CAPITAL INVESTMENT REQUEST FROM THE USED TIRE RECYCLING INDEMNITY FUND

Submitted by: _________________________________________________________________

(Company Name)

for the period of _______________________ through and including_______________________

(Beginning Date) (Ending Date)

1. CAPITAL INVESTMENT INFORMATION

   a. Equipment Investment at beginning of the reporting period
   ______________
   
   b. Equipment purchased this period (attach supporting documentation)
   ______________
   
   c. Total Investment in equipment purchased since January 1, 1995
      necessary to utilize or process tires (Line a plus Line b)
   ______________
   
   d. Maximum reimbursement from the Used Tire Recycling Indemnity Fund
      (Line c multiplied by 100%)
   ______________

2. PROCESSED TIRE MATERIAL INVENTORY

   e. Material on Hand - Beginning of Period
   ______________
   
   f. PLUS: Material Acquired This Period
   ______________
   
   g. LESS: Material Consumed This Period
   ______________
   
   h. Material on Hand - End of Period
   ______________

3. C.I. REQUESTED FOR PROCESSED & CONSUMED TIRES

   i. Total Capital Investment reimbursement received, to date.
   ______________
   
   j. Compensation requested for Capital Investment this period (Line g x $20)
   ______________
   
   k. Compensation requested for crumb rubber or energy benefits
      this period (Line g x $29)
   ______________
   
   l. Total Compensation requested this period (Line j + Line k)
   ______________
4. CERTIFICATION
In accordance with Oklahoma Used Tire Recycling Act, I acknowledge that the total reimbursement from the Used Tire Recycling Indemnity Fund shall not exceed one hundred percent (100%) of the capital investment in eligible equipment.

Under penalty of perjury, I declare that the information contained in this request and any statement is true and correct to the best of my knowledge and belief.

Signature __________________________ Title __________________________

Printed Name __________________________ Date __________________________