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Added 6/30/11

Name: *Childing Change*

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

DATE: MAR 24 PM 1:28

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).

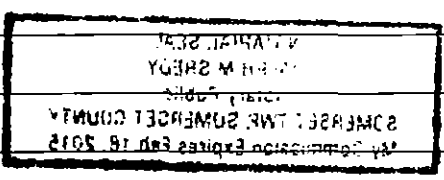
TRADE OR CORPORATE NAME OF UTILITY: C HEARN ENTERPRISES LLC	UTILITY CODE 8912398	APPLICATION # A-8912398
CONTACT NAME: JOHN A. PILLAR ESQ CHAD HEARN		
ADDRESS 1: P.O. Box 487 680 WASHINGTON ROAD, SUITE B101	ADDRESS 2 (Floor, Suite, etc.):	
CITY, STATE, ZIP: SOMERSET PITTSBURGH PA 15228-15501		

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	\$ 92,875.00	\$	\$	\$
2. PA EXEMPT INTRASTATE REVENUE	\$	\$	\$	\$
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$ 92,875.00	\$	\$	\$

(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)	\$ 92,875.00	\$	\$	\$



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JUL 15 2011
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

UCR REGISTRATION INFORMATION

2010 UCR Registered: YES NO

IF YES:
 US DOT #: 832493 INTERSTATE OPERATING REVENUE: \$ 54,352.00
 MC Number: 368661

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.

C. Hearn Enterprises LLC.
Utility Name

x [Signature]
Signature

Date: 3/10/11

Chad A. Hearn Pres.
Name (Printed) Title

AFFIDAVIT

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

[Signature] 3/10/11
(Signature of Individual or Officer) (Date)

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:

Chad A. Hearn

TRADE NAME OR CORPORATE NAME OF UTILITY:

C. Hearn Ent. LLC.

FEDERAL ID:

25-1843708

TELEPHONE NO.:

Office (814) 444-8368 Ext.
Cell (814) 483-0338

Name of person to be contacted for additional information:

Name: Chad A. Hearn
(printed)
Telephone: 814-483-0338 Ext.

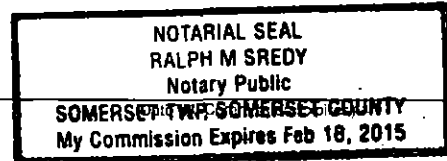
NOTARIZATION (Required)

Subscribed and sworn to before me

this 2nd day of March 2011

[Signature]
NOTARY SIGNATURE

OFFICIAL SEAL (Official Title)



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JUL 15 2011

PUBLIC UTILITY COMMISSION
OFFICE BUREAU