

**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)

KELLYN A HOOVER

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

PLATINUM POWER TRANSPORT

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

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

1435 CLAY RD

Street Address

LITITZ PA 17543

City, State and Zip Code

717 330 4941

LANCASTER

Telephone Number

County

RECEIVED  
2012 FEB 13 AM 9:45  
PA P.U.C.  
SECRETARY'S BUREAU

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

Street Address

City, State and Zip Code

5. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

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?**

STONE, GRAIN, COAL  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Corporation Bureau Entity ID Number

Corporation – For Profit

\_\_\_\_\_  
Corporation Bureau Entity ID Number

Corporation – Nonprofit

\_\_\_\_\_  
Corporation Bureau Entity ID Number

Fictitious Name (if applicable)

4081621  
\_\_\_\_\_

**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.

(Print Name) Kellyn A. Hoover  
X (Signature)  (Date) 1-17-12

**PENNSYLVANIA DEPARTMENT OF STATE  
 CORPORATION BUREAU**

**Application for Registration of Fictitious Name**  
 54 Pa.C.S. § 311

Name		
Trucker's Paper Trail, Inc.		
Address		
5579 Division Hwy		
City	State	Zip Code
Narvon PA		17555

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



Commonwealth of Pennsylvania  
 FICTITIOUS NAME 2 Page(s)

Fee: \$70



In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is:  
 Platinum Power Transport

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:  
 Trucking for hire

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):  
 1435 Clay Rd Lititz PA 17543 Lancaster County

Number and street	City	State	Zip	County
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4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State
Kellyn A. Hoover	1435 Clay Rd.,	Lititz	PA

Dept. of State

JAN 23 2012

5. Each entity, other than an individual, interested in such business is (are):

Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		
Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		

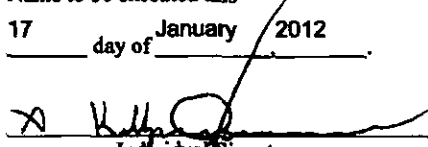
6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. Optional: The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

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IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this

17 day of January 2012

 Individual Signature	Individual Signature
Individual Signature	Individual Signature
Entity Name	Entity Name
Signature	Signature
Title	Title



**TRUCKER'S**  
PAPER TRAIL, INC.

5579 Division Highway  
Narvon, PA 17555

HARRISBURG, PA 178

10 FEB 2012 PM 11



PA Public Utility Commission  
PO Box 3265  
Harrisburg PA 17105-3265

171053265

