

VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

PUC Application Docket No.

CJGR, LLC

Legal Name of Applicant

Trade Name, if any

182 Willow Lane

Centre Hall

PA 16828

Street Address (principal place of business)

City or Municipality

State

Zip Code

The Verified Statement of the Applicant is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.

Carey Parsons Managing Member
182 Willow Lane
Centre Hall, Pa 16828

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

N/A

3. Describe your business experience, particularly any experience relating to the operation of a transportation service. You may also include an explanation of education or training that you believe may be relevant.

CJGR,LLC was the bakery distribution business from 7/04 to 3/09. CJGR used a Freightliner 22 foot box truck to deliver product. We are now using a Peterbilt tri-axle dump truck to haul stone and blacktop. We are working as an independent contractor.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized, and the facility to house vehicles. Household goods in use carriers should include a description of their storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers. Finally, please state your intended business hours.

CJGR is run out of our home. Records will be kept on PC. We will haul product as contracted.

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. **(Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).**

One driver

Pickup and deliver stone and blacktop as contracted.

6. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the geographical territory you will be serving. In addition, please explain:
 - a. Your hiring standards for drivers;
 - b. Your system to ensure prospective drivers will be subject to a criminal background check;
 - c. Your driver training program;
 - d. Your system for ensuring that your drivers are properly licensed at all times;
 - e. Your system to ensure that all drivers will be subject to a criminal background check every two years;
 - f. Your policies regarding alcohol and drug use by your drivers.

One driver. He is one of the owners of the company.

7. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

One vehicle – independent operator

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2006	Peterbilt	357 Tri-axle	2	1NPALUEX16D636672

8. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan;
 - Your system for ensuring your vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) that are applicable to the type of vehicles used in your business;
 - Your system for ensuring your vehicles will maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Section 29.403 (applicable to passenger applicants only);
 - Your system for replacing vehicles once they are greater than eight model years in age in compliance with 52 Pa. Code, Section 29.314(d) (applicable to taxicabs) or 52 Pa. Code, Section 29.333(e) (applicable to limousines);
 - Your system for ensuring the filing of an annual vehicle list (taxicabs and limousines);
 - Your system for ensuring your vehicles will comply with the requirements of 49 CFR Parts 393 and 396, as adopted by the PUC at 52 Pa. Code, Chapter 37 (applicable to HHG applicants).

Pa state inspection every six months
Daily pre-trip inspection

9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.
Insurance is already in effect and paid for the entire year.

10. Please describe your customer service standards. Within your description, please explain:
- Your plan to inform customers of the procedures for filing complaints with the PUC;

b. Your intended customer complaint resolution procedure.

11. Criminal Record. Have you been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

_____ YES NO

12. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. Therefore you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if proposed business can be feasible. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

(Signature) Carey Parsons CJGR, LLC

(Date) 04/07/09

(Name and Title, printed or typed) Carey Parsons Managing Member

Statement of Financial Position (Balance Sheet)

As of (date) 03/31/09

ASSETS

Current Assets			
Cash		38,200.44	
Accounts Receivable		<u>0</u>	
Notes Receivable		<u>0</u>	
Other Current Assets (specify)		<u>0</u>	
	Total Current Assets		<u><u>38,200.44</u></u>
Tangible Assets			
Motor Vehicle Equipment		196,735.95	
Less: Accumulated Depreciation		<u>56,846.00</u>	139,889.95
-			=
Building and Structures		<u>0</u>	
Less: Accumulated Depreciation	-	<u>0</u>	0
			=
Office Equipment		800.00	
Less: Accumulated Depreciation	-	<u>777.00</u>	23.00
			=
Land		<u>0</u>	
		0	
		0	
		0	
	TOTAL ASSETS		<u><u>178,113.39</u></u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Accounts Payable		1874.19	
Notes Payable		<u>0</u>	
Equipment Obligations		<u>0</u>	
Other Liabilities (Attach schedule)		<u>0</u>	
	Total Current Liabilities		<u><u>1874.19</u></u>
Long Term Liabilities (Due after one year of date)			
Accounts Payable		0	
Notes Payable		<u>46,135.37</u>	
Equipment Obligations		<u>0</u>	
Other Liabilities (Attach Schedule)		<u>0</u>	
	Total Long Term Liabilities		<u><u>46,135.37</u></u>
	TOTAL LIABILITIES		<u><u>48,009.56</u></u>

NET WORTH (Partnerships and individuals, only)

OWNER'S EQUITY (Corporations only)

Capital Stock		130,103.83	
Additional Paid-in Capital		0	
Retained Earnings		0	
Less: Treasury Stock	-	<u>0</u>	=
	Total Owner's Equity		<u><u>130,103.83</u></u>

TOTAL LIABILITIES & OWNER'S EQUITY 178,113.39

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue	<u>89,600.00</u>
Net Revenue from non-carrier operations	0
Dividend and interest revenues	0
Other non-operating revenue	0
Gains	0
Total Revenue and Gains	<u>89,600.00</u>

EXPENSES

Equipment Maintenance and Garage Expense	2,500.00
Insurance Expense	6,500.00
Employee Salaries	26,460.00
Supervisory Salaries	0
Officer Salaries	0
Fuel Expense	15,000.00
Purchased Transportation (Lease Expense)	0
Materials and Supplies Expense	0
General Office Expense	700.00
Advertising Expense	500.00
Telephone Expense	1,300.00
Accounting Expense	1,600.00
Legal Expense	0
Uncollectible Revenue	0
Depreciation Expense	16,000.00
Amortization	0
Operating Taxes and Licenses	2,200.00
Rent Expense	0
Loss	0
Total Operating Expenses and Losses	<u>72,760.00</u>

Net Income Before Taxes

Provision for Income Taxes	0
<u>Net Income (Loss)</u>	<u>16,840.00</u>