AUGUST 23 - 2005

11. First Date Owner, Partners, Officers, Members Began Working in WV: 10-09-05

12. Date Employees with Workers' Compensation Coverage in Another State Began Working in WV: NA

13. List ALL Licenses, Permits & Certificates Issued by any State Agency for the Purpose of Doing Business in WV:

Issuing Agency	Issued To	Type of License, Permit, Certificate	License, Permit, Certificate #
WV CONTRACTOR Licensing Board	MOUNTAIN TECHNOLOGY RESOURCES INC (SCOTT HOLCOMB)	CONTRACTOR License	WV039565

14. Did Applicant Purchase or Lease an Existing Business: Yes No
If Yes, Answer the Following Questions and Attach a Copy of Purchase/Lease Agreement/Contract

Effective Date of Purchase/Lease: _____

Name of Business Purchased/Leased: _____

Address of Purchased/Leased Business: _____
Street

City County State Zip

Name of Individual/Contact Person from Whom Business was Purchased/Leased: _____

Address of Individual/Contact Person from Whom Business was Purchased/Leased: _____
Street

City County State Zip

Contact Person's Telephone # Address _____ Contact Person's Email _____

SECTION II: BUSINESS INDUSTRY CLASSIFICATION

15. Describe in Detail the Complete Business Operation and Work Process, including any details which would support any of the specific exemptions as stated in W. Va. Code § 23-2-1(b)(1) through (8), or an assertion that the employer does not fall under the purview of W. Va. Code § 23-2-1(a). Please provide sufficient documentation with this application to support the representations in this section. (Example, "Applicant operates a retail furniture store. All furniture is purchased wholesale and delivered to retail site by contract hauler. Delivery to retail customer is provided on all sales. No repair work is performed").

CLEANING UP illegal Roadside Dumps AND
HAULING TO LANDFILLS

16. List all Tools and Equipment Used to Perform Work: Example, "Fork lift truck, delivery trucks, furniture dollies".

Small end Loader - Single Axle dump TRUCK
Winches - RENTAL Equipment

SECTION III: OWNER, PARTNER, OFFICER, MEMBER IDENTIFICATION AND ELECTIONS OF COVERAGE

Pursuant to W. Va. Code § 23-2-1(f)(2), workers' compensation coverage is MANDATORY for sole proprietors, partners, members and officers UNLESS the individuals elect in writing not to be covered. For corporations and associations, only the following principals can be elected out of coverage without regard to dual capacity: a president, a vice-president, a secretary and a treasurer. "Dual capacity" is defined as any one person who performs duties and has responsibilities typically associated with an officer, but also performs duties associated with a worker, manager or other employee who is not an officer.

17. List ALL owners, partners, officers, directors, and members. List all individuals who own 10% or more of the business entity. List any persons who have a working relationship with the applicant to provide authority, direction or control over the business operations. 'S' Corporations must list ALL individuals associated with the 'S' Corporation.

Provide the name, title or position, social security number and percent of ownership for all individuals listed. Indicate whether the individuals elect not to be covered by WV workers' compensation insurance and whether they work in a dual capacity. Dual capacity is defined as any one person who performs duties and has responsibilities typically associated with an officer, but also performs duties associated with a worker, manager or other employee who is not an officer.

Please note that the information provided in this section does not, by itself, entitle the employer to a letter of exemption. The information in this section only serves the purpose of showing that certain individuals serving as sole proprietors, partners and officers for the applying company are exempt from coverage. An employer is not entitled to a letter of exemption from West Virginia workers' compensation coverage unless it meets one of the specific exemptions as set forth in W. Va. Code § 23-2-1(b)(1) through (8), or otherwise proves that the employer is exempt from West Virginia workers compensation laws because it does not fall under the purview of W. Va. Code § 23-2-1(a). For example, if an employer has several employees that meet the exemption under this section, but several that do not, it would not be entitled to an exemption letter - the employer would still need to show its entitlement to an overall exemption under the provisions of 23-2-1(a) or (b).

Name	Title / Position	Effective Date Title / Position Held	SSN	% Owned	Elect Coverage? (Yes / No)	Dual Capacity? (Yes / No)
PATSY Holcomb	President	8-23-05	233-82-2190	50	NO	yes
SCOTT Holcomb	Sec-Treas	8-23-05	234-29-4703	50	NO	yes

SECTION III: OWNER, PARTNER, OFFICER, MEMBER IDENTIFICATION & ELECTIONS OF COVERAGE, Continue

18. All individuals identified above as an owner, officer, partner, or member must affirm their elections not to be covered by WV workers' compensation coverage by affixing their signature to the following acknowledgement.

I, the undersigned, do hereby affirm that as an owner, officer, partner or member of the applicant's business, I fully acknowledge that I am making an election NOT TO BE COVERED by WV workers' compensation insurance and I understand that if I incur a work-related injury or illness I will not be covered by workers' compensation insurance in WV.

Print Owner, Officer, Partner, Members Name Here	Title / Position	By Affixing My Signature Below, I Understand I am NOT Covered by WV Workers' Compensation Insurance
<i>Patsy Holcomb</i>	<i>President</i>	<i>Patsy Holcomb</i>
<i>Scottie Holcomb</i>	<i>Sec-TRES</i>	<i>Scott Holcomb</i>

SECTION IV: SIGNATURE AUTHORITY

19. This application must be signed and sworn to by the appropriate persons listed below. Signatures of accountants or agents are not acceptable.

- a) If the applicant is a corporation or a limited corporation this application may be signed by the president only or the vice-president and secretary of the corporation.
- b) If the applicant is a partnership or limited liability company this application must be signed by all general partners or members. If the applicant is a limited partnership the application must be signed by all general partners.
- c) If the applicant is a sole proprietorship this application must be signed by the sole owner.

I hereby swear or affirm that to the best of my knowledge and belief these statements and representations are true and accurate. I accept the provisions of the WV Workers' Compensation Act and the Rules promulgated thereunder, as amended. I am aware that I MUST timely notify the WV Insurance Commission in writing, of any changes in our business operations, including but not limited to employment of even one person; entering into contracts with subcontractors; change in business type; location; ownership; covered/non-covered status of individual owners, partners, officers, and members; and the status of the business as described in this application. I further realize that all businesses are subject to inspection and audit. I further understand that in accordance with W.Va. Code §61-3-24e(5), it is a felony to knowingly and willingly make false statements respecting any information required to be provided under the WV Workers' Compensation Code Chapter 23. Upon conviction the individual shall be confined in a penitentiary for up to three years, fined up to \$10,000, or both.

Signature # 1: *Patsy Holcomb* Title: *President*

Print Name of Signatory: *PATSY Holcomb*

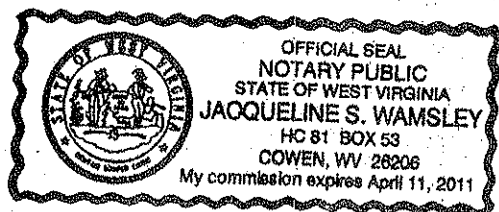
State of *West Virginia*

County of *Webster*, To Wit:

Subscribed and sworn to before me this *28th* day of *September* 20*06*

Jacqueline S. Wamsley
Notary Public

My Commission Expires: *April 11, 2011*



MOUNTAIN TECHNOLOGY RESOURCES, INC.

73-269-421

1059

7000 ERBACON ROAD
ERBACON, WV 26203
PH: (304) 226-3793

DATE 9-26-06

PAY TO THE ORDER OF

WV INSURANCE Commission \$ 25.00

Twenty Five dollars & ⁰⁰/₁₀₀ DOLLARS

Security Features
Included
Details on Back.



Patsy Holcomb MP

MEMO _____

⑆042102694⑆ 4001888688⑆ 1059

Entrepreneur

WEST VIRGINIA
STATE TAX DEPARTMENT

WV/BRT-802
Rev. 7/03

WEST VIRGINIA BUSINESS LOCATION ADDRESS

SAME

WEST VIRGINIA MAILING ADDRESS

MOUNTAIN TECHNOLOGY 784524
RESOURCES INC

7000 ERBACON RD
ERBACON WV

26203

BUSINESS REGISTRATION CERTIFICATE

FOR YEAR BEGINNING **JULY 1, 2005**

ENDING **JUNE 30, 2007**



The State Tax Commissioner, pursuant to the authority vested in him by Chapter 11, Article 12 of the Code of West Virginia, has this day issued a Business Registration Certificate which shall mean you have properly registered with the Department of Tax and Revenue to conduct business within the state of West Virginia for this location.
SEE REVERSE SIDE.

41738 1P