

LDA

Pennsylvania Public Utility Commission

CALENDAR YEAR

COMMISSION COPY

BUREAU OF TRANSPORTATION

CARRIER COPY

P.O. Box 3265, Harrisburg, Pennsylvania 17105-3265

1993

P.U.C. Certificate

No. A. 107570

ANNUAL REPORT

File by March 31, 1994

I.C.C. Certificate

No. MC _____

PROPERTY CARRIER

This report covers period from:

JANUARY 1 1993 to
DECEMBER 31 1993

Name and Address of Reporting Carrier

N TK 783115 S A-00107570 KLT, INC. R.D. 3, BOX 342 BELLEFONTE PA 16823	Correct Name and Address if Different Than Shown <u>250 HIGH VIEW DRIVE</u>
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A. Kind of Organization — Any change during year Yes No

- 1. Individual
- 2. Partnership
- 3. Corporation
- 4. Other (Specify) _____

C. Corporation

1. Incorporated in state of PENNSYLVANIA
on APRIL 24 1989

2. Directors:

Name	Address	Term Expires
a. <u>KENNETH L. TEAMAN</u>	<u>BELLEFONTE PA</u>	
b. <u>CAROLYN TEAMAN</u>	<u>BELLEFONTE PA</u>	
c. _____		
d. _____		

3. Principal General Officers:

Name	Title
a. <u>KENNETH L. TEAMAN</u>	<u>PRESIDENT</u>
b. <u>CAROLYN B. TEAMAN</u>	<u>SECY/TRANS</u>
c. _____	
d. _____	

4. Principal Stockholders:

Name	Address	Class	Shares
a. <u>KENNETH L. TEAMAN</u>	<u>COMMON</u>	<u>100</u>	
b. <u>250 HIGH VIEW DRIVE</u>			
c. <u>BELLEFONTE PA</u>			
d. _____			

B. Type of Operation

- 1. General Freight
- 2. Household Goods
- 3. Other Specific Commodities
- 4. Commodities Transported (Most Important)
 - a. MANUFACTURED HOMES
 - b. _____
 - c. _____

D. Partnership

- 1. Partners:

Name	Address	% of Interest
a. _____		
b. _____		
c. _____		
d. _____		

PAID PREPARER'S SECTION

Accounting Firm and/or Accountant's Name
RITCHEY COX + ASSOCIATES
315 S. ALLEN STREET
 Address STATE COLLEGE PA 16801
 Telephone No. (814) 238-5555
AREA CODE

Name, official title, telephone number and office address of officer, owner or partner in charge of correspondence with the Commission:

Name KENNETH L. TEAMAN Title PRESIDENT
 Telephone Number: Area Code 814 Telephone Number 355-7694
 Office Address: 250 HIGH VIEW DRIVE BELLEFONTE PA 16823
STREET AND NUMBER CITY, STATE AND ZIP CODE

Out-of-State carriers please provide Pennsylvania address and telephone number, for contact purposes.

Address: _____
STREET AND NUMBER CITY, STATE AND ZIP CODE
 Telephone Number: Area Code _____ Telephone Number _____

AFFIDAVIT

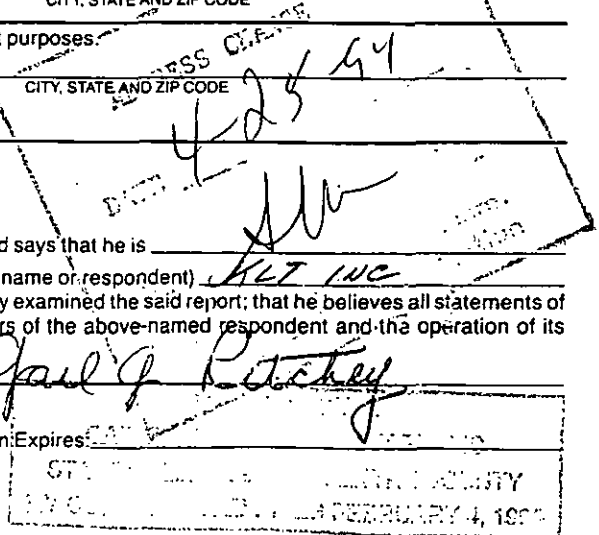
Commonwealth of Pennsylvania)
 County of CENTRE) ss:
 (Name of Affiant) KENNETH L. TEAMAN
 (Title of Affiant) PRESIDENT

makes oath and says that he is _____ of (legal title or name of respondent) KLT INC

and that the annual report has been prepared by him or under his direction; that he has carefully examined the said report; that he believes all statements of fact contained in the said report is a true and complete statement of the business and affairs of the above-named respondent and the operation of its property during the calendar year.

Signature of Affiant Kenneth L. Teaman
 Subscribed and sworn to before me this 14th day of March, 1994

Notary Gail J. Ritchey
 My Commission Expires _____



END