

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

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TECHNICAL UTILITY SERVICES  
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## 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)

~~BERNARD J. KAUFFMAN RACHEL M~~

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

IRU'S LOGGING + TRANSPORT LLC

**Fictitious name and Registration number** (if applicable)

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

~~636 SR 655 ALLENSVILLE PA 17002~~

Street Address

ALLENSVILLE PA 17002

City, State and Zip Code

717-483-9932

Telephone Number

Mifflin

County

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

Same

Street Address

City, State and Zip Code

5. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

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?**

\_\_\_\_\_ LOGGING \_\_\_\_\_

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

27-2613521  
\_\_\_\_\_  
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  
 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)
- 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.

Irvin J. Kauffman	Rachel M. Kauffman	
(Print Name)		
<i>Irvin J. Kauffman</i>	<i>Rachel M. Kauffman</i>	12-05-11
(Signature)		(Date)

Entity #: 2992100  
Date Filed: 05/04/2010  
Pedro A. Cortés  
Secretary of the Commonwealth

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

**Certificate of Organization  
Domestic Limited Liability Company  
(15 Pa.C.S. § 8913)**

Name <b>Houck &amp; Gingrich</b>		
Address <b>P.O. Box 430</b>		
City <b>Lewistown PA</b>	State <b>PA</b>	Zip Code <b>17044</b>

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

Commonwealth of Pennsylvania  
CERTIFICATE OF ORGANIZATION 3 Page(s)

Fee: \$125



In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation): <b>Irvin Logging &amp; Transport, LLC</b>
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2. The (a) address of the limited liability company's 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 <b>636 SR 655</b>	City <b>Allensville</b>	State <b>PA</b>	Zip <b>17002</b>	County <b>Mifflin</b>
(b) Name of Commercial Registered Office Provider <b>n/a:</b>				County

3. The name and address, including street and number, if any, of each organizer is (all organizers must sign on page 2):	
Name	Address
<b>Irvin J. Kauffman,</b>	<b>636 SR 655, Allensville PA 17002</b>
<b>Rachel M. Kauffman,</b>	<b>636 SR 655, Allensville PA 17002</b>

PA DEPT. OF STATE

MAY 04 2010

DSCB:15-8913-2

4. ~~Strike out if inapplicable term~~

~~A member's interest in the company is to be evidenced by a certificate of membership interest.~~

5. ~~Strike out if inapplicable:~~

~~Management of the company is vested in a manager or managers.~~

6. The specified effective date, if any is: May 1, 2010

month date year hour, if any

7. ~~Strike out if inapplicable. The company is a restricted professional company organized to render the following restricted professional service(s):~~

8. For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this

3rd day of May 2010

Irvin D. Kauffman  
Signature

Rachel M. Kauffman  
Signature

Signature