

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

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TECHNICAL UTILITY SERVICES

2012 JUN 28 AM 9:42

## 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)

Jennifer M. Whipkey

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

Whipkey Trucking and Supply, LLC

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

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

157 Mill Run Rd.

Street Address

Normalville, PA. 15469

City, State and Zip Code

(724) 455-6369

Telephone Number

Fayette

County

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

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SECRETARY'S BUREAU

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

Yes  No (circle one)

If yes, PUC NO. A- 00118314

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

Stone, salt, dirt, asphalt, wood products

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

3880966  
\_\_\_\_\_  
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.

Jennifer M. Whipkey  
(Print Name)  
\_\_\_\_\_  
Jennifer M. Whipkey, \_\_\_\_\_  
(Signature) (Date) 6/18/12

ST, PAO4B

From: pac4b@state.pa.us  
Sent: Thursday, May 07, 2009 3:26 PM  
To: ST, PAO4B  
Subject: PAO4B New Registration 255773

PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU  
Certificate of Organization  
Domestic Limited Liability Company  
(15 Pa.C.S. § 8913)

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

Name

Virginia Bowser  
Address  
157 Mill Run Road  
Address

City State Zip Code  
Normalville PA 15469

Email: bowser2@lhtol.com

Fee: \$125

Commonwealth of Pennsylvania  
CERTIFICATE OF ORGANIZATION 2 Page(s)



T0913165078

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:

- The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):  
Whipkey Trucking & Supply LLC
- The (a) address of limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provided and the county of venue is:  

(a) Number and Street	City	State	Zip	County
157 Mill Run Road	Normalville	PA	15469	26

  

(b) Name of Commercial Registered Office	County
--	--------
- The name and address, including street and number, if any, of each organizer is (all organizers must sign on page 2):  

Name	Address
JENNIFER M WHIPKEY	157 MILL RUN ROADNORMALVILLEPA15469
- Strike out if inapplicable term  
A member's interest in the company is to be evidenced by a certificate of membership interest.
- Strike out if inapplicable  
Management of the company is vested in a manager or managers.
- The specified effective date, if any is:  

09	01	2008
Month	Day	Year

  

hour, if any
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- Strike out if inapplicable term: The company is a restricted professional company organized to render the following restricted professional service(s):
- For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

cc-125

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

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

0577320090507



**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU  
Domestic Signature Form**

**Document must be completed and mailed to the address listed below.**

Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057

- 1. The enterprise structure is:  
**Limited Liability Company**
- 2. The enterprise legal name is:  
**Whipkey Trucking & Supply LLC**
- 3. The enterprise's fictitious name is:

IN TESTIMONY WHEREOF, the undersigned have caused this application to be executed this  
8 day of May, 2009.

*Jennifer M. Whipkey*  
Individual Signature of JENNIFER M WHIPKEY

0577320090507

To avoid any delay or rejection, signature form(s) should be received within 7-10 days of the registration submission date.

PA DEPT. OF STATE

MAY 11 2009

**Whipkey Trucking and Supply, LLC**

**Officers**

**Jennifer M. Whipkey- President**

**157 Mill Run Road**

**Normalville, PA. 15469**

**Jennifer M. Whipkey- Secretary/ Treasurer**

**157 Mill Run Road**

**Normalville, PA. 15469**

Whipkey Trucking  
& Supply, LLC  
157 Mill Run Rd.  
Normalville, PA.  
15469

Sec Bur

Pennsylvania Public Utility  
Commission

Bureau of Transportation & Safety

P.O. Box 3265

Harrisburg, PA.

17105-3265

