

Entered 7/7/11



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: DYNO NOBEL TRANSPORTATION INC	UTILITY CODE 890937	APPLICATION # A-00107656
CONTACT NAME:		
ADDRESS 1: <u>2795 E. Cottonwood Pkwy.</u> 9650 DECKER LAKE BLD STE 300 - SK. 500	ADDRESS 2 (Floor, Suite, etc.):	
CITY, STATE, ZIP: SALT LAKE CITY UT 84119 84121		

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	\$ 448,168	\$ 0	\$ 0	\$ 0
2. PA EXEMPT INTRASTATE REVENUE	\$ 448,168	\$ 0	\$ 0	\$ 0
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$ 0	\$ 0	\$ 0	\$ 0

(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
#5 <u>Transportation Parent</u> 	\$	\$	\$	\$
	448,168			
TOTAL (Enter on Line 2 above)	\$ 448,168	\$	\$	\$

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SECRETARY'S BUREAU

UCR REGISTRATION INFORMATION

2010 UCR Registered: YES NO

IF YES:
US DOT #: 211986 INTERSTATE OPERATING REVENUE: \$ 28,117,547
MC Number: 155021

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.

Dyno Nobel Transportation Inc
Utility Name

X [Signature]
Signature

Date: 3-24-11

Darlene McCrea Administrator Specialist/over
Name (Printed) Title

AFFIDAVIT

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

[Signature] (Signature of Individual or Officer) _____ (Date)

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

Darlene McCrea

TRADE NAME OR CORPORATE NAME OF UTILITY:

Dyno Nobel Transportation Inc

FEDERAL ID:

36-3114564

TELEPHONE NO.:

Office () Ext. _____
Cell ()

NOTARIZATION (Required)

Subscribed and sworn to before me

this 24th day of March 2011

Heidi B. Elder
NOTARY SIGNATURE

OFFICIAL SEAL



Name of person to be contacted for additional information:

Name: Darlene McCrea
(printed)

Telephone: 801-328-6455 Ext. _____

(Date My Commission Expires)

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