

2/25/15 Original to Compliance + Assignments
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RECEIVED
 COMMONWEALTH OF PENNSYLVANIA ADMINISTRATIVE SERVICES
 PUBLIC UTILITY COMMISSION
 PO BOX 3265
 HARRISBURG, PA 17105-3265

2015 FEB 23 PM 1:25

PA PUC

2014 ASSESSMENT REPORT-MOTOR CARRIERS

This Report **MUST BE FILED** not later than **MARCH 31, 2015**. Failure to file may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301).

TRADE OR CORPORATE NAME OF UTILITY: STEVEN L PRESLEY		UTILITY CODE 704744	APPLICATION # A-00117414
CONTACT NAME: S L PRESLEY			
ADDRESS 1: 11251 ANTHONY HIGHWAY		ADDRESS 2 (Floor, Suite, etc.):	
CITY, STATE, ZIP: WAYNESBORO, PA 17268			

Please refer to other side.

OPERATING REVENUE FOR CALENDAR YEAR 2014 (January 1, 2014-December 31, 2014)

(All amounts shall be rounded to the nearest dollar.)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Passenger 15 and Under
1. PA INTRASTATE OPERATING REVENUE	\$ 0	\$	\$	\$
2. PA EXEMPT INTRASTATE REVENUE	\$	\$	\$	\$
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$ 0	\$	\$	\$

(All amounts shall be rounded to the nearest dollar.)

PA EXEMPT INTRASTATE REVENUE: Enter a number from enclosed Exempt Revenue list as applicable. (Attach additional sheets as needed)	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Other
	\$	\$	\$	\$
TOTAL (Enter on Line 2 above)	\$	\$	\$	\$

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 2015 FEB 30 AM 10:02
 SECRETARY'S BUREAU
 P.U.C.

UCR REGISTRATION INFORMATION

2014 UCR Registered: YES NO

IF YES:

US DOT #: 866267 INTERSTATE OPERATING REVENUE: \$ 0

MC Number: 396524

03:11

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

In accordance with Sections 505 and 506 of the Public Utility Code, as a means to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled with regard to the below-listed utility and/or individual.

S. L. PRESLEY TRUCKING
Utility Name

X *Steven L. Presley*
Signature

Date: 02/19/15

STEVEN L. PRESLEY OWNER/OPERATOR
Name (Printed) Title

AFFIDAVIT

I affirm that the information reported herein is complete, true and correct.

Steven L. Presley 02/19/15
(Signature of Individual or Officer) (Date)

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:

STEVEN L. PRESLEY

TRADE NAME OR CORPORATE NAME OF UTILITY:

S. L. PRESLEY TRUCKING

FEDERAL ID:

RY 23 276 2117

TELEPHONE NO.:

Office () Ext.

Cell ()

Name of person to be contacted for additional information:

Name: STEVEN L. PRESLEY
(printed)

Telephone: Ext.

717 765 8054

NOTARIZATION (Required)

Subscribed and sworn to before me

this 18 day of February 2015

Mitchell W. ...
NOTARY SIGNATURE

OFFICIAL SEAL

NOTARIAL SEAL
MITCHELL W. ... NOTARY PUBLIC
WASHINGTON TWP, COUNTY OF FRANKLIN
MY COMMISSION EXPIRES JULY 26, 2015

(Date My Commission Expires)

VOLUNTARILY REVOKED AUTHORITY
04/14