

Address Change Entered 7/1/11



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: KLT, INC. | UTILITY CODE 783115 | APPLICATION # A-00107570 |
| CONTACT NAME: | | |
| ADDRESS 1: 1126 S. EAGLE VALLEY ROAD 250 HIGH VIEW DRIVE | ADDRESS 2 (Floor, Suite, etc.): | |
| CITY, STATE, ZIP: BELLEFONTE PA 16823 | | |

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 MET. FISCAL ASSESSMENT
 APR - 1
 PA PJC
 PH 2:36

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 | \$ 3035 | \$ | \$ | \$ |
| 2. PA EXEMPT INTRASTATE REVENUE | \$ - 0 - | \$ | \$ | \$ |
| 3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1) | \$ 3035 | \$ | \$ | \$ |

(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) | \$ - 0 - | \$ | \$ | \$ |

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 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.

BLT, INC.
Utility Name

X *Kenneth L. Teaman*
Signature

KENNETH L. TEAMAN PRESIDENT
Name (Printed) Title

Date: 03/29/11

AFFIDAVIT

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

Kenneth L. Teaman 03/29/2011
(Signature of Individual or Officer) (Date)

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

KENNETH L. TEAMAN

TRADE NAME OR CORPORATE NAME OF UTILITY:

BLT, INC

FEDERAL ID:

25-1550161

TELEPHONE NO.:

Office (814) 355-5452 Ext.

Cell (814) 577-2356

NOTARIZATION (Required)

Subscribed and sworn to before me

this 29th day of March 2011

Carolyn B. Teaman
NOTARY SIGNATURE

OFFICIAL SEAL

(Official Title)

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal
Carolyn B. Teaman, Notary Public
Union Twp., Centre County
My Commission Expires May 2, 2013

Member, ~~Pennsylvania~~ Association of Notaries

Name of person to be contacted for additional information:

Name: CAROLYN B. TEAMAN

(printed)

Telephones: 814-355-5452 Ext.

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SECRETARY'S BUREAU