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FEB - 9 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
(717) 772-7777  
[www.puc.pa.gov](http://www.puc.pa.gov)

**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)

Costys Energy Services, LLC.

- 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)

Costys Energy Services

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 \_\_\_\_\_  
(see checklist and indicate type of business entity registered)

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

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2014 NOV 20 AM 10:51  
PA P.U.C. SECRETARY'S BUREAU

2395 S Main St  
Street Address

Mansfield, PA 15433  
City, State and Zip Code

570-562-2752                      Tioga  
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)

\_\_\_\_\_  
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                      X Yes, at No. 748981

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

Heaters, Materials  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

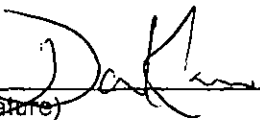
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue 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.

Daniel Kurzejewski  
(Print Name)

  
(Signature) 11-17-14  
(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).

Revised 12/1/13



BUREAU OF CORPORATION TAXES  
PO BOX 280705  
HARRISBURG PA 17128-0705

**NOTICE OF CORPORATE REGISTRATION**

**COSTY'S ENERGY SERVICES, LLC  
2395 S MAIN ST  
MANSFIELD PA 16933-9311**

REVENUE ID:..... 1000707879  
FEIN:..... Not Available  
NOTICE NUMBER:..... BU1000249385  
MAIL DATE:..... 06/12/2013  
FISCAL YR END:..... 12/31  
INCORPORATION DATE:..... 05/24/2013

**TAXES SUBJECT:**

- Corporate Net Income
- Loans
- Capital Stock

Welcome to Pennsylvania's business community. The Department of Revenue has been advised that you are authorized to conduct business in Pennsylvania. The above Revenue ID number has been assigned to your business for tax reporting purposes. Please reference this number on all correspondence with the department.

Carefully review your name, address and tax information above for accuracy. If no federal employer identification number (FEIN) is indicated, please provide this number to the department as soon as it is available from the federal government. Write the FEIN and other changes or additions in the top, right-hand corner above and return this letter to the PA DEPARTMENT OF REVENUE, PO BOX 280705, HARRISBURG PA 17128-0705.

**FILING REQUIREMENTS**

The taxes you are required to report annually are identified above. Tax reports must be filed timely, even if there is no business activity or if the first year in business is less than 12 months. You are obligated to pay timely and file tax returns until you formally dissolve your corporate charter, file an out of existence affidavit or cancel a license or authorization. Failure to file and pay timely may result in penalties and liens. For information on tax due dates, visit the department's website at [www.revenue.state.pa.us](http://www.revenue.state.pa.us).

Pay particular attention to the month your fiscal year ends, identified above, for the following reasons:

- For capital stock/foreign franchise, corporate net income and mutual thrift taxes, the first quarterly estimated payments are due within 75 days following the incorporation/authority date.
- A federal subchapter S corporation desiring not to be taxed as a PA S corporation is required to file Form REV-976 on or before the due date or extended due date of the first tax period for which it is to be in effect. REV-976 is available at [www.revenue.state.pa.us](http://www.revenue.state.pa.us).

**SUBJECTIVITY TO CORPORATE TAXES FOR LIMITED LIABILITY COMPANIES AND BUSINESS TRUSTS**

- According to Section 601 of the Tax Reform Code, limited liability companies and business trusts are considered corporations for purposes of capital stock/foreign franchise tax, regardless of how they file with the Internal Revenue Service (IRS).
- Under Section 401, any entity that files as a corporation with the IRS is subject to PA corporate net income tax. A limited liability company or business trust that does not file as a corporation with the IRS is not subject to the PA corporate net income tax.

**ELECTRONIC FILING**

Payments of \$10,000 or more must be remitted electronically. Register online through the department's e-Services Center at [www.revenue.state.pa.us](http://www.revenue.state.pa.us) to send tax payments to the department online using e-TIDES.

The Department of Revenue appreciates your cooperation and wishes your business success in Pennsylvania. If you have any questions, visit the Online Customer Service Center at [www.revenue.state.pa.us](http://www.revenue.state.pa.us) or call the Taxpayer Service & Information Center at 717-787-1064.



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## Corporations

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- Verify Certification
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- Register for Online Orders
- Order Good Standing
- Order Certified Documents
- Order Business List
- My Images
- Search for Images

### Business Entity Filing History

**Date:** 12/10/2014 (Select the link above to view the Business Entity's Filing History)

### Business Name History

Name	Name Type
Costy's Energy Services, LLC	Current Name

### Limited Liability Company - Domestic - Information

**Entity Number:** 4190483  
**Status:** Active  
**Entity Creation Date:** 5/24/2013  
**State of Business.:** PA  
**Registered Office Address:** 2395 S Main St  
 Mansfield PA 16933  
 Tioga  
**Mailing Address:** No Address

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1600707829

PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU

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

Name		
Marc F. Demshock, Esquire		
Address		
c/o Esquire Assist - Counter Pick-Up		
City	State	Zip Code

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

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*):  
 Costy's Energy Services, 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
2395 South Main Street	Mansfield	Pennsylvania	16933	Tioga

(b) Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_  
 c/o: \_\_\_\_\_

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

Name	Address
Dan Kurzejewski	2395 South Main Street, Mansfield, PA 16933

Docketing Statement DSCB:15-134A (Rev 2001)  
Departments of State and Revenue

One (1) copy required

**BUREAU USE ONLY:**

Dept. of State Entity # \_\_\_\_\_

Dept. of Rev. Box # \_\_\_\_\_

Filing Period \_\_\_\_\_ Date 3 4 5 \_\_\_\_\_

SIC/NAICS \_\_\_\_\_ Report Code \_\_\_\_\_

*Check proper box:*

*Pennsylvania Entities*

<input type="checkbox"/> business stock
<input type="checkbox"/> business non-stock
<input type="checkbox"/> professional
<input type="checkbox"/> nonprofit stock
<input type="checkbox"/> nonprofit non-stock
<input type="checkbox"/> statutory close
<input type="checkbox"/> management
<input type="checkbox"/> cooperative
<input type="checkbox"/> insurance
<input checked="" type="checkbox"/> limited liability company
<input type="checkbox"/> restricted professional
<input type="checkbox"/> limited liability company
<input type="checkbox"/> business trust

*Foreign Entities*

State/Country \_\_\_\_\_ Date \_\_\_\_\_

<input type="checkbox"/> business
<input type="checkbox"/> nonprofit
<input type="checkbox"/> limited liability company
<input type="checkbox"/> restricted professional
<input type="checkbox"/> limited liability company
<input type="checkbox"/> business trust

*Other*

<input type="checkbox"/> domestication
<input type="checkbox"/> division
<input type="checkbox"/> consolidation

1. Entity Name: <u>Costy's Energy Services, LLC</u>
--

2. Individual name and mailing address responsible for initial tax reports:				
<u>Dan Kurzejewski</u>	<u>2395 South Main Street</u>	<u>Mansfield</u>	<u>Pennsylvania</u>	<u>16933</u>
Name	Number and street	City	State	Zip

3. Description of business activity: <u>Oil Field Services</u>
---

4. Specified effective date, if any: _____ month/day/year      hour, if any
---

5. EIN (Employer Identification Number), if any: <u>Pending</u>
--

6. Fiscal Year End: <u>December 31</u>
---

7. Fictitious Name (only if foreign corporation is transacting business in PA under a fictitious name): _____
--

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 services:~~

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_ day of \_\_\_\_\_, 2013



Dan Kurzejewski

Signature

Signature

Signature



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 05-23-2013

Employer Identification Number:  
46-2842614

Form: SS-4

Number of this notice: CP 575 G

COSTYS ENERGY SERVICES LLC  
DAN KURZEJEWSKI SOLE MBR  
2395 SOUTH MAIN STREET  
MANSFIELD, PA 16933

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 46-2842614. 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.

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](http://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 COST. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

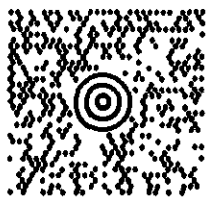


Synchronizing the world of

DAN KURZEJEWSKI  
(570) 659-5100  
COSTYS USED TRUCK AND AUTO PAR  
2395 S MAIN STREET  
MANSFIELD PA 16933

LTR 1 OF 1

SHIP TO:  
ROSEMARY CHIAVETTA  
PUC  
400 N MAIN STREET 2ND FLOOR  
HARRISBURG PA 17120

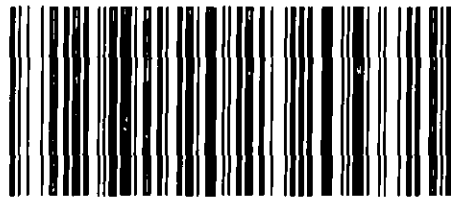


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UPS NEXT DAY AIR SAVER 1P

TRACKING #: 1Z 174 485 13 6130 6298



BILLING: P/P

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