

**PROFESSIONAL CONSULTING SERVICES
AGREEMENT**

COMPANY: Republic Services
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Representative: Lynnyetta Keller
Phone: _____ Fax: _____
Effective Date: June 13, 2013

CONSULTANT: Triangle Associates, Inc.
Address: 811 First Ave, Suite 255
City/State/Zip: Seattle, WA 98104
Phone: 206-583-0655 Fax: 206-382-0669
Project Manager: Karen Schrantz
Phone: 206-650-9368 Fax: 206-382-0669
Termination Date End Date: July 31, 2014
or Term: Term of : _____ (enter period)

PROJECT IDENTIFICATION

Project Facility/Location: Snohomish County Waste Reduction and Recycling Education/Technical Assistance

Description of Work and Agreement Price: Assistance and classroom workshops for Snohomish County schools Agreement Price
\$54,000
(See Exhibit A for more detailed description)

AGREEMENT

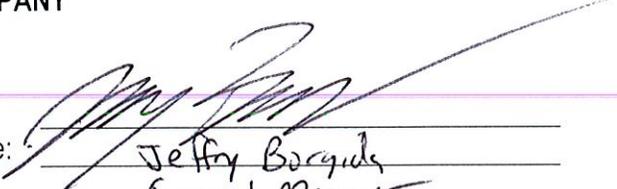
This PROFESSIONAL CONSULTING SERVICES AGREEMENT ("Agreement") is made and entered into between the Company (hereinafter **Republic Services** or "Company") and the Consultant, as identified above, for the performance of certain services as set forth above and/or in **Exhibit A** and such additional services as may be reasonably requested by and agreed to by the Consultant (the "Services"). **Republic Services** shall compensate Consultant for the Services in accordance with the charges set forth above and/or in **Exhibit A**. This Agreement is subject to the Terms and Conditions set forth below and incorporates by reference the following checked **Exhibit** attached hereto:

Exhibit A – Scope of Work & Agreement Price

Other Exhibits (specify): _____

IN WITNESS WHEREOF, the Parties enter into this Agreement, including all Exhibits attached hereto and the Terms and Conditions set forth on the following page(s). Each person signing this Agreement represents and warrants that he or she has been duly authorized to enter into this Agreement by the Party on whose behalf it is indicated that the person is signing.,

COMPANY

By: 
Name: Jeffrey Borquids
Title: General Manager
Date: 6/13/13

CONSULTANT

By: _____
Name: Karen Schrantz
Title: Senior Associate
Date: 6-6-13