



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
REFER TO OUR FILE

April 23, 2010

A-2010-2171729

LARTZ TRANSPORTATION SERVICES LTD
P O BOX 77
NICHOLSON PA 18446

21 main St. is the address
on my Deed - it is not
Registered w/ USPS.. Because I
live in the Boro + must use a P.O. - It
cannot be used for any mailing including
Fedex + UPS.

Dear Mr. Lartz:

Your entire application, along with your payment in the amount of \$100.00, is being returned for the following reasons:

_____ A filing fee of \$100 (either a money order, cashier's check, certified check or official bank check – no personal checks) must accompany the application made payable to Commonwealth of PA or PA PUC.

X The application must include the **physical address** of the business, including telephone number, on line 3 of the application.

_____ The application must include a list of all partners, corporate officers, or members, their titles and, if applicable, distribution of shares.

_____ The partnership agreement, certificate of incorporation, or registration as a foreign corporation must be attached to the application. (Foreign corporations must register with the Pa. Dept. of State.)

_____ A date-stamped copy of the registration of fictitious name must be attached.

_____ The application must be signed and dated by:
the named individual
all partners
the company president or secretary

X Per our telephone conversation, please resubmit your application after the corporate name has been amended to reflect the same name as indicated on your insurance policy.

Sincerely,

Jenni Fackler
Jenni Fackler
Compliance Specialist

Attached

SECRETARY'S BUREAU

2010 JUN -2 AM 9:04

RECEIVED

570 -

885-5143

Any Questions Please call

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

~~RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2010 MAR 23 AM 9:22~~

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.

~~RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2010 JUL -6 PM 3:51~~

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

Kartz Transportation Services LTD

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

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

P.O. Box 77 21 Main Street
Street Address

Nicholson Pa 18446
City, State and Zip Code

570-885-5143 Wyoming
Telephone Number County

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

P.O. Box 77
Street Address

Nicholson Pa 18446
City, State and Zip Code

A-2010-2171729

~~RECEIVED
MAR 23 2010
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU~~

RECEIVED
JUL 06 2010
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

397

5. **Attorney** (if applicable)

N/A
Attorney's Name & Telephone Number for this Filing

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
Equipment,

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.

For ALL Applicants:

- Fictitious Trade Name Registration (if applicable).
- 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.

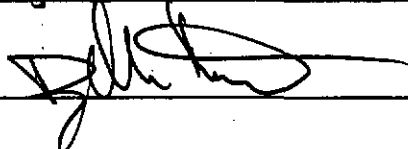
You must sign the following Verification of Application.

Verification of Application

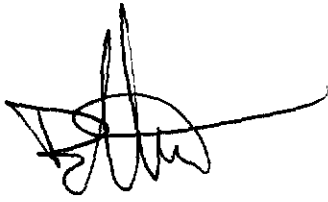
The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners (if a partnership) or by the President or Secretary (if a corporation).

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.

Douglas Lartz (sole member)
(Print Name)


(Signature)

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

(Date) 3-2-10



U.S. Department
of
Transportation
**Federal Motor
Carrier Safety
Administration**

1200 New Jersey Ave., S.E.
Washington, DC 20590

February 22, 2010

In reply refer to:
Your USDOT No.: 283833
Review No.: 774598/CR

DOUGLAS W. LARTZ
MEMBER
LARTZ TRANSPORTATION SERVICES LTD
P O BOX 77
NICHOLSON, PA 18446

Dear DOUGLAS W. LARTZ:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on February 18, 2010. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
228 WALNUT STREET, ROOM 560
HARRISBURG, PA 17101
Telephone No.: 717-221-4443

John Van Steenburg
Director, Office of Enforcement and
Compliance

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

MARCH 1, 2010

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

LARTZ TRANSPORTATION SERVICES LTD.

**I, Pedro A. Cortés, Secretary of the Commonwealth of Pennsylvania
do hereby certify that the foregoing and annexed is a true and correct
copy of**

Certificate of Organization filed on March 23, 2006

which appear of record in this department.



**IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.**

Pedro A. Cortés

Secretary of the Commonwealth

ST, PA04B

From: pao4b@state.pa.us
Sent: Thursday, March 23, 2006 4:25 PM
To: ra-st-pao4b@state.pa.us
Subject: PA04B New Registration

125071

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU
Certificate of Organization
Domestic Limited Liability Company
(15 Pa.C.S. § 8913)**

Document will be returned to the name and address you enter below.

Name

Michael Gordon
Address
R D 2 Box 225
Address
Route 6

City State Zip Code
Factoryville PA 18419

Commonwealth of Pennsylvania
CERTIFICATE OF ORGANIZATION 2 Page(s)



T0610480170

Email:
attymike9@hotmail.com

Fee: \$125

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

- The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):
Lartz Transportation Services Ltd.
- The (a) address of 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
R D 2 Box 225 Route 6	Factoryville	PA	18419	

 (b) Name of Commercial Registered Office Provider County
c/o:
- The name and address, including street and number, if any, of each organizer is (all organizers must sign on page 2):

Name	Address
Douglas Lartz	RR 2 BOX 2490 Nicholson PA 18446
- Strike out if inapplicable term
A member's interest in the company is to be evidenced by a certificate of membership interest.
- Strike out if inapplicable.
Management of the company is vested in a manager or managers.
- The specified effective date, if any is:

03	29	2006	
Month	Day	Year	hour, if any
- Strike out if inapplicable term: The company is a restricted professional company organized to render the following restricted professional service(s):

For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.
Certification #: 8608933-1 Page 1 of 2

IN TESTIMONY WHEREOF, the organizer(s)

4/6/2006

AN HILF

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU
Domestic Signature Form**

Document must be completed and mailed to the address listed below.

Department of State
Corporation Bureau
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057

1. The enterprise structure is:
Limited Liability Company
2. The enterprise legal name is:
Lertz Transportation Services Ltd.
3. The enterprise's fictitious name is:

IN TESTIMONY WHEREOF, the undersigned have caused this application to be executed this
24 day of March, 2006


Individual Signature of Douglas Lertz

**To avoid any delay or rejection, signature form(s) should be received within 7-10 days
of the registration submission date.**

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

Lartz Transportation Services, LLC

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 593607

Lartz, Douglas
RR 2 / Box 2490
Nicholson, PA 18446

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Certificate of Amendment-Domestic
(15 Pa.C.S.)

- Limited Partnership (§ 8512)
 Limited Liability Company (§ 8951)

Name Douglas Lartz		
Address RR #2, Box 2490		
City Nicholson	State PA	Zip Code 18446

Document will be returned to the name and address you enter to the left.



Commonwealth of Pennsylvania
LIMITED LIABILITY AMENDMENT 2 Page(s)

Fee: \$70



T1017964024

In compliance with the requirements of the applicable provisions (relating to certificate of amendment), the undersigned, desiring to amend its Certificate of Limited Partnership/Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is:
Lartz Transportation Services Ltd.

2. The date of filing of the original Certificate of Limited Partnership/Organization: 03/23/2006

3. Check, and if appropriate complete, one of the following:

The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:

Be it decided by the members of Lartz Transportation Services Ltd. that the name of the company shall be changed to Lartz Transportation Services, LLC.

The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

4. Check, and if appropriate complete, one of the following:

The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.

The amendment shall be effective on: _____ at _____
Date Hour

PA DEPT. OF STATE

JUN 25 2010

5. Check if the amendment restates the Certificate of Limited Partnership/Organization:

The restated Certificate of Limited Partnership/Organization supersedes the original Certificate of Limited Partnership/Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed this

18th day of JUNE 2010.

Crystal Tompkins
COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
CRYSTAL TOMPKINS, Notary Public
Clarks Summit Boro., Lackawanna County
My Commission Expires April 15, 2012

Lartz Transportation Services Ltd.

Name of Limited Partnership/Limited Liability Company

[Signature]
Signature

Sales member
Title