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March 12, 2015

Rosemary Chiavetta, Secretary  
Pennsylvania Public Utility Commission  
Commonwealth Keystone Building  
400 North Street, 2nd Floor  
Harrisburg, PA 17120

**VIA ELECTRONIC FILING**

**RE: Susquehanna Trailways, LLC  
Application for Motor Common Carrier of Persons in Scheduled Route Service  
Docket No. A-2015-\_\_\_\_\_**

Dear Secretary Chiavetta:

Enclosed for filing is Susquehanna Trailways, LLC's ("Susquehanna Trailways") Application for Motor Common Carrier of Persons in Scheduled Route Service. The requisite filing fee of \$350.00 is being submitted electronically via credit card.

Please place this in line for processing. Thank you for your attention to this matter.

Sincerely,

McNEES WALLACE & NURICK LLC

A handwritten signature in cursive script that reads 'Barbara A. Darkes'.

By

Barbara A. Darkes

Counsel to Susquehanna Trailways, LLC

BAD/leh  
Enclosures

**www.mwn.com**

HARRISBURG, PA • LANCASTER, PA • SCRANTON, PA • STATE COLLEGE, PA • COLUMBUS, OH • WASHINGTON, DC

## Application for Motor Common Carrier of Persons in Scheduled Route Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION IN WHICH THE VEHICLES DELIVERING THE SERVICE OPERATE ACCORDING TO SCHEDULES ALONG DESIGNATED ROUTES.

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

Susquehanna Trailways, LLC

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- 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)

No trade name will be used

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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 PUC Authority?** Yes ~~XXX~~ **Previous Authority?** \_\_\_ NO

If YES, at PUC No. A- 2014-2447843

4. **Are you a business entity registered with the PA Dept. of State?** Yes ~~XXX~~

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 4279081  
(see checklist and indicate type of business entity registered)

5. **Physical Address** (do not use PO Box)

401 E. Central Avenue  
Street Address  
Avis, PA 17721  
City, State and Zip Code  
570 753-5125  
Telephone Number  
Clinton  
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)

Barbara A. Darkes 717 237-5381  
Attorney's Name & Telephone Number for this Filing  
McNees Wallace & Nurick LLC, 100 Pine St., Harrisburg, PA 17101  
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. **Does applicant hold interstate operating authority?**

No  Yes, at No. MC-891487

9. **Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

To operate a scheduled route daily from 11 W. Church St., Williamsport, PA to the Greyhound Bus Terminal at 1001 Filbert Street, Philadelphia, PA and points in between.

*Example:*

- To transport, as a common carrier, by motor vehicle, persons on schedule, beginning on State Route 88 at the point where said route begins in the Township of Union, Washington County, at the point adjacent to the border with the Township of Carroll, Washington County, thence via said route to the City of Pittsburgh, Allegheny County, and return over the same route, with the right to render shuttle service and through service.

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 Persons in Scheduled Route Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

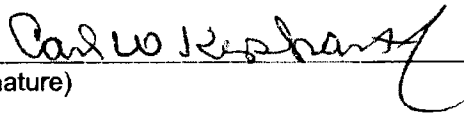
**Verification of Application**

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.

Carl W. Kephart, Jr.

(Print Name)

  
(Signature)

3-11-15

(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).

**Susquehanna Trailways, LLC – Entity Information**

Pennsylvania Limited Liability Company – Entity Number 4279081

Sole Member – Carl W. Kephart, 3137 Briarwood Drive, Lock Haven, PA 17745

No Officers