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DAVID L. McCLURE, OF COUNSEL

JALDEN@ALDENLAW.NET

December 23, 2011

Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
P.O. Box 3265
Harrisburg, PA 17105-3265

RE: PROP LOGISTICS, LLC
520 PERKINS JONES ROAD
WARREN, OHIO 44483
US DOT: 2250918

RECEIVED
2011 DEC 29 AM 9:55
PA.P.U.C.
SECRETARY'S BUREAU

Dear Sir or Madam:

Enclosed please find the following to be filed on behalf of the above-referenced carrier:

1. Application for Motor Common Carrier of Property;
2. Check in the amount of \$100.00 for the filing fee;
3. We have filed for Foreign LLC Registration with the PA Corporations Bureau and copies of the application are enclosed. We will contact you immediately when the Entity Identity Number is issued. We have been advised by the Corporations Bureau that we should have the number within 3-4 days;
4. List of corporate officers, titles and percentage of ownership;
5. Insurance will be filed directly by the insurance carrier.

Please direct all correspondence, including the issued authority, to my office as attorney for the applicant.

An additional copy of this cover letter is also enclosed. Please date stamp it and return as proof of receipt in the enclosed postage paid envelope.

If you have any questions or need anything further, please contact Erin Henson in our office, or myself. Thank you for your assistance.

Sincerely,


John L. Alden

JLA/elh
Enclosures

Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-1227

Application for Motor Common Carrier of Property

Please complete all parts of the following application. For questions, please call the Commission at (717) 787-3834.

1. **Legal Name of Applicant** (Individual, Partnership, LP, LLP, Corporation, or LLC)

Prop Logistics, LLC

2. **Trade Name** (if using a fictitious trade name, it must be registered with the Dept. of State)

Fictitious name and Registration number (if applicable)

3. **Physical Address** (do not use PO Box)

520 Perkins Jones Road

Street Address

Warren, Ohio 44483

City, State and Zip Code

(330) 727-2952

Telephone Number

Trumbull

County

4. **Mailing Address** (if different from Physical Address)

One East Livingston Avenue

Street Address

Columbus, Ohio 43215

City, State and Zip Code

5. **Attorney** (if applicable)

John L. Alden, Esq. (614) 221-1306

Attorney's Name & Telephone Number for this Filing

One East Livingston Avenue Columbus, Ohio 43215

Attorney's Address

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6. **Does applicant currently hold or has ever held PA PUC authority?**

Yes **No** (circle one)

If yes, **PUC NO. A-** _____

7. **What type of commodity do you intend to transport?**

General Freight; Brine

8. **Are you one of the following? If yes, check below.**

Individual

Partnership

9. **Are you a business entity registered with the PA Department of State?**

If **YES**, please check below the type of business that applies to this Application and provide the Entity ID Number given to you by the PA Department of State:

Limited Partnership

Corporation Bureau Entity ID Number

Limited Liability Partnership

Corporation Bureau Entity ID Number

Limited Liability Company

Applied for – Please see cover letter and attachments

Corporation Bureau Entity ID Number

Corporation – For Profit

Corporation Bureau Entity ID Number

Corporation – Nonprofit

Corporation Bureau Entity ID Number

Fictitious Name (if applicable)

If **NO**, contact the PA Department of State and apply according to how you will do business in PA:

PA Corporations (Profit or Non-Profit)

- File for Articles of Incorporation

Foreign Corporations

- File for a Certificate of Authority

- PA Limited Partnerships, Limited Liability Partnerships, Limited Liability Companies - File for an Application of Registration
- Fictitious Name Registration - File **only** if Trade Name will be different than the business name you register with the Department of State

10. Attachment Checklist

- Individual: Certified Check, money order, or check from attorney
 Copy of Current Safety Rating (if available)
- Partnership: Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Liability Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Liability Company: Corporation Bureau Entity Number as entered above in #9
Applied for, please see cover letter and attachments
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Members and Title of each Member (even if only one member)
 Copy of Current Safety Rating (if available) **not applicable**
- Corporation – For Profit: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers and Titles, name of each Shareholder and distribution of shares
 Copy of Current Safety Rating (if available)
- Corporation – Non-Profit: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers and Titles and those serving on Board of Directors
 Copy of Current Safety Rating (if available)

11. Certification

Applicant certifies that it is not now engaged in intrastate transportation of property for compensation between points in Pennsylvania without Pennsylvania Public Utility Commission authorization and will not engage in any transportation not previously authorized by the Pennsylvania Public Utility Commission unless and until such authorization is obtained.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the Certificate.

You must sign the following Verification of Application.

Verification of Application

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners (if a partnership, LP, or LLP), a member (if LLC), or by any officer (if a corporation).

I/we hereby state that the statements made in this application are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 Relating to Unsworn Falsification to Authorities.

David J. Best
 (Print Name)

 (Signature) *[Handwritten Signature]* _____ (Date) December 20, 2011

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Prop Logistics, LLC
520 Perkins Jones Road
Warren, Ohio 44483
(330) 727-2952

David James Best, President
649 Scott Street
Hubbard, OH 44425
15% Ownership

Sandra Clark, Vice President
3827 Herr Field House Road
Southington, OH 44470
85% Ownership

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PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Application for Registration - Foreign
(15 Pa.C.S.)

- Registered Limited Liability General Partnership (§ 8211)
 Registered Limited Liability Limited Partnership (§ 8211)
 Limited Partnership (§ 8582)
 Limited Liability Company (§ 8981)

Name	John Alden, Esq.		
	AldenLaw		
Address	One East Livingston Avenue		
City	State	Zip Code	
Columbus	Ohio	43215	

Document will be returned to the name and address you enter to the left.



Fee: \$250

In compliance with the requirements of the applicable provisions (relating to registration), the undersigned, desiring to register to do business in this Commonwealth, hereby states that:

1. The name of the limited liability company/limited liability partnership/limited partnership in the jurisdiction in which it is formed:

PROP LOGISTICS, LLC

2. The name under which the limited liability company/limited liability partnership/limited partnership proposes to register and do business in this Commonwealth is:

PROP LOGISTICS, LLC

3. The name of the jurisdiction under the laws of which it was organized and the date of its formation:

Jurisdiction: OHIO Date of Formation: 10/20/11

4. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and street City State Zip County

(b) Name of Commercial Registered Office Provider County
CORPORATION GUARANTEE AND TRUST COMPANY BUCKS

