

Macmillan, Arlene

From: amacmillan@state.pa.us
Sent: Monday, May 10, 2010 10:43 AM
To: Bingaman, Robert
Cc: Hoffman, Michael; Keezel, Wendy; Macmillan, Arlene; Perry, June; Yohe, Wendy
Subject: Rep. Matt Baker for Anthony Mosso of MOBO Services LLC Property Application

Importance: High

RECEIVED HAND CARRY FROM REP. MATHEW BAKER'S OFFICE FOR CONSTITUENT ANTHONY L. MOSSO OF MOBO Services LLC. HAND CARRYING PROPERTY APPLICATION, CASHIERS CHECK #135990 FOR \$100., DEPT. OF STATE PAPERS, INSURANCE DEC PAGES TO BUREAU OF T&S, ROB BINGAMAN TODAY. PLEASE EXPEDITE AND ADVISE OUR OFFICE. THANK YOU.

ARLENE MACMILLAN

CORRESPONDENCE TRACK NO: 1026

DATE CORRESPONDENCE RECEIVED: 5/10/2010

CALLER INFORMATION:
WENDY NASON
PHONE: 570-724-1390

SENATOR / REPRESENTATIVE NAME:
BAKER, MATTHEW E - Rep.

COMPANY NAME:
TRANSPORTATION

CONSTITUENT INFORMATION:
ANTHONY MOSSO
470 TIOGA STREET
WELLSBORO, PA 16901
(H)PHONE: 607-738-1068

CORRESPONDECE DETAIL:

RECEIVED HAND CARRY FROM REP. MATHEW BAKER'S OFFICE FOR CONSTITUENT ANTHONY L. MOSSO OF MOBO SERVICES LLC. HAND CARRYING PROPERTY APPLICATION, CASHIERS CHECK #135990 FOR \$100., DEPT. OF STATE PAPERS, INSURANCE DEC PAGES TO BUREAU OF T&S, ROB BINGAMAN TODAY. PLEASE EXPEDITE AND ADVISE OUR OFFICE. THANK YOU.

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BUREAU OF SAFETY
2010 MAY 11 AM 9:22

**Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834**

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2010 MAY 11 AM 9:21

Application for Motor Common Carrier of Property

Please complete all parts of the following application. Incomplete applications will be returned. All questions may be directed to the Bureau of Transportation & Safety at (717) 787-3834.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

MOBO Services LLC

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

3. **Physical Address** (do not use PO Box)

470 Tioga St

Street Address

Wellsboro PA 16901

City, State and Zip Code

607-738-1068

Telephone Number

TIOGA

County

4. **Mailing Address** (If different from Physical Address)

PO Box 227

Street Address

Wellsboro PA 16901

City, State and Zip Code

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- SECRETARY'S BUREAU

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5. **Attorney** (if applicable)

Jeffrey Loomis 570-662-2157
Attorney's Name & Telephone Number for this Filing

14 S. Main St, Suite 201
Attorney's Address

6. Does applicant currently hold PA PUC authority? Yes **No** (circle one)

If yes, enter current docket number A-00 _____

7. What type of commodity do you intend to transport? Stone, Dirt,

8. **Form of Organization** (Check one that applies to this application)

Individual

Partnership

Attach a copy of a Partnership Agreement and list the names and addresses of ALL partners.

Corporation

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration. Include a list of all corporate officers/titles and distribution of shares.

LLC or LLP

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or foreign corporation registration. Include a list of all members (even if there is only one member) and title of each member.

9. **Attachment Checklist**

For Corporations:

Copy of Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration.

List of all corporate officers/titles, names of shareholders and distribution of shares.

For LLPs and LLCs Only:

Copy of Certificate of Incorporation, Certificate of Authority, or foreign corporation registration.

List of all members (even if there is only one member) and title of each member.

For Partnerships Only:

Copy of Partnership Agreement.

List the names and addresses of ALL partners.

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For ALL Applicants:

- Fictitious Trade Name Registration (if applicable).
- ~~NA~~ Copy of Current Safety Rating (if available).
- Proof of Insurance (See item 5 on instruction sheet).
- Certified check, money order or attorney's check.

10. Certification

Applicant certifies that it is not now engaged in any intrastate transportation of property for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the Certificate.

You must sign the following Verification of Application.

Verification of Application

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners (if a partnership) or by the President or Secretary (if a corporation).

I/we hereby state that the statements made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 Relating to Unsworn Falsification to Authorities.

Anthony L. Mosso
(Print Name)


(Signature)

5/4/10
(Date)

MOBO Services LLC

List of Members/Titles

Anthony Mosso, President, 50% ownership

Robert Bowers, Secretary/Treasurer, 50% ownership.

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

**Certificate of Organization
Domestic Limited Liability Company
(15 Pa.C.S. § 8913)**

**PENNCORP SERVICEGROUP, INC.
600 NORTH SECOND STREET
PO BOX 1210
HARRISBURG, PA 17108-1210**

Commonwealth of Pennsylvania
CERTIFICATE OF ORGANIZATION 3 Page(s)



Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificates of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):
MOBO Services LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
(b) Name of Commercial Registered Office Provider c/o: United States Corporation Agents, Inc., County of Delaware				

3. The name and address, including street and number, if any, of each organizer is (all organizers must sign on page 2):

Name	Address
Eileen Gallo, Legalzoom.com, Inc.	7083 Hollywood Blvd., Ste. 180, Los Angeles, CA 90028

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4. ~~Strike out if inapplicable term~~
A member's interest in the company is to be evidenced by a certificate of membership interest.

5. ~~Strike out if inapplicable:~~
~~Membership interest in the company is restricted to members of the company.~~

6. The specified effective date, if any is: _____
month date year hour, if any

7. ~~Strike out if inapplicable:~~ The company is restricted to providing company services to members of the company.
~~restricted company services~~

8. For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have)
signed this Certificate of Organization this
23rd day of April 2010.

Eileen Gallo, Organizer, Legalzoom.com, Inc.
Signature

Signature