

Added 6/30/11

Address Change



COMMONWEALTH OF PENNSYLVANIA RECEIVED  
PUBLIC UTILITY COMMISSION REGISTRATION & ASSESSMENT  
PO BOX 3265  
HARRISBURG, PA 17105-3265  
MARCH 4 PM 2:15

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: <i>D'S Limousine Service</i>	UTILITY CODE <i>631780</i>	APPLICATION # <i>A-108173</i>
CONTACT NAME:		
ADDRESS 1: <i>2753 Mt Carmel Ave</i>	ADDRESS 2 (Floor, Suite, etc.):	
CITY, STATE, ZIP: <i>Glenside PA 19038</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	\$	\$	\$	\$ <i>9150</i>
2. PA EXEMPT INTRASTATE REVENUE	\$	\$	\$	\$
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$	\$	\$	\$ <i>9150</i>

(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)	\$	\$	\$	\$

UCR REGISTRATION INFORMATION

2010 UCR Registered:  YES  NO

IF YES:  
 US DOT #: *01960673* INTERSTATE OPERATING REVENUE: \$ *4250*  
 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.

W's Amusement Service  
Utility Name

Roman Barkan  
Signature

Date: 3/29/11

Roman Barkan President  
Name (Printed) Title

**AFFIDAVIT**

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

Roman Barkan 3/29/11  
(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 29 day of March 2011

TRADE NAME OR CORPORATE NAME OF UTILITY:

NOTARY SIGNATURE

FEDERAL ID:

TELEPHONE NO.:

Office ( ) Ext.

Cell ( )

OFFICIAL SEAL

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL

ANNA FRIEDMAN, Notary Public  
City of Philadelphia, Phila. County  
My Commission Expires March 17, 2013

Name of person to be contacted for additional information:

(Date My Commission Expires)

Name Roman Barkan  
(printed)

Telephone: (215) 576-7347 Ext.

RECEIVED

JUL 15 2011

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU