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PA P.U.C. BUREAU  
SECRETARY'S

## 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)

Mihai Doru Gafencu

- 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)

Sheidy Trucking

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 4314819  
(see checklist and indicate type of business entity registered)

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

3342 Sheidy Avenue  
Street Address

Reading PA 19605  
City, State and Zip Code

610 413 8390  
Telephone Number

Berks  
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)

Street Address

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. 894223

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

general freight.

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.

Mihai GAFENCU 100% sole owner  
(Print Name)

M. Gafencu 12-2-14  
(Signature) (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).

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS  
401 NORTH STREET, ROOM 206  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722  
WWW.CORPORATIONS.STATE.PA.US/CORP

SHEIDY TRUCKING

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4314819

RECEIVED  
2015 FEB -3 AM 10:44  
PA P.U.C.  
SECRETARY'S BUREAU

Trucker's Paper Trail Inc.  
745-G East Main Street  
New Holland, PA 17557

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

**Application for Registration of Fictitious Name**  
54 Pa.C.S. § 311

Name <b>TRUCKER'S PAPER TRAIL INC.</b>		
Address <b>745G EAST MAIN ST.</b>		
City	State	Zip Code
<b>NEW HOLLAND</b>	<b>PA</b>	<b>17557</b>

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

Commonwealth of Pennsylvania  
FICTITIOUS NAME 2 Page(s)



Fee: \$70

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is: <b>SHEIDY TRUCKING</b>
--

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: <b>TRUCKING FOR HIRE</b>
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3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable): <b>3342 SHEIDY AVENUE READING PA 19605 BERKS</b>				
Number and street	City	State	Zip	County

4. The name and address, including number and street, if any, of each individual interested in the business is:				
Name	Number and Street	City	State	Zip
<b>MIHAI DORU GAFENCU</b>	<b>3342 SHEIDY AVE</b>	<b>READING</b>	<b>PA</b>	<b>19605</b>

PA DEPT. OF STATE  
DEC 05 2014

5. Each entity, other than an individual, interested in such business is (are):

Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		
Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

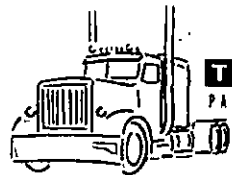
7. Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

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IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this

2 day of DEC, 2014.

<input checked="" type="checkbox"/> <i>M. C. [Signature]</i> Individual Signature	Individual Signature
Individual Signature	Individual Signature
Entity Name	Entity Name
Signature	Signature
Title	Title



**TRUCKER'S**  
PAPER TRAIL, INC.

745 East Main Street, Suite G  
New Holland, PA 17557

HARRISBURG PA 171

30 JAN 2015 PM 4 L



PA Public Utility Commission  
PO Box 3265  
Harrisburg PA 17105-3265

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