

Canceling PUC 1/8/13 still not cancelled

COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION
PO BOX 3265
HARRISBURG, PA 17105-3265

RECEIVED
BUDGET, FISCAL & ASSESSMENT
11 APR 20 12:33

2010 ASSESSMENT REPORT-MOTOR CARRIERS PA PUC

This Report **MUST BE FILED** not later than **MARCH 31, 2011**. Failure to file by the **March 31, 2011** deadline may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301).

TRADE OR CORPORATE NAME OF UTILITY: JACKSON, CLYDE L., JR.	UTILITY CODE: 641691	APPLICATION #: A-00123040
CONTACT NAME:		
ADDRESS 1: 43084 BUELLS CORNERS ROAD		ADDRESS 2 (Floor, Suite, etc.):
CITY, STATE, ZIP: SPARTANSBURG PA 16434		

OPERATING REVENUE FOR CALENDAR YEAR 2010 (January 1, 2010-December 31, 2010)

(All amounts shall be rounded to the nearest dollar.)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Other
1. PA INTRASTATE OPERATING REVENUE	\$	\$	\$	\$ 26662.00
2. PA EXEMPT INTRASTATE REVENUE	\$	\$	\$	\$
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$	\$	\$	\$ 26662.00

(All amounts shall be rounded to the nearest dollar.)

PA EXEMPT INTRASTATE REVENUE Enter a number from enclosed Exempt Revenue list as applicable. (Attach additional sheets as needed)	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Other
	\$	\$	\$	\$
TOTAL (Enter on Line 2 above)	\$	\$	\$	\$

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 2013 APR 12 AM 11:04
 PA PUC
 SECRETARY'S BUREAU

UCR REGISTRATION INFORMATION

2010 UCR Registered: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF YES:	
US DOT #: _____	INTERSTATE OPERATING REVENUE: \$ _____
MC Number: _____	

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

In accordance with Sections 505 and 506 of the Public Utility Code, as a means to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled with regard to the below-listed utility and/or individual.

Clyde L JACKSON Jr
Utility Name

x Sonda S Jackson
Signature

Date: 4-12-11

Sonda S. JACKSON
Name (Printed) Title

AFFIDAVIT

I affirm that the information reported herein is complete, true and correct.

Sonda S Jackson 4-12-11
(Signature of Individual or Officer) (Date)

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:

Sonda S. JACKSON

TRADE NAME OR CORPORATE NAME OF UTILITY:

Clyde L JACKSON JR.

NOTARIZATION (Required)

Subscribed and sworn to before me

this 14th day of April 2011
Deborah L Wiltanger
NOTARY SIGNATURE

OFFICIAL SEAL (Official Title)

FEDERAL ID:

TELEPHONE NO.:

Office () Ext.

Cell ()

Name of person to be contacted for additional information:

Name: Sonda JACKSON 814-654-7744
(Printed) Ext.

(Date My Commission Expires)
COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Deborah L Wiltanger, Notary Public
City of Titusville, Crawford County
My commission expires October 02, 2011

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

WARNING: It is illegal to duplicate this copy by photostat or photograph.

RECEIVED
BUDGET, FISCAL & ASSESSMENT
Marina O'Reilly Matthew
11 APR 21 PM 12:33
Marina O'Reilly Matthew
Acting State Registrar



6070439

No.

APR 04 2011

Date

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TYPE / PRINT IN
PERMANENT
BLACK INK

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF

CERTIFICATE OF DEATH
(See instructions and examples on r

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1. Name of Decedent (First, middle, last, suffix) Clyde Jackson, Jr.		2. Sex Male		4. Date of Death (Month, day, year) March 24, 2011	
5. Age (Last Birthday) 65 Yrs.	Under 1 year Months 6	Under 1 day Hours 12 Minutes 30	6. Date of Birth (Month, day, year) Jan. 2, 1946	7. Birthplace (City and state or foreign country) Titusville, PA	8a. Place of Death (Check only one) Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER / Outpatient <input type="checkbox"/> DOA Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other - Specify
8b. County of Death Erie	8c. City, Boro, Twp. of Death Erie	8d. Facility Name (If not institution, give street and number) St. Vincent Health Center		9. Was Decedent of Hispanic Origin? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	10. Race: American Indian, Black, White, etc. (Specify) White
11. Decedent's Usual Occupation (Kind of work done during most of working life. Do not state retired) Kind of Work Truck Driver Kind of business / industry Lumber	12. Was Decedent ever in the U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13. Decedent's Education (Specify only highest grade completed) Elementary / Secondary (10-12) 12 College (1-4 or 5+)	14. Marital Status: Married, Never Married, Widowed, Divorced (Specify) Married	15. Surviving Spouse (If wife, give maiden name) Alice Southwick	
16. Decedent's Mailing Address (Street, city / town, state, zip code) 43084 Buells Corners Rd. Spartansburg, PA 16434		Decedent's Actual Residence 17a. State Pennsylvania 17b. County Crawford		Did Decedent live in a Township? 17c. <input checked="" type="checkbox"/> Yes, Decedent Lived in Rome Twp. 17d. <input type="checkbox"/> No, Decedent Lived within Actual Limits of _____ City / Boro	
18. Father's Name (First, middle, last, suffix) Clyde L. Jackson, Sr.		19. Mother's Name (First, middle, maiden surname) Madeline Baker			
20a. Informant's Name (Type / Print) Alice Jackson		20b. Informant's Mailing Address (Street, city / town, state, zip code) 43084 Buells Corners Rd., Spartansburg, PA 16434			
21a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal from State <input type="checkbox"/> Other - Specify		21b. Date of Disposition (Month, day, year) March 28, 2011		21c. Place of Disposition (Name of cemetery, crematory or other place) Rose Hill Cemetery	
21d. Location (City / town, state, zip code) Spartansburg, PA 16434		22a. Signature of Funeral Service Licensor (or person acting as such) <i>Todd Staudt</i>		22b. License Number FD 013571 L	
22c. Name and Address of Facility Garrett Funeral Home		22d. Name and Address of Facility 303 N. Washington St. Titusville, PA			
23a. To the best of my knowledge, death occurred at the time, date and place stated. (Signature and title) <i>Todd Staudt</i>		23b. License Number		23c. Date Signed (Month, day, year)	
24. Time of Death 5:50 A. M.		25. Date Pronounced Dead (Month, day, year) March 24, 2011		26. Was Case Referred to Medical Examiner / Coroner for a Reason Other than Cremation or Donation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27. Part I: Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. List only one cause on each line. CAUSE OF DEATH (See instructions and examples) IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Deep Vein Thrombosis</i> b. <i>and Pulmonary Embolism</i> c. <i>and Myocardial Infarction</i> d. <i>and Aortic Dissection</i>		Approximate Interval: Onset to Death		Part II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I	
28. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		29. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			
30a. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. Were Autopsy Findings Available Prior to Completion of Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not be Determined		32a. Date of Injury (Month, day, year)	
32b. Describe How Injury Occurred		32c. Date of Injury	32d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	32e. Transportation Injury (Specify) <input type="checkbox"/> Driver / Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other - Specify	
32f. Location of Injury (Street, city / town, state)		33a. Certifier (check only one) • Certifying physician (Physician certifying cause of death when another physician has pronounced death and completed item 23) • Pronouncing and certifying physician (Physician both pronouncing death and certifying to cause of death) • Medical Examiner / Coroner To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. On the basis of examination and / or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.			
33b. Signature and Title of Certifier <i>Stan Slabic</i>		33c. License Number 032321		33d. Date Signed (Month, day, year) March 28, 2011	
34. Name and Address of Person Who Completed Cause of Death (Item 27) Type / Print 5213 Peach St. Erie, PA 16509		35. Registrar's Signature and District Number <i>Jean L. McMahon</i>			
36. Date Filed (Month, day, year) March 30 2011		Disposition Permit No. 0549670			

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NAME OF DECEASED

To whom it may concern:

Clyde Jackson passed
away on March 25, 2011

We as the family would
like to continue the taxi
business for now.

Thank you

Sonda Jackson
(daughter)