



Department of
Environmental
Conservation

PERMITTED TRANSFER FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

Complete and submit this form by March 1, 2026.

This annual report is for the year of operation from January 01, 2025 to December 31, 2025

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: REGAL RECYCLING CO. INC.			
FACILITY LOCATION ADDRESS: 172-06 Douglas Ave	FACILITY CITY: Jamaica	STATE: NY	ZIP CODE: 11433
FACILITY TOWN: New York City	FACILITY COUNTY: Queens	FACILITY PHONE NUMBER: 718-297-1644	
FACILITY NYS PLANNING UNIT: (A list of NYS <u>Planning Units</u> can be found at the end of this report). NYC			NYSDEC REGION #: 2
360 PERMIT #: (Refer to DEC Permit) 2-6307-00008/00007	DATE ISSUED: 05/19/25	DATE EXPIRES: 05/18/35	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit) N/A
FACILITY CONTACT: Asif Shamin	☐ public ☒ private	CONTACT PHONE NUMBER: 917-417-0461	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: asif.shamin@wasteconnections.com			
OWNER INFORMATION			
OWNER NAME: REGAL RECYCLING CO. INC.	OWNER PHONE NUMBER: 718-526-2623	OWNER FAX NUMBER:	
OWNER ADDRESS: 172-06 Douglas Ave.	OWNER CITY: Jamaica	STATE: NY	ZIP CODE: 11433
OWNER CONTACT: Michael A. Reali	OWNER CONTACT EMAIL ADDRESS: michael.a@royalwaste.com		
OPERATOR INFORMATION			
OPERATOR NAME: ☒ same as owner	☐ public ☒ private		
PREFERENCES			
Preferred address to receive correspondence: ☒ Facility location address ☐ Owner address ☐ Other (provide):			
Preferred email address: ☒ Facility Contact ☒ Owner Contact ☐ Other (provide):			
Preferred individual to receive correspondence: ☒ Facility Contact ☒ Owner Contact ☐ Other (provide):			

Did you operate in 2025? ☒ Yes; Complete this form.

☐ No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at:
https://extapps.dec.ny.gov/docs/materials_minerals_pdf/inactiveswmf.pdf

SECTION 2 - SOLID WASTE RECEIVED

Please provide the tonnages of solid waste received. Include all waste received. Report Recyclable Materials in Section 5. DO NOT REPORT IN CUBIC YARDS!

Specify the methods used to measure the quantities disposed and the percentages measured by each method:

100 % Scale Weight

_____% Estimated

_____% Truck Count

_____% Other (Specify: _____)

Types of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Asbestos							
Construction and Demolition (C&D) Debris	3266	3103	3840	4947	4685	4731	5797
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional, & Commercial)	8902	7829	8684	8843	10243	8201	8925
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Septage							
Other (specify)							
Organics	1266	1074	1288	1779	1956	2010	2912
Total Tons Received	13434	12006	13812	15569	16884	14942	17634

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 2 - SOLID WASTE RECEIVED (continued)

Type of Solid Waste	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Asbestos								
Construction & Demolition (C&D) Debris		5841	5612	5182	4226	4979	56209	180
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)		8949	8635	8911	8118	8558	104798	335
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Septage								
Other (specify)								
Organics		2557	2699	3046	2931	2470	25988	83
Total Tons Received		17347	16946	17139	15275	16007	186995	598

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

Please identify where the waste is coming from. The total tons received reported below should equal the total tons received in Section 2 (Solid Waste Received). DO NOT REPORT IN CUBIC YARDS!

- If the waste **WAS** received from another solid waste management facility, please write in the name *and address* of the facility along with the appropriate state, county and planning unit/municipality.
- If the waste **WAS NOT** received from another solid waste management facility, please write in "*Direct Haul*" along with the appropriate state, county and planning unit/municipality where the waste was generated.

Specify transport method, list type of material(s) and percentages of total waste transported by each:

100 % Road: Waste Type(s): MSW, C&D, & ORGANICS % Rail: Waste Type(s): _____
 % Water: Waste Type(s): _____ % Other (specify: _____): Waste Type(s): _____

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Organics	Direct Haul, QUEENS	NY	Queens	New York City	12994
	Direct Haul, BROOKLYN	NY	Kings	New York City	7796
	Direct Haul, MANHATTAN	NY	New York	New York City	3898
	Direct Haul, BRONX	NY	Bronx	New York City	1300
Construction & Demolition (C&D) Debris	Direct Haul, QUEENS	NY	Queens	New York City	28105
	Direct Haul, BROOKLYN	NY	Kings	New York City	16862
	Direct Haul, MANHATTAN	NY	New York	New York City	8432
	Direct Haul, BRONX	NY	Bronx	New York City	2810
Industrial Waste (Including Industrial Process Sludges)					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Direct Haul, QUEENS	NY	Queens	New York City	52399
	Direct Haul, BROOKLYN	NY	Kings	New York City	31439
	Direct Haul, MANHATTAN	NY	New York	New York City	15720
	Direct Haul, BRONX	NY	Bronx	New York City	5240
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Septage					
Other (specify)					
TOTAL RECEIVED (tons):					186995

* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each _____

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

Please identify destination of waste. Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude Recyclable Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS!

- If the waste is being sent to another facility for transfer or processing prior to disposal (e.g. Transfer facility or C&D debris handling and recovery facility), please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the "Amount to Transfer Destination" column.
- If the waste is being sent to a landfill or combustor, please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the "Amount to Disposal Destination" column.

Specify transport method, list type of material(s) and percentages of total waste transported by each:

100 % Road: Waste Type(s): All Material Types % Rail: Waste Type(s): _____
 % Water: Waste Type(s): _____ % Other (specify: _____): Waste Type(s): _____

TRANSFER OR DISPOSAL DESTINATION							
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Asbestos							
Construction & Demolition (C&D) Debris	BRADS Landfill, Blythe Township	PA	Schuykill Co	N/A		219	219
	Bethlehem Landfill, Applebutter Rd.	PA	Northampton	N/A		2468	2468
	Fairless Landfill, 1000 New Ford Mill	PA	Morristown	N/A		22956	22956
	Arrowhead Landfill, Oak Island Rail Yard	NJ	Essex	N/A		14172	14172
	Seneca Meadows Landfill, Seneca Falls	NY	Seneca	Seneca County		9152	9152
	Phoenix Materials Corp, Calverton	NY	Suffolk	Brookhaven	1591		1591
Construction & Demolition (C&D) Debris	Jose Lema Industries, Chappaqua	NY	Westchester	Westchester Co	241		241

TRANSFER OR DISPOSAL DESTINATION							
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Arrowhead Landfill, Oak Island Rail Ya	NJ	Essex	N/A		53491	53491
	Bethlehem Landfill, Applebutter Rd.	PA	Northampton	N/A		2769	2769
	Seneca Meadows Landfill, Seneca Falls	NY	Seneca	Seneca County		12955	12955
	Fairless Landfill, 1000 New Ford Mill	PA	Morrisville	N/A		43109	43109
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Reworld (Covanta), Hempstead	NY	Nassau	North Hempstead		16052	16052
	Covanta Delaware Valley, Chester	PA	Delaware County	N/A		69	69
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Septage							
Other (specify)							
TOTAL SENT (tons): 179244							

If the waste type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other waste name.

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

A. Recyclables Received

Is your facility also a permitted or registered Recyclables Handling & Recovery Facility?

☐ Yes; Complete Section 5 for material recovered from the mixed solid waste stream. Complete a Recyclables Handling & Recovery Facility (RHRF) form for material received as source separated. The RHRF form is located at: <http://www.dec.ny.gov/chemical/52706.html>.

☒ No; Complete Section 5 for material recovered from the mixed solid waste stream and for material received as source separated.

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)								
Single Stream (total)								
Tree Debris								
Food Scraps								
Yard Trimmings (curbside)								
Other (specify)								
Total Tons Received								

Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)							
Commingled Paper (all grades)							
Single Stream (total)							
Tree Debris							
Food Scraps							
Yard Waste (curbside)							
Other (specify)							
Total Tons Received							

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

B. Service Area of Recyclable Material Received

Please identify where the materials are coming from. DO NOT REPORT IN CUBIC YARDS!

- If the materials **WERE** received from another solid waste management facility, please write in the name and address of the facility along with the appropriate state, county and planning unit/municipality.
- If the materials **WERE NOT** received from another solid waste management facility, please write in "**Direct Haul**" along with the appropriate state, county and planning unit/municipality where the materials **were** generated.

Specify transport method, list type of material(s) and percentages of total material transported by each:

100 % Road: Material(s): Organics

% Rail: Material(s): _____

_____ % Water: Material(s): _____

% Other (specify: _____): Material(s): _____

SERVICE AREA OF RECYCLABLE MATERIAL RECEIVED (where the material is coming from)					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	STATE OR COUNTRY	COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)					
Commingled Paper (all grades)					
Single Stream (total)					
Tree Debris					
Food Scraps					
Yard Trimmings (curbside)					
Other (specify)	Phoenix Materials Corp, Calverton	NY	Suffolk		409
Organics	McEnroe Organic Farm, 194 Coleman	NY	Dutches	Dutches County	2819
TOTAL RECEIVED (tons): 3228					

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)
C. Material Recovered

Please identify destination of recovered materials. Indicate the name of the facility, address, corresponding State/Country, County/Province, Destination Planning Unit/Municipality and the amount of material transferred. **DO NOT REPORT IN CUBIC YARDS!**

Specify transport method, list type of material(s) and percentages of total waste transported by each:

100 % Road: Material Type(s): All Recovered Materials _____ % Rail: Material Type(s): _____
 _____ % Water: Material Type(s): _____ % Other (specify: _____): Material Type(s): _____

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)					
Corrugated Cardboard	Royal Waste Services, 187-40 Hollis Ave	NY	Queens	New York City	159
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
TOTAL PAPER RECOVERED (tons):					159

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

C. Material Recovered

GLASS RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					
TOTAL GLASS RECOVERED (tons):					
METAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
Bulk Metal (from MSW)					
Bulk Metal (from CD debris)	Gershow Recycling, 71 Peconic Ave, Medford	NY	Suffolk	Brookhaven	2146
	NJC Scrap Metal Recycling Inc.	NY	Suffolk	Islip Resource Rec	328
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
TOTAL METAL RECOVERED (tons): 2474					

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)
D Material Recovered

PLASTIC RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Plastic (#1 - #7)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons):					
MISCELLANEOUS MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Electronics					
Textiles					
Other (specify)					
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):					

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)
C. Material Recovered

MIXED MATERIAL RECOVERED					
RECOVERED MIXED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
TOTAL MIXED MATERIAL RECOVERED (tons):					
ORGANIC MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Tree Debris					
Food Scraps					
Yard Trimmings (curbside)					
Other (specify)					
TOTAL ORGANIC MATERIAL RECOVERED (tons):					

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

SECTION 6 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the facility during the reporting period?

☐ Yes ☒ No If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location

Radiation Monitoring

Does your facility use a fixed radiation monitor? Y Yes No

Identify Manufacturer Ludlum and Model 375p of fixed unit.

Does your facility use a portable radiation monitor? Y Yes No

Identify Manufacturer REED and Model R8008 of fixed unit.

If the radiation monitors have been triggered give information below for each incident:

Incident Number	Received		Hauler	Origin	Truck Number	Reading	Disposal Status	Removed	
	Date	Time						Date	Time

SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure?

☐ Yes ☒ No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

SECTION 8 – PROBLEMS

Were any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures)?

☐ Yes ☒ No If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.

SECTION 9 – CHANGES

Were there any changes from approved reports, plans, specifications, and permit conditions?

☐ Yes ☒ No If yes, attach additional sheets identifying changes with a justification for each change.

SECTION 10 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

☐ Yes ☒ No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Solid Waste Management
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMFannualreport@dec.ny.gov**

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.

Signature

02/25/2026

Date

Asif Shamin

Facility Manager

917 417 0461

Name (Print or Type)

Title (Print or Type)

Phone Number

172-06 Douglas Ave.

Jamaica

NY 11433

Address

City

State and Zip

asif.shamin@wasteconnections.com

Email (Print or Type)

ATTACHMENTS: YES X NO (Please check appropriate line)