



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 SOLID WASTE MANAGEMENT PROGRAM
LETTER FROM CHIEF FINANCIAL OFFICER

NOTE: A LETTER FROM CHIEF FINANCIAL OFFICER, AS SPECIFIED IN 10 CSR 80-8.050(7)(C)2.F.

I am the chief financial officer of _____

 (NAME AND ADDRESS OF FIRM)

This letter is in support of this firm's use of the financial test to demonstrate financial assurance, as specified in 10 CSR 80-8.050(7) (C)2.F. of the Missouri Solid Waste Management Rules, or SWMR.

Fill out the following sections regarding scrap tire processing facility(ies) and associated cost estimates. If your firm has no scrap tire processing facility(ies) that belong in a particular section, check the box "None." For each scrap tire processing facility(ies), include its scrap tire processing facility permit number, name, address and current approved closure costs.

1. This firm is the owner/operator of the following scrap tire processing facility for which financial assurance for closure is demonstrated to the state of Missouri through the financial test pursuant to that specified in 10 CSR 80-8.050(7)(C)2.F. of the SWMR. The current closure costs covered by the test are shown for each scrap tire processing facility. None

SCRAP TIRE PROCESSING FACILITY NAME

ADDRESS

SCRAP TIRE PROCESSING FACILITY PERMIT NUMBER	CURRENT CLOSURE COST

2. This firm guarantees, through a corporate guarantee pursuant to that specified in 10 CSR 80-8.050(7)(C)2.F. of the SWMR, the closure of the following scrap tire processing facility(ies) located in the state of Missouri owned or operated by the subsidiaries of this firm. The current approved costs for the closure so guaranteed are shown for each scrap tire processing facility. None

SCRAP TIRE PROCESSING FACILITY NAME

ADDRESS

SCRAP TIRE PROCESSING FACILITY PERMIT NUMBER	CURRENT CLOSURE COST

3. This firm is the owner/operator or guarantor of the following scrap tire processing facility for which financial assurance for closure is demonstrated through a financial test similar to that specified in 10 CSR 80-8.050(7)(C)2.F. of the SWMR. The current approved costs for the closure covered by the test are shown for each scrap tire disposal facility. None

SCRAP TIRE PROCESSING FACILITY NAME

ADDRESS

SCRAP TIRE PROCESSING FACILITY PERMIT NUMBER	CURRENT CLOSURE COST

4. This firm is the owner/operator of the following scrap tire processing facility(ies) for which financial assurance for closure is not demonstrated to a state through a financial test or other financial assurance instruments similar to those specified in 10 CSR 80-8.050(7)(C)2.F. of the SWMR. The current approved closure costs not covered by such financial assurance are shown for each scrap tire processing facility. None

SCRAP TIRE PROCESSING FACILITY NAME

ADDRESS

SCRAP TIRE PROCESSING FACILITY PERMIT NUMBER	CURRENT CLOSURE COST

This firm is required is not required to file a form 10K with the Securities and Exchange Commission or SEC for the latest fiscal year. The fiscal year of this firm ends on _____ (Date). The figures for the following items marked with an asterisk are derived from this firm's independently audited, year-end financial statements for the latest completed fiscal year, ended _____ (Date).

Fill in Alternative I if the criteria of 10 CSR 80-8.050(7)(C)2.F(I)(a) of the SWMR is used.
 Fill in Alternative II if the criteria of 10 CSR 80-8.050(7)(C)2.F(I)(b) of the SWMR is used.

ALTERNATIVE I	
1. Sum of current approved closure costs (total of all cost estimates shown in the four paragraphs above).....	\$
2. Total liabilities (This amount must include an appropriate portion of closure costs for scrap tire processing facility(ies) located in states other than Missouri.).....	\$
3. Tangible net worth.....	\$
4. Net worth.....	\$
5. Current assets.....	\$
6. Current Liabilities.....	\$
7. The sum of net income plus depreciation, depletion and amortization.....	\$
8. Total assets in U.S. (required only if less than 90 percent of firm's assets are located in the U.S.).....	\$
9. Is line 3 at least 2 times line 1.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are at least 90 percent of the firm's assets located in the U.S.?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is line 8 at least 2 times line 1?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Is line 2 divided by line 4 less than 2?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is line 7 divided by line 2 greater than 0.1?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Is line 5 divided by line 6 greater than 1.5?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
ALTERNATIVE II	
1. Sum of current approved closure cost (total of all cost shown in the four sections above).....	\$
2. Current bond rating of most recent issuance of this firm ().....	\$
3. Date of issuance of bond.....	\$
4. Date of maturity of bond.....	\$
5. Tangible net worth.....	\$
6. Total assets in U.S. (required only if less than 90% of firm's assets are located in the U.S.).....	\$
7. Is line 5 at least 2 times line 1?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are at least 90 percent of firm's assets located in the U.S.? If not complete line 9.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is line 6 at least 2 times line 1?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.	
SIGNATURE	NAME (PRINT OR TYPE)
TITLE (PRINT OR TYPE)	DATE
SCRAP TIRE PROCESSING FACILITY NAME	
ADDRESS	
SCRAP TIRE PROCESSING FACILITY PERMIT NUMBER	CURRENT CLOSURE COST