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Address Change

COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION
PO BOX 3265
HARRISBURG, PA 17105-3265

RECEIVED

JUN 10 2011

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

2010 ASSESSMENT REPORT-MOTOR CARRIERS

This Report **MUST BE FILED** not later than **MARCH 31, 2011**. Failure to file by the **March 31, 2011** deadline may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301).

TRADE OR CORPORATE NAME OF UTILITY: FIRST CHOICE COURIER, INC.		UTILITY CODE 702976	APPLICATION # A-00114728
CONTACT NAME:			
ADDRESS 1: PO BOX 941, 6012 Buckingham Dr.		ADDRESS 2 (Floor, Suite, etc.):	
CITY, STATE, ZIP: BENSALEM PA 19020			

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ADMINISTRATIVE SERVICES
2011 MAR 20 AM 4:01
PA PUC

OPERATING REVENUE FOR CALENDAR YEAR 2010 (January 1, 2010-December 31, 2010)
(All amounts shall be rounded to the nearest dollar.)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Other
1. PA INTRASTATE OPERATING REVENUE	\$ 606,861	\$	\$	\$
2. PA EXEMPT INTRASTATE REVENUE	\$	\$	\$	\$
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$ 606,861	\$	\$	\$

(All amounts shall be rounded to the nearest dollar.)

PA EXEMPT INTRASTATE REVENUE Enter a number from enclosed Exempt Revenue list as applicable. (Attach additional sheets as needed)	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Other
	\$	\$	\$	\$
TOTAL (Enter on Line 2 above)	\$	\$	\$	\$

UCR REGISTRATION INFORMATION

2010 UCR Registered: YES NO

IF YES:

US DOT #: 738105 INTERSTATE OPERATING REVENUE: \$ 0

MC Number: 336501

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

In accordance with Sections 505 and 506 of the Public Utility Code, as a means to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled with regard to the below-listed utility and/or individual.

First Choice Carrier, Inc.
Utility Name

x Lisa M. Hollawell
Signature

Date: 3-22-11

Lisa M. Hollawell President
Name (Printed) Title

AFFIDAVIT

I affirm that the information reported herein is complete, true and correct.

Lisa M. Hollawell 3-22-11
(Signature of Individual or Officer) (Date)

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:
Lisa M. Hollawell

TRADE NAME OR CORPORATE NAME OF UTILITY:
First Choice Carrier, Inc.

FEDERAL ID:
23-2959393

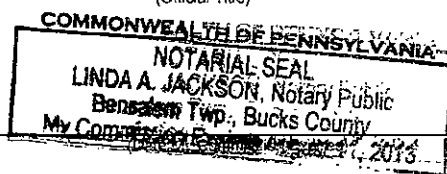
TELEPHONE NO.:
Office (215) 752-3232 Ext.
Cell (215) 520-3472

NOTARIZATION (Required)

Subscribed and sworn to before me

this 22nd day of March 2011
Linda A. Jackson
NOTARY SIGNATURE

OFFICIAL SEAL (Official Title)



Name of person to be contacted for additional information:
Name: Lisa Hollawell
(printed)

Telephone: 215-752-3232 Ext.

8-11-2013