

Mailed 5/27/26



Iowa Department of Natural Resources
Land Quality Bureau
WASTE TIRE HAULER REGISTRATION
APPLICATION/RENEWAL FORM

CASHIERS USE ONLY
0884-542-0072-AR-0570
06-0606-50-
Business Name
Applicant Name

Notice to applicants: Before you complete this application, carefully read the attached instructions. Failure to complete the form correctly or to provide all the requested information will result in the application begin returned.

Begin here: This application is for: [] New Registration [X] Annual Renewal

Please complete all of the following items by typing or printing only:

ITEM 1 Name of business: K & S Tire Recycling, Inc. #159

ITEM 1A List any other name(s) under which the tire hauler may be affiliated with (parent company, corporation, etc.)
N/A

ITEM 2 Address and phone number of the principal place of business of the tire hauler:
Street address: 303 State Street
City/State/Zip Code: Chicago Heights, IL 60411
Phone Number: 708-856-0376 ext 110 Email: accounting@kandstirerecycling.com

ITEM 3 Name and address of the person(s) submitting this application as a representative of the tire hauler:
Name: Gina Khalil
Address: 303 State Street
City/State/Zip Code: Chicago Heights, IL 60411
Phone Number: 708-856-0376 ext 110 Email: gina@kandstirerecycling.com

ITEM 4 Name and address of the president of a corporate waste tire hauler, or the owners of 10% or more of a waste tire hauler operating as a proprietorship or partnership:
1) Name: Kevin Khalil (100% Owner)
Address: 303 State Street
City/State/Zip Code: Chicago Heights, IL 60411
Phone Number: 708-856-0376
2) Name: N/A
Address:
City/State/Zip Code:
Phone Number:
3) Name: N/A
Address:
City/State/Zip Code:
Phone Number:

ITEM 5 Motor vehicle information

Complete the following information for each motor vehicle used by the applicant for hauling tires:

Vehicle #1

Year 2019 Make Freightliner Model M2106
Name of Owner: Optimum Leasing
Address of Owner: 303 State Street, Chicago Heights, IL 60411
VIN #: 3ALACWFC7JDJL8258 License Plate #: 216726H State Registered In: IL

Vehicle #2

Year 2023 Make Freightliner Model Cascadia
Name of Owner: Optimum Leasing
Address of Owner: 303 State Street, Chicago Heights, IL 60411
VIN #: 3AKJHHRXPST1987 License Plate #: 3490622 State Registered In: IN

Vehicle #3

Year 2023 Make Freightliner Model M2106
Name of Owner: Optimum Leasing
Address of Owner: 303 State Street Chicago Heights, IL 60411
VIN #: 3ALHCYFE6PDNZ9939 License Plate #: P1177623 State Registered In: IL

Vehicle #4

Year _____ Make _____ Model _____
Name of Owner: _____
Address of Owner: _____
VIN #: _____ License Plate #: _____ State Registered In: _____

*Copy this sheet and add information for as many additional vehicles as needed

ITEM 6 Waste tire end use information

Provide the name of all facilities where waste tires are hauled for disposal, storage or processing or of another site of end use where the waste tires will be transported:

- 1) Name: K&S Tire Recycling, Inc
Address: 303 State Street
City/State/Zip Code: Chicago Heights, IL 60411
Phone Number: 708-856-0376
- 2) Name: N/A
Address: _____
City/State/Zip Code: _____
Phone Number: _____
- 3) Name: N/A
Address: _____
City/State/Zip Code: _____
Phone Number: _____

ITEM 7 If this application represents a NEW registration, attach a surety bond for \$150,000 using the form attached herein. If a renewal, provide or obtain copies of statement or invoice that shows that the bond renewal has been paid for and is current and in effect.

ITEM 8 The applicant, representing the waste tire hauler identified herein, agrees to comply with the vehicle marking requirements as contained in Iowa Administrative Code 567 chapter 116.
Initial here with understanding of these requirements: KK

ITEM 9 The applicant agrees to notify the department of natural resources within 30 days of any change in the information provided by the applicant in this application.
Initial here with understanding of these requirements: KK

ITEM 10 The applicant shall pay all amounts due to any individual, group, or entity for damages caused by improper disposal of waste tires by the applicant or the applicant's employee while acting within the scope of employment. I understand that such damages shall not be limited to the value of the hauler's bond.
Initial here with understanding of these requirements: KK


ITEM 11 I understand the responsibilities of a waste tire hauler, per applicable Iowa Code and administrative rule requirements, and submit this application as signed below:
Signature: *Kevin Khalil* **Date:** 05/08/2026
Type or print name: Kevin Khalil

ITEM 12 **Attach the annual registration fee of \$50.** Make checks payable to the "Iowa Department of Natural Resources." Registration fees are non-refundable; incomplete applications or applications not meeting the requirements of Iowa Administrative Code 567 Chapter 116 will be denied.

Return completed application, fee, and bond information to:

Becky Jolly
Iowa Department of Natural Resources
6200 Park Ave Ste 200
Des Moines IA 50321

10273

 **K & S Tire Recycling, Inc.**
303 State Street
Chicago Heights, IL 60411
708-856-0376


DATE 05/26/26 70-2540/719

PAY TO THE ORDER OF Iowa Department of Natural Resources \$ 50.00

Kitty + 00/100

HINSDALE BANK
& TRUST COMPANY, N.A.
A WINTRUST COMMUNITY BANK

FOR 2026-2027 Permit Fee (Tire Hauler) *Kevin Khalil*

DOLLARS  Security Features
Details on Back

⑈010273⑈ ⑈071925402⑈ ⑈0230172377⑈

Lexington National Insurance Corporation

IOWA WASTE TIRE HAULER BOND

Bond No. G001209

KNOW ALL PERSONS BY THESE PRESENTS:

That we, K & S Tire Recycling, Inc.

As Principal, and Lexington National Insurance Corporation,

Incorporated under the laws of the State of Florida,

with principal office in Post Office Box 6098, Lutherville, MD 21094, as Surety, are held and firmly bound unto the State of Iowa in penal sum of one hundred fifty thousand dollars (\$150,000.00) lawful money of the United States, for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly, by these presents.

WHEREAS, the said Principal has applied to said Obligee for a registration to haul waste tires in the State of Iowa,

NOW, THEREFORE, THE CONDITON OF THIS OBLIGATION IS SUCH that if the said Principal shall indemnify said Obligee against all loss to it caused by said Principal's breach of any ordinance, rule or regulation relating thereto, then the above obligation shall be void, otherwise to be and remain in full force and effect.

PROVIDED, THE LIABILITY OF THE SURETY upon this bond shall be and remain in full force and effect for the full period of the registration or license, and renewals thereof, issued to the Principal above named, or until 30 days after receipt by the Obligee of a written notice signed by such Surety, or its authorized agent, stating that the liability of such Surety is thereby terminated and canceled; and provided further, that nothing herein shall affect any rights or liabilities which shall have accrued under this bond prior to the date of such termination.

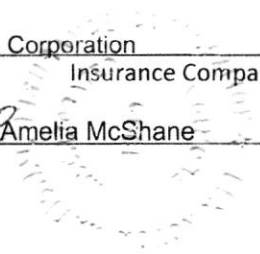
Signed, sealed and date this 30 day of June, 20 26.

K & S Tire Recycling, Inc.
Principal

By: _____

Lexington National Insurance Corporation
Insurance Company

By: Amelia McShane
Attorney-In-Fact



IMPORTANT NOTICE – THIS POWER OF ATTORNEY IS VOID IF “LNIC Original” WATERMARK IS NOT PRESENT

POWER OF ATTORNEY

Lexington National Insurance Corporation

Lexington National Insurance Corporation, a corporation duly organized under the laws of the State of Florida and having its principal administrative office in Baltimore County, Maryland, does hereby make, constitute and appoint:

Amelia Jane McShane, Brian Nelson

as its true and lawful attorney-in-fact, each in their separate capacity, with full power and authority to execute, acknowledge, seal and deliver on its behalf as surety any bond or undertaking of \$6,000,000 or less. This Power of Attorney is void if used for any bond over that amount.

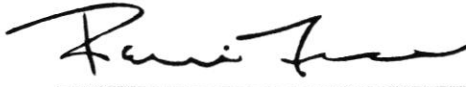
This Power of Attorney is granted under and by authority of the following resolutions adopted by the Board of Directors of the Company on June 5, 2025:

Be it Resolved, that the Chief Executive Officer, President or any Vice-President shall be and is hereby vested with full power and authority to appoint suitable persons as Attorney-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on the behalf of the Company, to execute, acknowledge and deliver any and all bonds, policies, contracts, Consents of Surety, undertakings, indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any all notices and documents cancelling or terminating the Company's liability thereunder and also such instruments and documents which the business of the Company may require, and such instruments and documents so executed by such Attorney-in-Fact shall be binding upon the Company as if signed by the Chief Executive Officer and sealed by the Corporate Secretary.

RESOLVED further, that the signature and attestations of the Chief Executive Officer, President or any Vice-President of the Company may be affixed to any such Power of Attorney or to any certificate relating to the Power of Attorney by electronic means or by facsimile, and the seal of the Company may be embossed, stamped, affixed electronically or by facsimile to any such Power of Attorney. Any such power so executed and sealed shall be valid and binding on the Company.

IN WITNESS WHEREOF, the Company have caused this instrument to be signed and their corporate seal to be hereto affixed.



Ronald A. Frank, Chief Executive Officer



State of Maryland
County of Harford County, SS:

Before me, a notary public, personally appeared, Ronald A. Frank, Chief Executive Officer of Lexington National Insurance Corporation, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under the PENALTY of PERJURY under the laws of the State of Maryland that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Commission Expires: 01/08/28




Notary



I, Lisa R. Slater, Secretary of Lexington National Insurance Corporation, do hereby certify that the above and foregoing is true and correct copy of a Power of Attorney, executed by said company, which is still in full force and effect; furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Company at Baltimore, Maryland this 20th day of April, 2026.



Lisa R. Slater, Secretary

Attached to bond signed this 30 day of June, 2026