

ALL RECEIVED CHANGE

Entered 7/16/11



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

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: MINICH, N. L. & SONS, INC.	UTILITY CODE 704272	APPLICATION # A-00116667
CONTACT NAME: <i>Kimberly L. Rhoades</i>		
ADDRESS 1: 730 NORTH COLLEGE STREET	ADDRESS 2 (Floor, Suite, etc.): <i>Suite #1</i>	
CITY, STATE, ZIP: CARLISLE PA 17013		

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	\$ 513,863	\$	\$	\$
2. PA EXEMPT INTRASTATE REVENUE	\$ 310,766	\$	\$	\$
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$ 203,097	\$	\$	\$

(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
Transportation of own property Tri-axle dump trucks used to haul materials to private projects and residential projects	\$ 310,766	\$	\$	\$
TOTAL (Enter on Line 2 above)	\$ 310,766	\$	\$	\$

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

UCR REGISTRATION INFORMATION

2010 UCR Registered: YES NO

IF YES:

US DOT #: _____ INTERSTATE OPERATING REVENUE: \$ _____

MC Number: _____



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.

Utility Name _____

X _____
Signature

Date: _____

Name (Printed) _____ Title _____

AFFIDAVIT

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

Kimberly L. Rhoades
(Signature of Individual or Officer)

3-25-11
(Date)

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

Kimberly L. Rhoades

NOTARIZATION (Required)

Subscribed and sworn to before me

this 25 day of MARCH 2011

TRADE NAME OR CORPORATE NAME OF UTILITY:

N.L. Minich & Sons Inc.

NOTARY SIGNATURE

Wanda K. Blain

OFFICIAL SEAL

(Official Title)

FEDERAL ID:

25-1590168

TELEPHONE NO.:

Office (717) 243-2856 Ext.

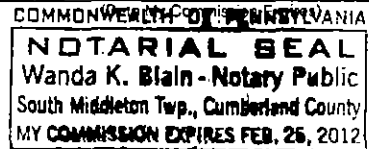
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Name of person to be contacted for additional information:

Name: Kimberly L. Rhoades

(printed)

Telephone: 717-243-2856 Ext.



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