



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

Entered 7/7/11

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 TUNSET, FISCAL & ASSES MTR
 11 MAY 17 11:11:56

2010 ASSESSMENT REPORT-MOTOR CARRIERS

PA PUC

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: <i>LLC</i>	UTILITY CODE	APPLICATION #
DAMAGE RECOVERY SYSTEMS, INC.	701933	A-00113048
CONTACT NAME:		
ADDRESS 1: <i>2625 N 12TH ST</i>	ADDRESS 2 (Floor, Suite, etc.):	
31 ROBINSON STREET	<i>SUITE 2100</i>	
CITY, STATE, ZIP:		
ROBERTSTOWN PA 19464 <i>READING, PA 19605</i>		

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	\$ 0	\$	\$	\$
2. PA EXEMPT INTRASTATE REVENUE	\$ 0	\$ <i>N/A</i>	\$ <i>N/A</i>	\$ <i>N/A</i>
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$ 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
	\$ <i>NONE</i>	\$ <i>NONE</i>	\$ <i>NONE</i>	\$ <i>NONE</i>
TOTAL (Enter on Line 2 above)	\$ <i>NONE</i>	\$ <i>NONE</i>	\$ <i>NONE</i>	\$ <i>NONE</i>

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UCR REGISTRATION INFORMATION

2010 UCR Registered: *NO* YES NO

IF YES:

US DOT #: *2138520* INTERSTATE OPERATING REVENUE: \$ *NONE*

MC Number: *262063 P*

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.

DAMAGE RECOVERY SYSTEMS LLC
Utility Name

X Michael J. Weidert
Signature

Date: 5/13/11

MICHAEL J WEIDERT CONTROLLER
Name (Printed) Title

AFFIDAVIT

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

(Signature of Individual or Officer)

(Date)

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

NOTARIZATION (Required)

Subscribed and sworn to before me

this _____ day of _____ 2011

TRADE NAME OR CORPORATE NAME OF UTILITY:

NOTARY SIGNATURE

FEDERAL ID:

TELEPHONE NO.:

Office () Ext.

Cell ()

OFFICIAL
SEAL

(Official Title)

Name of person to be contacted for additional information:

(Date My Commission Expires)

Name: _____

Telephone: _____ (printed) Ext.

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