

2-17-15 Original to Compliance Assignments
 COMMONWEALTH OF PENNSYLVANIA
 PUBLIC UTILITY COMMISSION
 PO BOX 3265
 HARRISBURG, PA 17105-3265

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2014 ASSESSMENT REPORT-MOTOR CARRIERS PA PUC

This Report **MUST BE FILED** not later than **MARCH 31, 2015**. Failure to file 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: THOMAS J BRASWELL		UTILITY CODE: 8913877	APPLICATION # A-2011-2260403
CONTACT NAME: BRASWELLS HAULING			
ADDRESS 1: 204 ELDRED HILL ROAD		ADDRESS 2 (Floor, Suite, etc.):	
CITY, STATE, ZIP: SPRINGCREEK, PA 16436			

OPERATING REVENUE FOR CALENDAR YEAR 2014 (January 1, 2014-December 31, 2014)

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

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Passenger 15 and Under
1. PA INTRASTATE OPERATING REVENUE	\$ 860.00	\$	\$	\$
2. PA EXEMPT INTRASTATE REVENUE	\$ - 0 -	\$	\$	\$
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$ 860.00	\$	\$	\$

Truck (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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 SECRETARY'S BUREAU

UCR REGISTRATION INFORMATION *Did not pay 2014*

2014 UCR Registered: YES NO *was At Time Jan. 2014 only UCR fee*

IF YES:
 US DOT #: 2265502 INTERSTATE OPERATING REVENUE: \$ ~~860.00~~

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.

Braswell hauling
Utility Name

X [Signature]
Signature

Date: 2-14-15

Thomas J. Braswell owner
Name (Printed) Title

AFFIDAVIT

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

[Signature]
(Signature of Individual or Officer)

2-14-15
(Date)

Commonwealth of Pennsylvania
County of Erie

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

Thomas J Braswell

TRADE NAME OR CORPORATE NAME OF UTILITY:

Braswell hauling

FEDERAL ID:

25-1897128

TELEPHONE NO.:

Office (814) 462-5632 Ext.

Cell (814) 462-5632

Name of person to be contacted for additional information:

Name: Thomas Braswell

Telephone: 814-462-5632 Ext.

NOTARIZATION (Required)

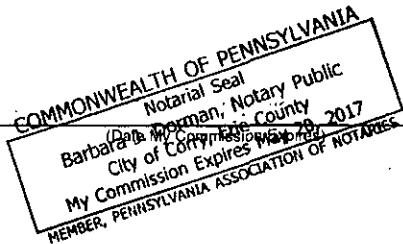
Subscribed and sworn to before me

this 14th day of February 2015

[Signature]
NOTARY SIGNATURE

OFFICIAL SEAL

(Official Title)



I went out of Business January 2014 - The \$860.00 collected was owed to me from December 2013 which TOTAL \$860.00 went to work in AN factory Full Time.

[Signature]