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PA.P.U.C.  
SECRETARY'S BUREAU

## Application for Motor Common Carrier of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

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

Bracalente Trucking LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

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

Bracalente Trucking LLC

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator, therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. Do you currently hold PA PUC Authority?  NO Previous Authority?  NO

If yes, at PUC No. A- \_\_\_\_\_

4. Are you a business entity registered with the PA Department of State?  NO  
If No, you must first register (see checklist)

If Yes, provide your PA Corporation Bureau Entity ID Number 3230091  
(see checklist and indicate type of business entity registered)

5. **Physical Address** (do not use post office box)

700 Savage Rd, Suite 15  
Street Address

Northampton PA 18067  
City, State and Zip Code

610-261-1696  
Telephone Number

Northampton  
County

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

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

700 Savage Rd, Suite 15  
Street Address

Northampton, PA 18067  
City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

7. **Attorney** (if applicable)

\_\_\_\_\_  
Attorney's Name & Telephone Number for this Filing

\_\_\_\_\_  
Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

8. **Do you hold interstate operating authority?**

No  Yes, at No. \_\_\_\_\_

9. **What type of commodities do you intend to transport?**

Stone, Bituminous Material  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation 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.

**Verification of Application**

I/We hereby state that the statement(s) 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.

*K. T. Baculent*

(Print Name)

*K. T. Baculent*

(Signature)

*3-14-14*

(Date)

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, a member (if a limited liability company), or by the President or Secretary (if a corporation).

sent By: WIENER & WIENER LLP

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PENNSYLVANIA DEPARTMENT OF STATE CORPORATION BUREAU

Entity Number

3230091

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

Name

Lois M. Nonnemaker

Address

Ste 400 - 512 Hamilton Street

City

Allentown, PA 18101

State

Zip Code

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

Fee: \$125

Filed in the Department of State on

JUN 16 2004

Peck C. Santos

Secretary of the Commonwealth

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): Bracalente Trucking 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 City State Zip County 6866 Christoph Drive, Bath, Northampton County, PA 18014

(b) Name of Commercial Registered Office Provider County c/o:

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

Name Address Lois M. Nonnemaker, Ste 400 - 512 Hamilton Street, Allentown, PA 18101

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4. *Strike out if inapplicable term*

~~X-This term is inapplicable in the case of a corporation, partnership, or limited liability company.~~

5. *Strike out if inapplicable:*

Management of the company is vested in a manager or managers.

6. The specified effective date, if any is:

month date year hour, if any

7. *Strike out if inapplicable:* ~~This company is a restricted professional corporation, organized to render the following restricted professional services:~~

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

16th day of June, 2004

  
\_\_\_\_\_  
Signature  
Lois M. Nonemaker

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



Bracalente Construction, Inc.

700 Savage Road, Suite 15  
Northampton, PA 18067

LEHIGH VALLEY, PA 180

27 MAR 2014 PM 5 L

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Secretary, PA Public Utility Commission  
400 North Street, 2<sup>nd</sup> Floor  
Harrisburg, PA 17120

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