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TECHNICAL UTILITY SERVICES
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**Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834**

Application for Motor Common Carrier of Property

Please complete all parts of the following application. Incomplete applications will be returned. All questions may be directed to the Bureau of Transportation & Safety at (717) 787-3834.

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

LEE'S LAWN CARE LLC

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

~~Lee's Lawn Care LLC~~

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

35 BUTTERNUT Rd.

Street Address

NewBouldland PA, 18445

City, State and Zip Code

(570) 499-9148

Telephone Number

Wayne

County

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

Street Address

City, State and Zip Code

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5. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

6. Does applicant currently hold PA PUC authority? Yes **No** (circle one)

If yes, enter current docket number **A-00** _____

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

8. **Form of Organization** (Check one that applies to this application)

Individual

Partnership

Attach a copy of a Partnership Agreement and list the names and addresses of ALL partners.

Corporation

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration. Include a list of all corporate officers/titles and distribution of shares.

LLC or LLP

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or foreign corporation registration. Include a list of all members (even if there is only one member) and title of each member.

9. **Attachment Checklist**

For Corporations:

Copy of Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration.

List of all corporate officers/titles, names of shareholders and distribution of shares.

For LLPs and LLCs Only:

Copy of Certificate of Incorporation, Certificate of Authority, or foreign corporation registration.

List of all members (even if there is only one member) and title of each member.

For Partnerships Only:

Copy of Partnership Agreement.

List the names and addresses of ALL partners.

For ALL Applicants:

- Fictitious Trade Name Registration (if applicable).
- Copy of Current Safety Rating (if available).
- Proof of Insurance (See item 5 on instruction sheet).
- Certified check, money order or attorney's check.

10. Certification

Applicant certifies that it is not now engaged in any intrastate transportation of property for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

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) or by the President or Secretary (if a corporation).

I/we hereby state that the statements made in this application is/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

Jonathan T Lee
(Print Name)

[Signature]

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(Date)

(Signature)

MEMBERSHIP OF LEE'S LAWN CARE, LLC
JONATHAN T. LEE IS THE SOLE MEMBER

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
206 NORTH OFFICE BUILDING
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

Lee's Lawn Care, LLC

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 3863522

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RUTHERFORD & RUTHERFORD
921 COURT STREET,
HONESDALE, PA 18431

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

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

Name Sally N Rutherford		
Address 921 Court Street		
City Honesdale	State PA	Zip Code 18431

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



T0905011053

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):
Lee's Lawn Care, LLC

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 35 Butternut Road	City Newfoundland	State PA	Zip 18445	County Wayne
(b) Name of Commercial Registered Office Provider c/o:				County

3. The name and address, including street and number, if any, of each organizer is (all organizers must sign on page 2):

Name Jonathon T. Lee	Address 35 Butternut Road, Newfoundland, Pennsylvania, 18445

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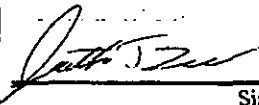
4. *Strike out if inapplicable term*
~~A member's interest in the company is to be evidenced by a certificate of membership interest.~~

5. *Strike out if inapplicable:*
~~Management of the company is vested in a manager or managers.~~

6. The specified effective date, if any is: 01/01/2009
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
13 day of February, 2009.


Signature

Signature

Signature

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Policy Q07-0830636 Declaration effective 02/01/2012

PIONEER COMMERCIAL AUTO POLICY
NON-FLEET

AMENDED DECLARATIONS 03 * * EFFECTIVE 02/01/12
ATTACH THIS TO YOUR POLICY.

REASON FOR AMENDMENT - AUTO 15 AND LIENHOLDER ADDED
AA8013 OLSOMMER-CLARKE INS GRP 07/08/11 TO 07/08/12 Q07 0830636 A7
LEE'S LAWCARE LLC AS LISTED BELOW
35 BUTTERNUT RD
NEWFOUNDLAND PA 18445-9639

ADDED AUTO 15 96 PTRB DUMP TRK 1XPAX6EX6TN377477

* YOUR COLLISION COVERAGE AND DEDUCTIBLE APPLY TO PRIVATE PASSENGER *
* AUTOS YOU, A PARTNER OR EXECUTIVE OFFICER RENT FOR 45 DAYS OR LESS. *
* THIS IS SUBJECT TO LIMITS, TERMS AND CONDITIONS IN THE POLICY. *

ITEM 4. AUTOS COVERED

Table with columns: AUTO YR MAKE, VIN, ST TER SYM CM CL RATING CLASS. Rows include JOHN SWEEPER, HIRED AUTO, NON-OWNED AUTO, FORD F250, PTRB DUMP TRK.

ITEM 5. INSURANCE IS PROVIDED WHERE A PREMIUM, OR INCL, IS SHOWN FOR THE COVERAGE. COVERAGES, LIMITS AND ANNUAL PREMIUMS ARE AS FOLLOWS-
M EQUALS THOUSAND \$ # 11 # 12 # 13 # 14 # 15

Table listing various insurance coverages and their annual premiums. Includes Liability Protection, Hired Autos Liability, Employers Non-owned Autos Liability, First Party Benefits, Uninsured Motorists Coverage, Underinsured Motorists Coverage, Physical Damage Coverages, and Total Annual Premiums.

ITEM 6. APPLICABLE POLICY, ENDORSEMENTS, EXCEPTIONS TO DECLARATIONS ITEMS
ALL AUTOS - CAP 04/96, ACPA01 03/09.
AUTO 11 - ABPN01 10/98.
AUTO 11 - AHPU01 11/10.
AUTO 14 - AHPU01 11/10, ABPN01 10/98.
AUTO 15 - AHPU01 11/10*, ABPN01 10/98*.

MISCELLANEOUS INFORMATION
AUTO 11 RADIUS OF OPERATION 50 MILES
AUTO 14 RADIUS OF OPERATION 50 MILES
AUTO 15 RADIUS OF OPERATION 50 MILES

ITEM 7. EACH AUTO WE INSURE WILL BE PRINCIPALLY GARAGED AT THE ADDRESS SHOWN

IN ITEM 1, UNLESS ANOTHER ADDRESS IS SHOWN BELOW.

ITEM 8. EACH AUTO WE INSURE IS USED IN THE BUSINESS AS SHOWN BELOW.

ITEM 8 SNOW REMOVAL CONTRACTOR

ITEM 9. UNLESS OTHERWISE INDICATED BELOW, THE NAMED INSURED IS THE SOLE OWNER OF EACH AUTO WE INSURE.

LIENHOLDER FOR AUTO 11
THE DIME BANK
PO BOX 509
HONESDALE PA 18431-0509

LIENHOLDER FOR AUTO 15
THE DIME BANK
PO BOX 509
HONESDALE PA 18431-0509

Q07 0830636