

KAREN BOBACK, MEMBER
117TH LEGISLATIVE DISTRICT



LEGISLATIVE RUSH
COMMITTEES

APPROPRIATIONS
GAMING OVERSIGHT
TOURISM & RECREATIONAL DEVELOPMENT
CHAIRMAN, SUBCOMMITTEE ON ARTS AND ENTERTAINMENT
VETERANS AFFAIRS & EMERGENCY PREPAREDNESS
SPEAKER APPOINTEE, GINO J. MERLI VETERANS
CENTER ADVISORY COUNCIL

CAUCUSES
PA LEGISLATIVE SPORTSMEN, SECRETARY
SCHOOL PROPERTY TAX RELIEF
VETERANS
FIREFIGHTERS & EMERGENCY SERVICES
AGRICULTURE, CO-CHAIRMAN
AUTISM
ALZHEIMERS
ANTIQUE & CLASSIC CAR, CHAIRMAN
EAST CENTRAL
LADIES OF THE HOUSE, CHAIRMAN
2ND AMENDMENT
CANCER
PRAYER
TROOP PA GIRL SCOUT, CHAIRMAN
EARLY CHILDHOOD EDUCATION
MANUFACTURING

HARRISBURG OFFICE:
141-B EAST WING
P.O. BOX 202117
HARRISBURG, PA 17120-2117
PHONE: (717) 787-1117
FAX: (717) 705-1889

DISTRICT OFFICES:
1108 TWIN STACKS DRIVE
DALLAS, PA 18612
PHONE: (570) 675-6000
FAX: (570) 255-0133

608 HUNTER HIGHWAY
SUITE 110
TUNKHANNOCK, PA 18657
PHONE: (570) 836-4777
FAX: (570) 836-4772

House of Representatives

Commonwealth of Pennsylvania
Harrisburg

Email: kboback@pahousegop.com

Web: RepBoback.com

Facebook.com/RepBoback

TOLLFREE: 1(800)278-3930

March 6, 2015

RECEIVED
2015 MAR -9 PM 4:02
PA PUC
SECRETARY'S BUREAU

Junc Perry, Director
Office of Legislative Affairs
Public Utility Commission
Room N-302, Commonwealth Keystone Building
Harrisburg, PA 17110

Dear Ms. Perry:

Enclosed is an Application for Motor Common Carrier of Property for Karen Tomasello, t/a Sand Blast Trucking, LLC, 952 SR 6, Factoryville, PA 18419.

At this time I would like to respectfully request your assistance in expediting the processing of this particular application. If there are any further problems with this particular application, I would appreciate it if you would inform my Tunkhannock District Office.

Thank you for your efforts in this particular matter.

Sincerely,

Karen Boback
KAREN BOBACK, Member
117th Legislative District

KB:brz
Enclosure
cc: Karen Tomasello
t/a Sand Blast Trucking, LLC

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PA PUC
OFFICE-LEGIS. AFFAIRS
2015 MAR -9 PM 2:44

LEGISLATIVE RUSH

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.

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PA PUC
SECRETARY'S BUREAU

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

Karen Tomasello

- 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)

Sand Blast 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.*

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OFFICE-LEGIS. AFFAIRS

2015 MAR -9 PM 2:44

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 47-1090446

(see checklist and indicate type of business entity registered)

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

952 SR 6
Street Address
Factoryville, Pennsylvania 18419
City, State and Zip Code
1-570-991-2485 Wyoming
Telephone Number 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)

4 Cherry Lane
Street Address
Tunkhannock, PA 18657
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
N/A
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. 885391

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

Silica 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.

Karen Tomaseillo
(Print Name)

Karen Tomaseillo 2/1/15
(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).

2015 MAR -9 PM 4:08
SECRETARY'S BUREAU
PA PUC

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List of all Members and Title of each Member

Sand Blast Trucking, LLC

952 SR 6, Factoryville, PA 18419

Christopher Piechocki, Safety and Sand Coordinator, 952 SR 6, Factoryville, PA 18419

Frank Pensak, Logistics Coordinator, 534 Stone Ridge Drive, Dalton, PA 18414

Karen Tomasello, President and Administrative Coordinator, 4 Cherry Lane, Tunkhannock, PA 18657

Date of this notice: 06-12-2014

Employer Identification Number:
47-1090446

Form: SS-4

Number of this notice: CP 575 B

SAND BLAST TRUCKING LLC
CHRISTOPHER PAUL PIECHOCKI MBR
952 SR 6
FACTORYVILLE, PA 18419

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 47-1090446. 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 1065

04/15/2015

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.

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.

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

Sand Blast Trucking, 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: 4276572

Piechocki, Christopher
RR 3 Box 2689 H
Factoryville, PA 18419

From: Puff, Kerry [mailto:kerry@getloaded.com]
Sent: Wednesday, September 24, 2014 10:14 AM

Subject: NUMBERS

Sand Blast Trucking, LLC

Numbers

DOT#2543889

DOT PIN#3X78HD8P

MC#885391

BOC3 complete

estimated active date 10/15/2014

Kerry Puff | *Regulatory Consultant*

GLAuthority

Kerry@getloaded.com

(866) 265-3172 x 1771 *toll free*

(804) 744-8394 *fax*

www.glauthority.com

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

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

Name Christopher Piechocki		
Address 952 SR 6		
City Factoryville	State PA	Zip Code 18419

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):
Sand Blast 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 952 SR 6	City Factoryville	State PA	Zip 18479	County Wyoming
(b) Name of Commercial Registered Office Provider c/o:				County

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

Name Christopher Piechocki	Address 952 SR 6, Factoryville PA 18419
Frank Pensak	952 SR 6, Factoryville PA 18419
Karen Tomasello	952 SR 6, Factoryville PA 18419

2014 JUN 23 AM 9:36
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.~~

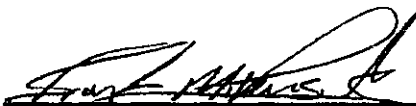
6. The specified effective date, if any is: _____
month date year hour, if any

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 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this

23 day of June, 2014



Signature



Signature



Signature

Insurance Binder

Date
01/30/2015

This Binder is a temporary insurance contract, subject to the terms and conditions shown on the reverse side of this form.

Broker: INTERSTATE INSURANCE MANAGEMENT, INC. 2307 MENOHER BLVD JOHNSTOWN, PA 15905 PH: (814)255-7878 FX: (814)255-6010	Company: ZURICH AMERICAN INSURANCE COMPANY	Policy #: PRA931751500		
	Effective		Expiration	
	Date	Time	Date	Time
01/29/2015	12:01	02/28/2015	12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

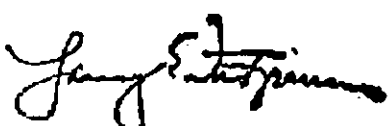
This binder is issued to extend coverage in the above named company per expiring policy.

Insured: SAND BLAST TRUCKING LLC 952 SR 6 FACTORYVILLE, PA 18419	Description of operations / vehicles / property (including location)
---	--

COVERAGES

TYPE OF INSURANCE	LIMITS	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> FLOOD <input type="checkbox"/>	DEDUCTIBLE BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE CO-INS	\$ \$ \$ \$ \$ \$ \$
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT <input type="checkbox"/>	GENERAL AGGREGATE PRODUCTS-COMP/OP AGG PERSONAL & ADV INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person) DEDUCTIBLE	\$ \$ \$ \$ \$ \$ \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$1,000,000 \$ \$ \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>	AUTO ONLY EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	EACH OCCURRENCE AGGREGATE SIR	\$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL STATUTORY LIMITS EACH ACCIDENT DISEASE - EACH EMPLOYEE DISEASE - POLICY LIMIT	\$ \$ \$ \$
OTHER COVERAGES <input checked="" type="checkbox"/> PHYSDAM <input checked="" type="checkbox"/> CARGO	COMP \$1,000 COLL \$1,000 LIMIT \$50000 PER OCC \$100000 DED \$1,000	\$

SPECIAL CONDITIONS

NAME & ADDRESS AUTHORIZED REPRESENTATIVE 
--

IPFS CORPORATION
 (IPFS)
 P.O. BOX 412086
 KANSAS CITY, MO 64141-2086
 (800)277-8878 FAX: (919)234-2760

NOTICE OF PAYMENT DUE		
Date Mailed	Quote Number	Due Date
01/27/2015	3365759	02/28/2015

IF ANY QUESTIONS, PLEASE CALL: (800)277-8878

INSURED

Karen Tomasello
 Sand Blast Trucking LLC
 952 State Rt 6
 Factoryville, PA 18419

IMPORTANT

To protect your account please make sure that your payment is made on or before the payment due date shown. Your payment for the insurance premiums we are budgeting for you is due on the date indicated. **MAKE CHECK OR MONEY ORDER PAYABLE to IPFS CORPORATION** and return the payment and this notice to the address shown on coupon.

Current Balance	Payment Due
\$16,841.68	\$2,105.21

To ensure proper credit, please send the coupon below with your payment and write your quote number on your check.

Please see the coupon for the overnight, priority, or other special delivery address. Do not use the P.O. Box address for those services as it may cause a delay in receipt.

For further assistance, please contact the Branch office listed above.

(This is not an offer to extend financing, but is merely an example of transaction and payment terms that may be made available through IPFS CORPORATION (IPFS); all proposed transactions remain subject to acceptance by IPFS and only upon IPFS' issuance of a written notification of acceptance.)

 DETACH HERE

Written notifications on this coupon will NOT be received. To ensure proper credit, include coupon with payment.

1ST INVOICE - WEB (Agent)

INSURED

Karen Tomasello
 Sand Blast Trucking LLC
 952 State Rt 6
 Factoryville, PA 18419

QUOTE COUPON		
PAYMENT NO.	QUOTE NUMBER	DUE DATE
1	3365759	02/28/2015

For any correspondence or overnight, priority, or other special delivery, send to:
 1055 BROADWAY
 11TH FLOOR
 KANSAS CITY MO 64105
 Questions? PHONE: (800)277-8878

MAKE CHECK PAYABLE AND REMIT TO:
IPFS CORPORATION
P.O BOX 906849
CHARLOTTE, NC 28290-5849

Payment Due	\$2,105.21
Late Fee Due	\$105.26
Other Fee Due	\$0.00
Other Amounts Due	\$0.00

Please Pay This Amount:	\$2,105.21
If Received After: 03/05/2015	\$2,210.47



IPFS CORPORATION
 1001 WINSTEAD DRIVE
 SUITE 500
 CARY, NC 27513
 (800)277-8878 FAX: (919)234-2760

Agent BRIAN J. STOUT INS. AGENCY INC DBA: EMPIRE INS. AGENCY P.O. BOX 79 SUSQUEHANNA, PA 18847 (888)853-4777	Insured Karen Tomasello Sand Blast Trucking LLC 952 State Rt 6 Factoryville, PA 18419 (570)991-2485
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Quote Number: 3365759 **Date:** 1/27/2015

Payment Schedule

Payment	Amount	Due Date	Principal	Interest	Balance
1	\$2,105.21	2/28/2015	\$1,918.65	\$186.56	\$14,072.15
2	\$2,105.21	3/28/2015	\$1,941.03	\$164.18	\$12,131.12
3	\$2,105.21	4/28/2015	\$1,963.68	\$141.53	\$10,167.44
4	\$2,105.21	5/28/2015	\$1,986.59	\$118.62	\$8,180.85
5	\$2,105.21	6/28/2015	\$2,009.77	\$95.44	\$6,171.08
6	\$2,105.21	7/28/2015	\$2,033.21	\$72.00	\$4,137.87
7	\$2,105.21	8/28/2015	\$2,056.93	\$48.28	\$2,080.94
8	\$2,105.21	9/28/2015	\$2,080.94	\$24.27	\$0.00

For further assistance, please contact the Branch office listed above.

(This is not an offer to extend financing, but is merely an example of transaction and payment terms that may be made available through IPFS CORPORATION (IPFS) ; all proposed transactions remain subject to acceptance by IPFS and only upon IPFS' issuance of a written notification of acceptance.)

**SCHEDULE 1
(Form 2290)**

(Rev. July 2014)
Department of the Treasury
Internal Revenue Service

Schedule of Heavy Highway Vehicles

For the period July 1, 2014, through June 30, 2015

▶ Complete and file both copies of Schedule 1. One copy will be stamped and returned to you for use as proof of payment when registering vehicle(s) with a state.

OMB No. 1545-0143

Type or Print	Name Sand Blast Trucking LLC	Employer identification number 47-1090446
	Address (number, street, and room or suite no.) 952 SR 6	
	City or town, state or province, country, and ZIP or foreign postal code Factoryville, PA 18419	

Part I	Vehicles You Are Reporting (enter VIN and category)	Category A through W (category W for suspended vehicles)
1	1 F U J G N D R 0 C D B T 6 3 8 4	V
2	1 X P 5 D 6 9 X 2 X N 4 8 6 8 7 0	V
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		

1/27/2015

Part II	Summary of Reported Vehicles
a	Total number of reported vehicles 2
b	Enter the total number of taxable vehicles on which the tax is suspended (category W) 0
c	Total number of taxable vehicles. Subtract line b from line a 2