



Mailing Address:

**Worldwide Recovery Systems, Inc.
2621 Green River Rd. Unit #105- PMB #226 Corona, CA 92882**

Corporate Office:

**20539 E. Walnut Drive Suite F,G,H
Walnut, CA 91789
Tel: (909) 595-9400 Fax: (909) 595-7382
Toll Free: (866) 90-WASTE**

Facility Address:

**3770 S. Grand Ave
Pomona, Ca, 91766**

**EPA# CAR000175422
TAX ID# 38-3650542
MC 523640
US D.O.T 1246609
CA 234429
IFTACA 552894**



Worldwide Waste Management, Inc.
Worldwide Recovery Systems, Inc.

To A Valued Customer:

We would like to introduce you to Worldwide Waste Management, Inc. and Worldwide Recovery Systems, Inc. Worldwide can offer you alternatives to your hazardous waste disposal and management. Recycling and/or re-refining of hazardous waste is Worldwide's primary disposal treatment technology. Our professional staff will properly profile, label, manifest, transport and dispose of your waste materials in accordance with all applicable local, state, and federal requirements. Some of our services and capabilities are listed below.

- ⊙ Complete On-Site Environmental Management Services
- ⊙ Drummed Hazardous Waste Management
- ⊙ Lab Packing Services
- ⊙ Recycling as a Primary Treatment Method
- ⊙ Alternatives and Solutions to your Hazardous Waste Needs
- ⊙ Highly Trained Personnel
- ⊙ Stringent Compliance with Federal and State Regulations
- ⊙ Sampling and Evaluation
- ⊙ Demolition and Construction
- ⊙ Incineration (Solids and Liquids)
- ⊙ Used Oil and Antifreeze Pickup
- ⊙ Vacuum and Steam Cleaning Services -- Clarifier/Sump
- ⊙ Hazardous Waste & Non-Hazardous Removal and Disposal
- ⊙ Filter and Solvents Recycling
- ⊙ Drum and Bulk Waste Removal/Disposal
- ⊙ Parts Washer Service and Clearing Fluids

In addition to these services, we are also able to provide the following SCAQMD compliant cleaning systems:

- ⊙ Conveyor washers & thin film oil separators
- ⊙ Automotive & industrial spray washers
- ⊙ Immersion systems
- ⊙ Multi-stage ultrasonics
- ⊙ Wastewater evaporators
- ⊙ Parts washers
- ⊙ Aerospace approved & power clean economical detergents

We look forward to hearing from you and if you have any questions or need additional information, please call our corporate office at (866) 90-WASTE.

Sincerely,

WORLDWIDE WASTE MANAGEMENT, INC.

and

WORLDWIDE RECOVERY SYSTEMS INC.



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:

WORLDWIDE RECOVERY SYSTEMS, INC.
2621 GREEN RIVER ROAD
CORONA, CA 92882

TRANSPORTER REGISTRATION NO: 4246

EXPIRATION DATE: MARCH 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)

MAR 27 2008

(DATE)

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2007-2008

Registrant: WORLDWIDE RECOVERY SYSTEMS INC
Attn: FRANK ROMERO
2621 GREEN RIVER RD UNIT 105 P
CORONA, CA 92882

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 053007 700 017P

Issued: 6/4/2007

Expires: 6/30/2008

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-60, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

DEPARTMENT OF MOTOR VEHICLES

MOTOR CARRIER PERMIT BRANCH MS G875

P.O. BOX 932370 Sacramento, CA. 94232-3700

(916) 657-8153


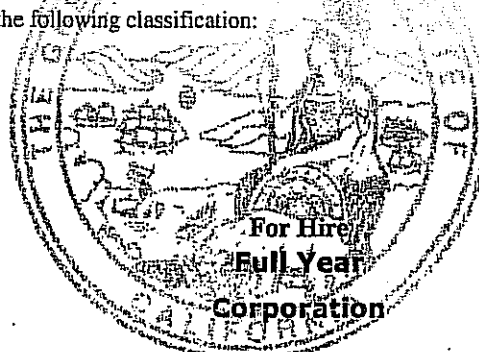


05/21/2007

WORLDWIDE RECOVERY SYSTEMS INC

3800 GRAND AVE

POMONA, CA 91766

 MOTOR CARRIER PERMIT		
DEPARTMENT OF MOTOR VEHICLES MOTOR CARRIER SERVICES BRANCH P.O. BOX 932370 Sacramento, CA. 94232-3700 WORLDWIDE RECOVERY SYSTEMS INC 3800 GRAND AVE POMONA, CA 91766	Valid From: 07/01/2007	Valid Through: 06/30/2008
	CA#: 0234429	
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: <div style="text-align: center;">  <p>For Hire Full Year Corporation</p> </div>		
Pmt Date: 05/19/2007	Office #: 154	
Account #: 369482	Tech ID: SK	
Sequence #: 0024	Amt Paid: \$475.00	

!!!IMPORTANT REMINDERS!!!

1. 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.
2. Your insurance must remain valid through the term of your permit or a suspension action could occur.
3. Changes to your fleet are not required to be reported until your renewal.
4. Changes to your business entity may require a new CA# and application for another Motor Carrier Permit.
5. If you decide to no longer operate as a motor carrier of property, you must submit a 'Voluntary Withdrawal' form.
6. 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.
7. 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



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**HAZARDOUS MATERIALS
TRANSPORTATION LICENSE**

CHP 380H (REV. 1/00) OPI 062

CONTROL NUMBER	LICENSE NUMBER	ISSUE DATE	EFFECTIVE DATE	EXPIRATION DATE
180479	134024	7/19/2007		7/31/2008

CHP CARRIER NUMBER	LOCATION	<input type="checkbox"/> Duplicate	<input type="checkbox"/> Replacement
CA 234429		<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 a 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.

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).
- (HMPH) Poison Inhalation Hazard materials in bulk packaging 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)

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

WORLDWIDE RECOVERY SYSTEMS

20539 E. WALNUT DRIVE, STE. F
WALNUT CA 91789

LICENSEE NAME AND MAILING ADDRESS

WORLDWIDE RECOVERY SYSTEMS

2621 GREEN RIVER ROAD UNIT#105 - PMB#228
CORONA CA 92882

ATTENTION:

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

P. O. Box 942898

Sacramento, California 94298-0001

(916) 375-2810

(800) 735-2929 (TT/TDD)

(800) 735-2922 (Voice)



June 10, 2002

ASSIGNMENT OF CARRIER IDENTIFICATION NUMBER CA 234429

File No.: 42.A4048.LTR1

WORLDWIDE RECOVERY SYSTEMS INC
2621 GREEN RIVER RD UNIT 105 PMB226
CORONA, CA 92882-7454

Your company has been assigned Carrier Number CA 234429 in the California Highway Patrol's Management Information System of Terminal Evaluation Records (MISTER). This is an automated file pertaining to motor carriers operating in the State of California. MISTER gives the CHP immediate access to emergency information about your company. It also allows the CHP to make better use of its inspection personnel by monitoring the overall safety operations of carriers. This is done by collecting information regarding citations, traffic accidents, hazardous material spills, and terminal evaluation ratings.

Your assigned Carrier Number must be displayed according to Vehicle Code Section 34507.5 (e.g., on both sides of at least one vehicle in a combination as described in Section 34500, any motortruck of two or more axles that is more than 10,000 pounds gross vehicle weight rating, or any other motortruck or motor vehicle used to transport property for compensation). Carriers displaying any one of the following valid numbers on their vehicles(s) are not required to display a CA number: a CAL-T number issued by the California Public Utilities Commission to household goods carriers; a TCP or PSC number issued by the California Public Utilities Commission to passenger carriers; or a DOT, MC or MX number issued by the former Interstate Commerce Commission (ICC) or the Federal Highway Administration (FHWA), Office of Motor Carriers to truck and passenger carriers. The number must be legible from 50 feet during normal daylight hours (approximately two inches high) and in a contrasting color to the background.

Example of proper display: CA 234429 .

If you have any questions regarding your assigned Carrier Number or the requirement to display the number, please contact the CHP Border Division at (858) 637-7158.



U.S. Department of
Transportation
Federal Motor
Carrier Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

August 29, 2006

In reply refer to:
Your USDOT No.: 1246609
Review No.: 492339/CR

DOUG KEENEY
CEO
WORLDWIDE RECOVERY SYSTEMS INC
2621 GREEN RIVER ROAD #105
CORONA CA 92882

Dear DOUG KEENEY:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on August 24, 2006. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
1325 J STREET, SUITE 1540
SACRAMENTO, CA 95814
Telephone No.: 916-930-2760

Charles A. Horan, III
Director, Office of Enforcement and
Compliance

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/12/08

PRODUCER
DeWitt Stern of California
Insurance Services LLC
10969 Ventura Boulevard
Studio City, CA 91604-CA

INSURED
Worldwide Recovery Systems, Inc. and/or
Worldwide Waste Management, Inc.
2621 Green River Rd. Unit 105 PMB# 226
Corona, CA 92882-7454

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	NAIC #
INSURER A: Steadfast Insurance Company	26387
INSURER B: Zurich American Ins - NY	9535
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	INSRD	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 checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractors <input type="checkbox"/> Pollution Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GPL903985101	05/11/08	05/11/09	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B		AUTOMOBILE LIABILITY <input checked="" 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	BAP913035301	05/11/08	05/11/09	COMBINED SINGLE LIMIT (Ea accident) \$1,200,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ GARAGE LIABILITY <input type="checkbox"/> ANY AUTO EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Professional Liab Claims Made Form	GPL903985101	05/11/08	05/11/09	Per Claim- \$1,000,000 Aggregate- \$2,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Worldwide Recovery Systems, Inc.
and/or Worldwide Waste Mgmt.
2621 Green River Rd., Unit 105
PMB 226
Corona, CA 92882-7454

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


IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

State of California - California Environmental Protection Agency

Department of Toxic Substances Control
 Transportation Unit
 8800 Cal Center Drive, Sacramento, CA 95828
 Phone (916) 255-4368 Fax (916) 255-6446

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): WORLDWIDE RECOVERY SYSTEMS, INC.		2. Transporter Registration Number 4 2 4 6		
3. Business Address Number/Street 3800 S GRAND AVE	City POMONA, CA	County/Province LOS ANGELES	State/Country CA	Zip/Postal Code 91766
4. Mailing Address (if different) P.O. Box/Street 2621 GREEN RIVER ROAD	City CORONA	County/Province RIVERSIDE	State/Country CA	Zip/Postal Code 92882
5a. Telephone Number (Ext. Number) 909 595-9400	6. 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(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.			
5b. Fax Number 909 595-7382	CAR 000 175 422			
5c. E-mail Address FRANK@86690WASTE.COM				

7. I intend to transport the following hazardous wastestream under the consolidated manifesting procedure, as described in Health and Safety Code, Section 25160.2. (Check all applicable box(es)):

<input checked="" type="checkbox"/> A. Used oil	<input type="checkbox"/> J. Spent photographic solutions
<input checked="" type="checkbox"/> B. Contents of an oil/water separator	<input type="checkbox"/> K. Dry cleaning solvents (including perchloroethylene, naphtha, and silicone based solvents)
<input checked="" type="checkbox"/> C. Solids contaminated with used oil	<input type="checkbox"/> L. Filters, lint, and sludges contaminated with dry cleaning solvent
<input type="checkbox"/> D. Brake fluid	<input type="checkbox"/> M. Asbestos and asbestos-containing materials
<input type="checkbox"/> E. Antifreeze	<input type="checkbox"/> N. Inks from the printing industry
<input type="checkbox"/> F. Antifreeze sludge	<input type="checkbox"/> O. Chemicals and laboratory packs collected from K-12 schools
<input checked="" type="checkbox"/> G. Parts cleaning solvents, including aqueous cleaning solvents	<input type="checkbox"/> P. Absorbents contaminated with other wastes listed in Health and Safety Code Section 25160.2(c)
<input type="checkbox"/> H. Hydroxide sludge contaminated solely with metals from a wastewater treatment process	<input type="checkbox"/> Q. Filters from dispensing pumps for diesel and gasoline fuels
<input type="checkbox"/> I. "Paint-related" wastes, including paints, thinners, filters, and sludges	

8. Name and Title of Authorized Representative (print or type): **DOUG REEVEY / FRANK ROMERO**

Frank Romero **8/127/06**

Signature of Authorized Representative Date

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 (HSC) Section 25165(a), and may be subject to significant penalties. Consolidated transporters are also required to submit quarterly reports pursuant to HSC Section 25160.2(d).

DO NOT WRITE BELOW THIS LINE (FOR DTSC USE ONLY)

Robert L. Gipson Transportation Unit Representative	February 1, 2007 Received date
Robert L. Gipson (Print or type name)	February 29, 2008 - March 31, 2008 Expiration date RLG
	DTSC acknowledgement date

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the Issuing Insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

January 1, 2007



A Human Resource Management Company

PEO CUSTOMER: 811402
WORLDWIDE RECOVERY SYSTEMS, INC.
20539 E. WALNUT DR. STE F
WALNUT CA 91789

4724 SW Macadam Avenue

Portland, Oregon 97239

503.220.0988

Re: Barrett Business Services, Inc.
Letter of Self-Insurance for Workers' Compensation Plan

800.494.5669

Dear Customer:

Facsimile 503.220.0987

The purpose of this letter is to provide documentation regarding Barrett Business Services' Self-Insured Workers' Compensation Plan. Barrett has been a qualified self-insured employer for workers' compensation continuously in Oregon since 1987, in Washington, Maryland and Delaware since 1994 and in California since 1995. Our claims are managed by our third-party administrators, Pinnacle Risk Management Services or SISCO, depending on your location.

www.barrettbusiness.com

As the named addressee of this letter, your company's required workers' compensation coverage is provided through Barrett's Self-Insured Plan. Our covered California customers can also verify our state certification at www.dir.ca.gov/SIP/sip.html; then, in the middle of the page under "Rosters", 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:	<u>2246</u>
Oregon:	<u>1068</u>
Washington:	<u>706,116</u>
Delaware:	<u>152</u>
Maryland:	<u>11365</u>

Waiver of Subrogation: Barrett and WORLDWIDE RECOVERY SYSTEMS, INC. agree to waive their right of subrogation. BBSI's self-insurance policy covers each employee workers compensation claim.

Our Excess Workers' Compensation Insurance Carrier and Policy Number are as follows: Associated Insurance Company for Excess (AICE) Policy No. WCXS07-3 and National Union/American International Group (AIG), Policy No. 460-0723, effective date: 1/1/2007 through 1/1/2008

For additional information, please contact your local Barrett office.

Very truly yours,

Michael D. Mulholland
Vice President-Finance

BBSI Office: Ontario

REVISED

**ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980**

Form Approved
OMB No. 2125-0074

Issued to WORLDWIDE RECOVERY SYSTEMS INC. of 2621 GREEN RIVER RD. #105 CORONA CA 928:

Dated at VAN NUYS, CA. this 18TH day of MARCH, 2007

Amending Policy No. BAP154867 Effective Date 03/02/07

Name of Insurance Company CENTURY NATIONAL INSURANCE COMPANY

Telephone Number (818) 760-0880 Countersigned by IMA JEAN BARKSHIAN
Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by "", for the limits shown:

- This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,200,000 for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Highway Administration (FHWA) or the Interstate Commerce Commission (ICC), the company agrees to furnish the FHWA or the ICC a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FHWA or the ICC, to verify that the policy is in force as of a particular date.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the ICC's jurisdiction, by providing thirty (30) days notice to the ICC (said 30 days notice to commence from the date the notice is received by the ICC at its office in Washington, D.C.).

DEFINITIONS AS USED IN THIS ENDORSEMENT

ACCIDENT includes continuous or repeated exposure to conditions which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

MOTOR VEHICLE means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

BODILY INJURY means injury to the body, sickness, or disease to any person, including death resulting from any of these.

ENVIRONMENTAL RESTORATION means restitution for the

loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

PROPERTY DAMAGE means damage to or loss of use of tangible property.

PUBLIC LIABILITY means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Highway Administration (FHWA) and the Interstate Commerce Commission (ICC).

endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately, to each accident, and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

The Motor Carrier Act of 1980 requires limits of financial responsibility according to the type of carriage and commodity transported by the motor carrier. It is the MOTOR CARRIER'S obligation to obtain the required limits of financial responsibility.

THE SCHEDULE OF LIMITS SHOWN ON THE NEXT PAGE DOES NOT PROVIDE COVERAGE.

The limits shown in the schedule are for information purposes only.



CENTURY-NATIONAL INSURANCE COMPANY

DATE RECEIVED BY DMV

MOTOR CARRIER (CA#)
CA#234429

REVISED CERTIFICATE OF INSURANCE

Motor Carriers of Property CHANGED LIAB LIMIT

INSURER (INSURANCE COMPANY) NAME, ADDRESS, AND PHONE # Century National Insurance Company 12200 Sylvan Street North Hollywood CA 91608		NAIC # 26905	STATUS: <input checked="" type="checkbox"/> Licensed to write insurance in the State of California (Admitted Insurer) <input type="checkbox"/> Nonadmitted Insurer subject to Section 1783 of the California Insurance Code. _____ SURPLUS LINE BROKER NAME	
INSURED (MOTOR CARRIER) NAME AND ADDRESS WORLDWIDE RECOVERY SYSTEMS INC. 2621 GREEN RIVER ROAD #105 CORONA CA 92882		SURPLUS LINE BROKER #	Filed with the: California Department of Motor Vehicles Motor Carrier Permit Branch P. O. Box 932370 MS 0875 Sacramento, CA 94232-3700 (916) 657-8153	
OTHER #		SURPLUS LINE BROKER NAME		
<input type="checkbox"/> Charitable Risk Pool <input type="checkbox"/> Risk Retention Group				
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	LIMITS	
PRIMARY LIABILITY <input type="checkbox"/> Coverage below statutory minimum limits. <input checked="" type="checkbox"/> Coverage equal to or exceeding statutory minimum limits.	BAP154867	03/1/08	COMBINED SINGLE LIMIT	\$ 1,200,000
			BODILY INJURY OR DEATH (ONE PERSON)	\$
			BODILY INJURY OR DEATH (MORE THAN ONE PERSON)	\$
			PROPERTY DAMAGE	\$
EXCESS LIABILITY <input type="checkbox"/> Coverage between primary coverage and statutory minimum limits. <input type="checkbox"/> Coverage provided at or above statutory minimum limits.	EXCESS LIABILITY COVERAGE IS NOT WRITTEN BY CENTURY-NATIONAL INSURANCE COMPANY		COMBINED SINGLE LIMIT	\$ _____ in excess of \$ _____
			BODILY INJURY (ONE PERSON)	\$ _____ in excess of \$ _____
			BODILY INJURY OR DEATH (MORE THAN ONE PERSON)	\$ _____ in excess of \$ _____
			PROPERTY DAMAGE	\$ _____ in excess of \$ _____
WORKERS' COMPENSATION	CENTURY-NATIONAL DOES NOT WRITE WORKERS' COMPENSATION COVERAGE		<input type="checkbox"/> WC Statutory Limits	

Insurer certifies to each of the following:

- that the motor carrier of property (Insured) identified herein is covered by an insurance policy providing bodily injury or death liability, property damage liability insurance, or workers' compensation insurance within the coverage limits identified above as required by California Vehicle Code (CVC) Section 34830, 34631.6, and 34640, and by Part 387 of Title 49 of the Code of Federal Regulations.
- that this insurance policy covers all vehicles used in conducting the service performed by the Insured for which a motor carrier permit is required whether or not said vehicle is listed in the insurance policy.
- that a fully executed Endorsement, on a form authorized by the Department of Motor Vehicles (DMV), is attached to the referenced policy to conform to the requirements of the Motor Carriers of Property Permit Act, CVC Section 34600 and following, and the rules and regulations of the DMV. (This provision does not apply to Workers' Compensation Insurance.)
- that for the purposes of Charitable Risk Pool coverage, this policy meets the requirements of the CVC Section 34631 (d).
- that for the purposes of Risk Retention Group coverage, this policy meets the requirements of the Risk Retention Act of 1991, California Insurance Code Section 125 and following, and is authorized to do business in California.

Insurer agrees to each of the following:

- that this Certificate of Insurance shall not be canceled on less than thirty (30) days notice from the insurer to the DMV and written on a Notice of Cancellation form authorized by the DMV, and that the thirty (30) day period commences to run from the date the Notice of Cancellation form was actually received at the office of the California Department of Motor Vehicles, Motor Carrier Services Branch, in Sacramento, California.
- that a duplicate original of the referenced policy, a DMV authorized endorsement, and all other related endorsements and documentation, shall be furnished to DMV upon request.

By signing this form, the insurer certifies under penalty of perjury under the laws of the State of California that all information contained in this Certificate of Insurance is true and correct.

PRINTED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE AGUSTINA FLORES (NM)	TELEPHONE NUMBER (818) 76C-0880	EMAIL ADDRESS
SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE <i>X Agustina Flores</i>	EXECUTED AT (CITY, STATE) VAN NUYS, CA	DATE 03/08/07

DEPARTMENT OF INDUSTRIAL RELATIONS
SELF-INSURANCE PLANS

2265 Watt Avenue, Suite 1
Sacramento, CA 95825
Phone No. (916) 483-7392
FAX (916) 483-1535



CERTIFICATION OF SELF-INSURANCE
OF WORKERS' COMPENSATION

TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-Insure No. 2246 was issued by the Director of Industrial Relations to:

Barrett Business Services, Inc.

under the provisions of Section 3700, Labor Code of California, on March 1, 1995. The Certificate is now and has been in full force and effective since that date.

Dated at Sacramento, California
This 23rd day of May, 2005


MARK T. JOHNSON, Manager
Self Insurance Plans

MTJ/dr

Orig: DMV
Motor Carrier Unit
Ginny Wagner, Unit Manager
2415 1st Avenue
MS-G 875
Sacramento, CA 95815

Cc: Marlaelena Leon
BBSI/Santa Ana
Human Resources Representative
1936 Bush Deere Avenue, Suite 115
Santa Ana, CA 92705

April 08, 2008



WORLDWIDE RECOVERY SYSTEMS INC
CLIENT #811402
2621 GREEN RIVER RD STE 105
CORONA, CA 92882-7454

8100 NE Parkway Drive, Suite 200

Vancouver, Washington 98662

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

360.828.0700

800.494.5669

Fax 360.828.0701

www.barrettbusiness.com

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 www.dir.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:	<u>2246</u>
Oregon:	<u>1068</u>
Washington:	<u>706.116</u>
Delaware:	<u>152</u>
Maryland:	<u>11365</u>

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

Named "Letter Holder":

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) 605-6862 .

Very truly yours,

Michael D. Mulholland
Vice President-Finance

BBSI Office: ONTARIO

doc: LOSI-2

CERTIFICATE OF INSURANCE

Issue Date: January 1, 2008

PRODUCER Ron Graybeal Beecher Carlson/JBL&K 220 NW 2nd Avenue, Suite 800 Portland, OR 97208-3951	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 Barnett Business Services, Inc. 8100 NE Parkway, Suite 200 Vancouver, WA 98662	COMPANIES AFFORDING COVERAGE LETTER A COMPANY National Union Fire Insurance Company of Pittsburgh, PA (an AIG Company) LETTER B COMPANY LETTER C COMPANY LETTER D COMPANY LETTER E COMPANY

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				GENERAL AGGREGATE	\$XXX,XXX
<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	Policy Number	Effective Date	Expiration Date	PRODUCTS-COMP/OPS AGGREGATE	\$XXX,XXX
<input type="checkbox"/>	CLAIMS MADE OCCUR				PERSONAL & ADVERTISING INJURY	\$XXX,XXX
<input type="checkbox"/>	OWNER'S & CONTRACTORS PROT.				EACH OCCURRENCE	\$XXX,XXX
					FIRE DAMAGE (Any one fire)	\$XXX,XXX
					MEDICAL EXPENSE (Any one person)	\$XXX,XXX
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$XXX,XXX
<input type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person)	\$XXX,XXX
<input type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$XXX,XXX
<input type="checkbox"/>	SCHEDULED AUTOS				PROPERTY DAMAGE	\$XXX,XXX
<input type="checkbox"/>	HIRE/AUTOS				COLLISION DEDUCTIBLE	\$XXX,XXX
<input type="checkbox"/>	NON-OWNED AUTOS				COMPREHENSIVE DEDUCTIBLE	\$XXX,XXX
<input type="checkbox"/>	GARAGE LIABILITY					
	EXCESS LIABILITY				AGGREGATE	\$XXX,XXX
<input type="checkbox"/>	UMBRELLA FORM					
<input type="checkbox"/>	OTHER THAN UMBRELLA FORM					

WORKERS COMPENSATION					\$15,000,000	LIMIT
AND EMPLOYERS LIABILITY	4898018	1/1/2008	1/1/2009		\$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 90 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
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STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

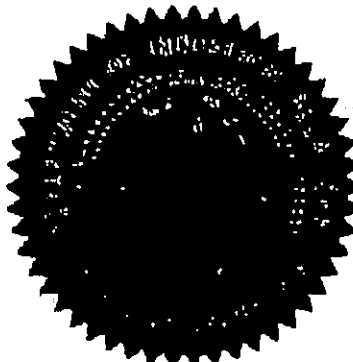
NUMBER 2246

COPY

CERTIFICATE OF CONSENT TO SELF-INSURE

THIS IS TO CERTIFY, That BARRETT BUSINESS SERVICES, INC. (a Maryland corporation) has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

This certificate may be revoked at any time for good cause shown.*

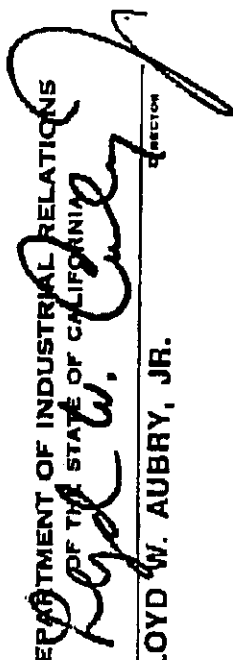


EFFECTIVE:

THE 1st DAY OF March 19 95


MARK B. ASHCRAFT
MANAGER

DEPARTMENT OF INDUSTRIAL RELATIONS
STATE OF CALIFORNIA


LLOYD W. AUBRY, JR.
DIRECTOR

* Revocation of Certificate.—“A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him.” (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 2.—Administration of Self-Insurance.