

APPLICATION CHECKLIST

Motor Common Carrier of Property

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless eFiled with the Commission's online eFiling system at www.puc.pa.gov)
- A certified check, money order, or check from your attorney for \$100 made payable to "Commonwealth of Pennsylvania;"
- N/A ~~IF application is being made as an individual or sole proprietor.~~
- N/A ~~IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.~~
- N/A ~~IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.~~
- N/A ~~IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.~~
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- N/A ~~IF application is being filed by a Corporation For Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.~~
- N/A ~~IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.~~

If not eFiled, mail your application and attachments to:

Secretary, PA Public Utility Commission
400 North Street, 2nd Floor
Harrisburg, Pennsylvania 17120

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at www.dos.state.pa.us/corps on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

General Information for Preparing and Filing the Application for Motor Carrier of Property.

1. 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.
2. Upon approval of the application, you will be notified that before you can operate legally, you must submit evidence of insurance to the Commission. Your permanent evidence of insurance will be a **Form E for bodily injury and property damage** and a **Form H or Cargo Waiver for cargo insurance**. These forms must be submitted directly from the home office of your insurance carrier. The name and address on your insurance forms must exactly match the name and address provided on your application. If your insurance carrier subscribes to National Online Registries, Inc. (NOR at www.mcinfo.org), you can ask your insurance carrier to file the required insurance forms electronically with NOR which will reach the Commission more quickly than mailed forms.

The minimum limits of insurance are:

Bodily Injury - \$300,000 per accident per vehicle to cover liability for bodily injury, death or property damage incurred. Insurance coverage of motor carriers of property shall meet the requirements of 75 PA C.S. Section 1711.

Cargo - \$5,000 for loss or damage to cargo being transported.

Cargo insurance may be waived if you meet any one of the following criteria:

1. All transportation will be provided in dump trucks.
2. All transportation will be limited to farm products, garbage, ashes, rubbish, coal debris, earth, crushed stone, amesite, and similar construction materials.
3. The value of any one load being transported will not be more than \$500 in value.

If applicant meets one of these three criteria, you may complete a Cargo Waiver available on the Commission's website at www.puc.pa.gov under Online Forms.

Revised 12/1/13

144 Eckenrode Mill Road
Street Address
Chest Springs PA 16624
City, State and Zip Code
814-674-5527
Telephone Number
Cambria
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)

P.O. Box 84; 144 Eckenrode Mill Road
Street Address
Chest Springs PA 16624
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)

N/A
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. Applied for

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

Stone, coal, ash, metal, salt, sand

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.

Amy Lynn Hite / member

(Print Name)

Amy R Hite

(Signature)

02/20/2015

(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).

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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

Hitland Transportation LLC

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: 4325919

Sossong, Michael A
3133 New Germany Road, Suite 59
Ebensburg, PA 15931

PENNSYLVANIA DEPARTMENT OF STATE
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

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

| | | |
|--|-------------|------------------------|
| Name Michael A. Sossong, Esquire | | |
| Address 3133 New Germany Road, Suite 59 | | |
| City Ebensburg, | State PA | Zip Code 15931-4348 |

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

Commonwealth of Pennsylvania
 CERTIFICATE OF ORGANIZATION 3 Page(s)



Fee: \$125

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):
Hiteland Transportation 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 |
| P.O. Box 84, 144 Eckenrode Mill Road, | Chest Springs, | PA | 16624 | Cambria |
| (b) Name of Commercial Registered Office Provider | | | | County |
| c/o: N/A | | | | |

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

| | |
|--------------------|---|
| Name | Address |
| Amanda C. Weakland | 2108 Columbia Street, Loretto, PA 15940 |
| Amy L. Hite | P.O. Box 350, 151 Deveaux Street, Carrolltown, PA 15722 |

2015 JAN 23 AM 11:20

PA. DEPT. OF STATE

4. *Strike out if inapplicable term*

~~-A member's interest in the company is to be evidenced by a certificate of membership interest-~~

5. *Strike out if inapplicable:*

~~Management of the company is vested in a manager or managers-~~

6. The specified effective date, if any is: Filing date

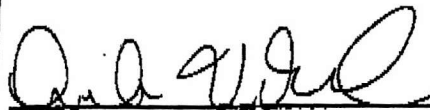
month date year hour, if any

7. *Strike out if inapplicable: -The company is a restricted professional company organized to render the following -restricted professional service(s)-*

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

16 day of January 2015



Signature

Amanda C. Westland



Signature

Amy L. Hite

Signature

Date of this notice: 02-10-2015

Employer Identification Number:
47-3077364

Form: SS-4

Number of this notice: CP 575 A

HITELAND TRANSPORTATION LLC
AMANDA C WEAKLAND MBR
PO BOX 84
CHEST SPRINGS, PA 16624

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-3077364. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

| | |
|-----------|------------|
| Form 941 | 04/30/2015 |
| Form 940 | 01/31/2016 |
| Form 1065 | 04/15/2016 |

Your Form 2290 becomes due the month after your vehicle is put into use.

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is HITE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.