



# JAMES T. O'HARA, INC.

EXCAVATION / CONSTRUCTION COMPANY  
205 Old School House Road  
Covington Township, PA 18444  
Phone (570) 842-2140  
Fax (570) 842-8205  
[jamestohara@aol.com](mailto:jamestohara@aol.com)

April 4, 2012

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Public Utility Commission  
Bureau of Transportation & Safety  
400 North Street, Keystone Building  
Harrisburg, Pennsylvania 17120

RE: Application for Motor Carrier of Property

Dear Sir/Madam:

Enclosed you will find an original and one copy of our Application for Motor Carrier of Property. Also, enclosed is our Money Order in the amount of One Hundred (\$100.00) Dollars as payment for filing fees.

Please cause our application to be processed promptly and return a time-stamped copy to this office in the self-addressed, stamped envelope provided for your convenience.

Thank you for your time and attention to this matter. If you have any questions, or need any further information, then please do not hesitate to contact me.

Respectfully,

  
Lori A. Bolick, Esquire

Enc.

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2012 APR -9 AM 11:38  
J.T.O.  
SECRETARY'S BUREAU

**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)

James T. O'Hara, Inc.

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

N/A

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

205 Old School House Road

Street Address

Covington Township, PA 18444

City, State and Zip Code

570-842-2140

Telephone Number

Lackawanna

County

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

Same

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? \_\_\_\_\_

Construction materials

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.

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**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.

James T. O'Hara  
(Print Name)  
James T. O'Hara

**ARTICLES OF INCORPORATION**

COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF STATE - CORPORATION BUREAU  
 306 NORTH OFFICE BUILDING, HARRISBURG, PA 17120

PLEASE INDICATE (CHECK ONE) TYPE CORPORATION:

- DOMESTIC BUSINESS CORPORATION
- DOMESTIC BUSINESS CORPORATION  
A CLOSE CORPORATION - COMPLETE BACK
- DOMESTIC PROFESSIONAL CORPORATION  
ENTER I.D.# TO LICENSE NO

FEE  
\$75.00

010 NAME OF CORPORATION (MUST CONTAIN A CORPORATE INDICATOR UNLESS EXEMPT UNDER 15 P.S. 7906 B)

James T. O'Hara, Inc.

011 ADDRESS OF REGISTERED OFFICE IN PENNSYLVANIA (P.O. BOX NUMBER NOT ACCEPTABLE)

R.D. #4

012 CITY

Moscow

013 COUNTY

Lackawanna (35) Pennsylvania

014 STATE

015 ZIP CODE

18444

016 EXPLAIN THE PURPOSE OR PURPOSES OF THE CORPORATION

To engage in and to do any lawful act concerning any and all lawful business for which corporation may be organized under the Business Corporation Law of 1988.

(ATTACH BY 11 SHEET IF NECESSARY)

The Aggregate Number of Shares, Classes of Shares and Par Value of Shares Which the Corporation Shall Have Authority to Issue:

040 Number and Class of Shares

1000 - Common

041 Stated Par Value Per Share

No Par

042 Total Authorized Capital

031 Term of Existence

Perpetual

The Name and Address of Each Incorporator, and the Number and Class of Shares Subscribed to by Each Incorporator

040 Name	043, 044 Address (Street, City, State, Zip Code)	Number & Class of Shares
James T. O'Hara	R.D. #4, Moscow, Pennsylvania 18444	100 - Common

(ATTACH BY 11 SHEET IF NECESSARY)

IN TESTIMONY WHEREOF, THE INCORPORATOR(S) HAS (HAVE) SIGNED AND SEALED THE ARTICLES OF INCORPORATION THIS 9<sup>th</sup> DAY OF November, 1989.

*James T. O'Hara*  
 James T. O'Hara

- FOR OFFICE USE ONLY -

070 FILED NOV 17 1989	002 CODE	003 REV BOX	SEQUENTIAL NO.	100 MICROFILM NUMBER 5978948
<i>Christopher A. Lewis</i> Acting Secretary of the Commonwealth Department of State Commonwealth of Pennsylvania	REVIEWED BY	004 SIC	AMOUNT	001 CORPORATION NUMBER 1536462
	DATE APPROVED	CERTIFY TO	INPUT BY	LOG IN
	DATE REJECTED	011 REV	012 FILED BY	LOG IN (IF FILE)
	MAILED BY DATE	011 E.I.	012 FILED BY	LOG OUT
	011 OTHER			LOG OUT (IF FILE)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

DECEMBER 16, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

**JAMES T. O'HARA, INC.**

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

*Carol Aichele*

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Secretary of the Commonwealth