

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

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)

Lancaster Development Inc.

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

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

145 Podpadic Road
Street Address

Richmondville, NY 12149
City, State and Zip Code

518-294-9964
Telephone Number

Schoharie
County

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

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**PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU**

5. **Attorney** (if applicable)

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? _____

Construction Material

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.

MURPHY J GAFFNEY, CFO / SECRETARY - TREASURER
(Print Name)
[Signature]
(Signature) 4-4-11
(Date)

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PA PUBLIC UTILITY COMMISSION
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PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Application for Certificate of Authority
(15 Pa.C.S.)

Foreign Business Corporation (§ 4124)
 Foreign Nonprofit Corporation (§ 6124)

Name: **PENNCORP SERVICE GROUP, INC.**
Address: **800 NORTH SECOND ST.**
PO BOX 1848
HARRISBURG, PA 17108-1210

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

Commonwealth of Pennsylvania
CERTIFICATE OF AUTHORITY 4 Page(s)



Fee: \$250

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations), the undersigned, hereby states that:

1. The name of the corporation is:
Lancaster Development, Inc.

2. Complete only when the corporation must adopt a corporate designator for use in Pennsylvania.
The name which the corporation adopts for use in this Commonwealth is:

3. If the name set forth in paragraph 1 or 2 is not available for use in this Commonwealth, complete the following:
The fictitious name which the corporation adopts for use in transacting business in this Commonwealth is:
Lancaster Development of PA, Inc.

The corporation shall do business in Pennsylvania only under such fictitious name pursuant to the attached resolution of the board of directors under the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) and the attached form (DSCB-54-311) (Application for Registration of Fictitious Names).

4. The name of the jurisdiction under the laws of which the corporation is incorporated is: **New York**

5. The address of its principal office under the laws of the jurisdiction in which it is incorporated is:

145 Podpedic Rd.	Richmondville	NY	12149
Number and street	City	State	Zip

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NOV 18 PM 12:42

PA. DEPT. OF STATE

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

NOV 23 PM 4:17
PA. DEPT. OF STATE

DSCB:15-41246124-3

6. The (a) address of this corporation's proposed 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				County
national corporate research, ltd.				dauphin

7 Check one of the following:

Business Corporation: The corporation is a corporation incorporated for a purpose or purposes involving pecuniary profit, incidental or otherwise.

Nonprofit Corporation: The corporation is a corporation incorporated for a purpose or purposes not involving pecuniary profit, incidental or otherwise.

IN TESTIMONY WHEREOF, the undersigned corporation has caused this Application for Certificate of Authority to be signed by a duly authorized officer thereof

the 17 day of November,
2010.

Lancaster Development, Inc.

CFO

Title

THE PAXTON HERALD

Central Pennsylvania's Largest Weekly Newspaper

The Paxton Herald • 4810 Earl Drive, Harrisburg, PA 17112 • 548-0640

Fax
(717) 657-3523

Office & Plant - (PO Box 6310) 101 Lincoln Street
Harrisburg, PA 17112

East Shore
(717) 545-9540
(717) 545-8762

PROOF OF PUBLICATION

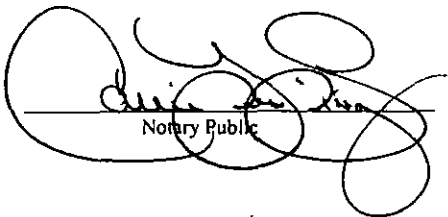
STATE OF PENNSYLVANIA
COUNTY OF DAUPHIN

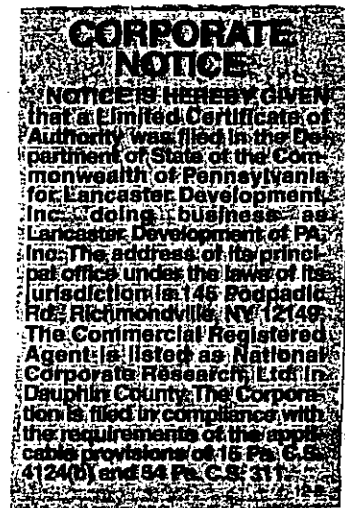
Before me, the subscriber, a Notary Public in and for the said County, personally came Lisa M. Carnes who, being duly sworn, doth depose and say that she is CLERK of THE PAXTON HERALD, a newspaper of general circulation published in Harrisburg, Pennsylvania; That THE PAXTON HERALD was established on the 28th day of June, 1960, and has been published continuously since that date; That the advertisement, of which a copy is attached hereto, was published in the advertising columns of THE PAXTON HERALD in all respects as ordered in the issue(s) of 12-8-10. Affiant further deposes that she is not interested in the subject matter of the aforesaid notice or advertisement, and that the allegations in the foregoing statement as to the time, place and character of publication are true.


(Signature of the Affiant)

Sworn and subscribed before me this day of

December 23, 2010 A.D.


Notary Public



COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

CARRIE JEAN SINGER, Notary Public
Lower Paxton Twp., Dauphin County
My Commission Expires Sept. 7, 2014

Proof of Notice of Publication in Dauphin County Reporter

213 North Front Street, Harrisburg, PA 17101

Under Acts approved May 16, 1929, P.L. 1784 and April 24, 1931, P.L. 67, 45 P.S. 1 et seq.

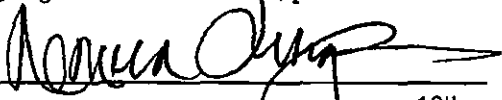
State of Pennsylvania
County of Dauphin

ss:

Donald Morgan, agent of the Publisher of the Dauphin County Reporter, of the County and State aforesaid, being duly sworn, deposes and says that the Dauphin County Reporter, a legal periodical published in the City of Harrisburg, County and State aforesaid, was established January 1, 1898, and designated the Legal Periodical for Dauphin County, on February 5, 1919, since which date the Dauphin County Reporter has been regularly issued in said County, and that the printed notice of publication attached hereto is exactly the same as was printed and published in the regular editions and issues of the Dauphin County Reporter on the following dates, viz:

DECEMBER 10, 2010

Affiant further deposes that he is the Agent of the Publisher of the Dauphin County Reporter, a legal Periodical of general circulation, to verify the foregoing statement under oath, and that neither the affiant nor the Dauphin County Reporter is interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statements as to time, place and character of publication are true.



Sworn to and subscribed before me this 10th
day of DECEMBER 2010


Notary Public

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal
Joyce A. Tambolas, Notary Public
City Of Harrisburg, Dauphin County
My Commission Expires Oct. 5, 2012

Member, Pennsylvania Association of Notaries

Copy of Notice of Publication

NOTICE IS HEREBY GIVEN that a Certificate of Authority for a Foreign Business Corporation was filed in the Department of State of the Commonwealth of Pennsylvania for Lancaster Development, Inc. The address of its principal office under the laws of its jurisdiction is 145 Podpadic Road, Richmondville, NY 12149. The Commercial Registered Office Provider is National Corporate Research, Ltd. in the County of Dauphin.
The Corporation is filed in compliance with the requirements of the applicable provision of 15 Pa. C.S. 4124(b).
d10

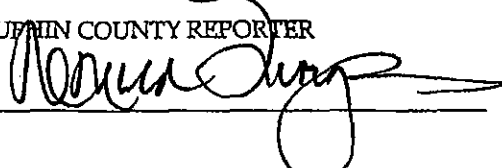
Statement of Advertising Costs:

Lancaster Development, Inc.

For publishing the notice or publication attached hereto on the above stated dates	\$	<u>70.00</u>
Probating same	\$	<u>5.00</u>
Total	\$	<u>75.00</u>

Publisher's Receipt for Advertising Costs

The Dauphin County Reporter, a legal periodical, hereby acknowledges receipt of the aforesaid notice and publication costs and certifies that the same have been duly paid.

DAUPHIN COUNTY REPORTER
By 

COMPANY NAME AND ADDRESS	EIN/ Year founded	OWNERSHIP AND %		OFFICERS:NAME/TITLE	
LANCASTER DEVELOPMENT, INC. 145 PODPADIĆ ROAD RICHMONDVILLE, NY 12149	18-0723953 1947	MARK A. GALASSO (8 VOTING SHARES; 64 NON-VOTING SHARES) MARTIN A. GALASSO, JR (8 VOTING SHARES; 64 NON-VOTING SHARES)	50.00% 50.00%	MARK A. GALASSO MARTIN A. GALASSO, JR JAMES F. CRUM STEPHANIE PALMER TIMOTHY J. GAFFNEY, SR.	PRESIDENT EXECUTIVE VICE-PRESIDENT VICE-PRESIDENT CIO CFO/SECRETARY-TREASURER

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

DEC23'08 10:29:51



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

1200 New Jersey Ave., S.E.
Washington, DC 20590
December 17, 2008

In reply refer to:
Your USDOT No.: 841651
Review No.: 681573/CR

JAMES A. MILLER, JR.
TRANSPORTATION SUPERINTENDENT
LANCASTER DEVELOPMENT INC
145 PODPADIC ROAD
RICHMONDVILLE, NY 12149

Dear JAMES A. MILLER, JR.:

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 November 21, 2008. 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
LEO W. O'BRIEN FEDERAL BLDG, ROOM 816
CLINTON AVENUE AND N. PEARL STREET
ALBANY, NY 12207
Telephone No.: 518-431-4145

William A. Quade
Associate Administrator for Enforcement
and Program Delivery

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One Tower Square, Hartford, Connecticut 06183

TRAVELERS CORP. TEL: 1-800-328-2189

COMMON POLICY DECLARATIONS
ISSUE DATE: 02/22/11
POLICY NUMBER: VTNY-CAP-977K9832-IND-10

INSURING COMPANY:
THE TRAVELERS INDEMNITY COMPANY

1. NAMED INSURED AND MAILING ADDRESS:
LANCASTER DEVELOPMENT, INC.
AS PER IL T8 00 12 10
145 PODPADIC ROAD
RICHMONDVILLE, NY 12149-2205

2. POLICY PERIOD: From 12/31/10 to 12/31/11 12:01 A.M. Standard Time at
your mailing address.

3. LOCATIONS
Premises Bldg.
Loc. No. No. Occupancy Address

4. COVERAGE PARTS FORMING PART OF THIS POLICY AND INSURING COMPANIES:
COMMERCIAL AUTOMOBILE COV PART DECLARATIONS CA T0 01 02 07 IND

5. NUMBERS OF FORMS AND ENDORSEMENTS
FORMING A PART OF THIS POLICY: SEE IL T8 01 10 93

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy
containing its complete provisions:
Policy Policy No. Insuring Company

SEE CALCULATION OF PREMIUM
COMPOSITE RATES ENDORSEMENT

7. PREMIUM SUMMARY:
Provisional Premium \$
Due at Inception \$
Due at Each \$

NAME AND ADDRESS OF AGENT OR BROKER:
GALLAGHER FULLER O'BRIEN (30733)
P O BOX 1099
ALBANY, NY 12201

COUNTERSIGNED BY
Thomas R. Ignelli
Authorized Representative

DATE: April 1, 2011

IL T0 02 11 89 (REV. 09-07)
OFFICE: ALBANY

PAGE 1 OF 1

NOTICE:

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THESE POLICY FORMS AND THE
APPLICABLE RATES ARE EXEMPT FROM THE
FILING REQUIREMENTS OF THE NEW YORK
STATE INSURANCE DEPARTMENT. HOWEVER,
SUCH FORMS AND RATES MUST MEET THE
MINIMUM STANDARDS OF THE NEW YORK
INSURANCE LAW AND REGULATIONS.

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

COMMERCIAL AUTO POLICY
ENDORSEMENT - IL TB 00 12 10
POLICY NUMBER VTNV-CAP-977K9832-IND-10

NAMED INSURED ENDORSEMENT

IT IS AGREED THAT:

ITEM 1. NAMED INSURED IS TO READ AS FOLLOWS:

LANCASTER DEVELOPMENT, INC.
PRIME PROPERTY DEVELOPMENT, LLC DBA PRIME PROPERTY
CONSTRUCTION
CONTOUR CONSTRUCTION LLC
MAG ENTERPRISES LLC
DMG SERVICES LLC
TRI CITY HIGHWAY PRODUCTS INC.
JOSEPH STREET SARATOGA, LLC
TYMARK LLC
L RIDGE LLC
INTERNATIONAL GREEN DIESEL SOLUTIONS LLC
NEVDA SOLUTIONS
M2G, LLC
ENVIRONMENTAL FUEL COMBUSTION SOLUTIONS, LLC
DGG HOLDING, LLC
COG HOLDING, LLC
CAROLYN EDWARDS
JANICE GALASSO (ESTATE OF)
MARTIN A. GALASSO, SR.
MARSA GALASSO (ESTATE OF)
MARK GALASSO
MARTIN A. GALASSO, JR.
AUGUST J. GILLON

EFFECTIVE DATE 12-31-10 EXPIRATION DATE 12-31-11
PAGE 0001 DATE OF ISSUE 02-22-11

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



One Tower Square, Hartford, Connecticut 06183

**BUSINESS AUTO
COVERAGE PART DECLARATIONS**
Issue Date: 02-22-11 SG

ITEM ONE: Policy Number: VTNY-CAP-977K9832-IND-10

INSURING COMPANY:
THE TRAVELERS INDEMNITY COMPANY

Declarations Period: From: 12-31-10 to 12-31-11 12:01 A.M. Standard
Time at your mailing address shown in the Common Policy Declarations.

The Commercial Automobile Coverage Part consists of these
Declarations and the Business Auto Coverage Form shown below.

FORM OF BUSINESS: CORPORATION

ITEM TWO:
A. COVERAGE AND LIMITS OF INSURANCE:

Coverage applies only to those Autos shown as Covered Autos by entry
of one or more Symbols from SECTION 1 - Covered Auto of the
BUSINESS AUTO COVERAGE FORM

COVERAGE	COVERED AUTO SYMBOL	LIMITS OF INSURANCE
		The most we will pay for any one accident or loss.
LIABILITY	12	\$ 1,000,000
SUPPLEMENTAL SPOUSAL BI LIABILITY (New York Only)	12	\$ 1,000,000
PERSONAL INJURY PROTECTION (No Fault) (New York Only)	5	\$ 50,000 minus deductible shown in ITEM THREE-SCHEDULE OF COVERED AUTOS YOU OWN.
ADDED PERSONAL INJURY PROTECTION (Added No Fault) (New York Only)	5	\$ 150,000
OPTIONAL BASIC ECONOMIC LOSS COVERAGE (New York Only)	5	\$ 25,000

CA TO 01 02 07
PRODUCER GALLAGHER FULLER OBRIEN 30733

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



One Tower Square, Hartford, Connecticut 06183

BUSINESS AUTO
COVERAGE PART DECLARATIONS
Issue Date: 02-21-11 SG

Policy Number: VTNY-CAP-977K9832-IND-10

<u>COVERAGE</u>	<u>COVERED AUTO SYMBOL</u>	<u>LIMITS OF INSURANCE</u>
AGGREGATE NO-FAULT BENEFITS AVAILABLE (New York Only)	5	\$ 225,000
MAXIMUM MONTHLY WORK LOSS (New York Only)	5	\$ 5,000
OTHER NECESSARY EXPENSES (PER DAY) (New York Only)	5	\$ 50
DEATH BENEFIT (New York Only)	5	\$ 5,000
AUTO MEDICAL PAYMENTS	2	\$10,000 EACH PERSON
NY SUM	2	SEE CA TO 67

The maximum amount payable under SUM coverage shall be the policy SUM limits reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

CA TO 01 02 07
PRODUCER GALLAGHER FULLER OBRIEN 30733

PAGE (CONTINUED)
OFFICE ALNY 002

BUSINESS AUTO
COVERAGE PART DECLARATIONS
Issue Date: 02-22-11 8G

Policy Number: VTNY-CAP-977K9832-IND-10

<u>COVERAGE</u>	<u>COVERED AUTO SYMBOL</u>	<u>LIMITS OF INSURANCE</u>
PHYSICAL DAMAGE Comprehensive Coverage	8 10	Actual Cash Value or Cost of Repair, whichever is less, minus deductible shown in ITEM THREE- SCHEDULE OF COVERED AUTOS YOU OWN for each covered Auto, but no deductible applies to loss caused by fire or lightning. SEE ITEM FOUR FOR HIRED OR BORROWED "AUTOS". SEE IL T8 25
PHYSICAL DAMAGE Collision Coverage	8 11	Actual Cash Value or Cost of Repair, whichever is less, minus deductible shown in ITEM THREE-SCHEDULE OF COVERED AUTOS YOU OWN for each covered auto. SEE ITEM FOUR FOR HIRED OR BORROWED "AUTOS". SEE IL T8 25

B. AUDIT PERIOD: ANNUAL

CA TO 01 02 07
PRODUCER GALLAGHER FULLER OBRIEN 30733

PAGE (CONTINUED)
OFFICE ALNY 002

Form H
UNIFORM MOTOR CARRIER CARGO
CERTIFICATE OF INSURANCE

(Execute in Triplicate)

Filed with _____ (hereinafter called Commission)
(Name of Commission)

This is to certify, that the _____
(Name of Company)

(hereinafter called Company) of _____
(Home Office Address of Company)

has issued to _____
(Name of Motor Carrier)

Of _____
(Address of Motor Carrier)

a policy or policies of insurance effective from _____ 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Cargo Insurance Endorsement, has or have been amended to provide cargo insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at _____
(Street Address) (City) (State) (Zip Code)

This _____ day of _____, _____.

Authorized Company Representative

Insurance Company File No. _____
(Policy Number)

This form determined by the National Association of Regulatory Utilities Commissioners and Promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C., Sec. 302[b][2]).

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(Execute in Triplicate)

Filed with _____ (hereinafter called Commission)
(Name of Commission)

This is to certify, that the _____
(Name of Company)

(hereinafter called Company) of _____
(Home Office Address of Company)

has issued to _____
(Name of Motor Carrier)

Of _____
(Address of Motor Carrier)

a policy or policies of insurance effective from _____ 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at _____
(Street Address) (City) (State) (Zip Code)

This _____ day of _____, _____.

Authorized Company Representative

Insurance Company File No. _____
(Policy Number)

This form determined by the National Association of Regulatory Utilities Commissioners and Promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C., Sec. 302[b](2)).

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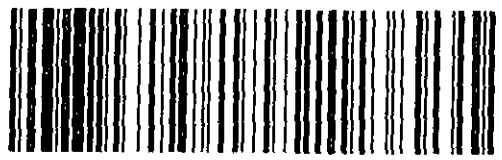
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SECRETARY'S BUREAU

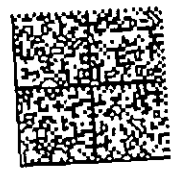
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CERTIFIED MAIL

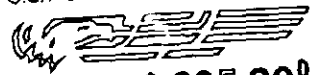
LANCASTER DEVELOPMENT INC
145 PODPADIC ROAD
RICHMONDVILLE, NY 12149



91 7108 2133 3939 0028 6166



U.S. POSTAGE >> PITNEY BOWES



ZIP 12149 \$ 005.29⁰
02 1W
0001365091 APR 05 2011

Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265