

*Law Offices of*  
**ROBERTS, MICELI & BOILEAU, LLP**

146 EAST WATER STREET

LOCK HAVEN, PENNSYLVANIA 17745

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March 5, 2015

*(Sent VIA Certified Mail, Return Receipt  
Article No. 7012 3050 0001 8465 4976)*

RECEIVED

MAR 06 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Secretary, PA Public Utility Commission  
400 North Street, 2<sup>nd</sup> Floor  
Harrisburg, PA 17120

Re: KDDS Services, LLC  
PA Corporation Bureau No. 4329115

Gentlemen:

Please note that our office represents KDDS Services, LLC regarding an application for Motor Common Carrier of Persons in Group and Party Service Vehicles Seating 11 to 15 Passengers, including Driver. Enclosed is the completed application along with our firm escrow account check in the amount of \$350.00 payable to the Commonwealth.

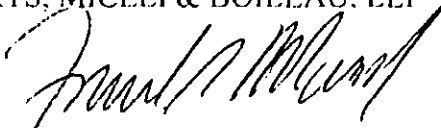
Please note that Kimberly A. Donnelly is sole member of the limited liability company. She resides at 2576 East Valley Road, Loganton, Pa 17747 which is the same address for the limited liability company.

I am also including a courtesy copy of the Certificate of Organization as filed with the Department of State on February 4, 2015.

Should you need anything further kindly let me know. Thank you for your assistance and cooperation.

Very truly yours,

ROBERTS, MICELI & BOILEAU, LLP



BY: FRANK S. MICELI, ESQUIRE

FSM/kl  
Enclosures

cc: KDDS Services, LLC w/enc.  
Mrs. Kimberly A. Donnelly

# RECEIVED

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

Revised 12/1/13

MAR 06 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

## Application for Motor Common Carrier of Persons Group and Party Service in Vehicles Seating 11 to 15, Including the Driver

THIS APPLICATION IS TO BE USED FOR CHARTER SERVICE FOR GROUPS, OR ON A NONEXCLUSIVE BASIS FOR TOUR, SIGHTSEEING, OR EXCURSION SERVICE LIMITED TO VEHICLES SEATING 11 TO 15 PEOPLE, INCLUDING THE DRIVER.

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

KDDS 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) NOT APPLICABLE

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?**  NO **Previous Authority?**  NO

If YES, at PUC No. A- \_\_\_\_\_

4. **Are you a business entity registered with the PA Dept. of State?**  NO

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

If YES, provide your PA Corporation Bureau Entity ID Number 4329115

(see checklist and indicate type of business entity registered) Domestic Limited Liability Company

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

2576 East Valley Road

Street Address

Loganton, PA 17747

City, State and Zip Code

570-725-2318

Telephone Number

Clinton

County

The address entered 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)

Frank S. Miceli, Esquire

Attorney's Name & Telephone Number for this Filing

146 East Water Street, Lock Haven, PA 17745

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. \_\_\_\_\_

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

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

\_\_\_\_\_  
To transport people in group and party services in vehicles seating 11 to 15 people including the driver from points in Clinton and surrounding counties to points in Pennsylvania and return.

*Examples:*

- To transport people in group and party service in vehicles seating 11 to 15 people, including the driver, between points in the counties of Erie and Crawford.
- To transport people in group and party service in vehicles seating 11 to 15 people, including the driver, from points in Washington County to points in PA, and return.

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 Group and Party Service in Vehicles Seating 11 to 15 persons, including the Driver; 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.

Kimberly A. Donnelly, Member of KDDS Services, LLC

\_\_\_\_\_  
(Print Name)

*Kimberly A. Donnelly*  
\_\_\_\_\_  
(Signature)

3/5/15  
\_\_\_\_\_  
(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).

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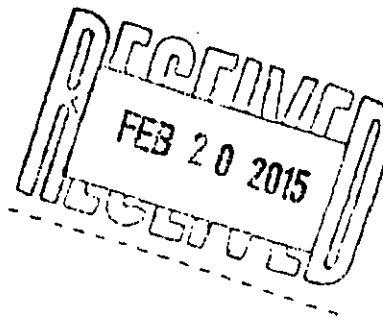
Revised 12/1/13

MAR 06 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

COPY

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



KDDS Services, 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: 4329115

Miceli, Frank S., Esq  
146 East Water Street  
Lock Haven, PA 17745

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

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

Name <b>Frank S. Miceli, Esquire</b>		
Address <b>146 East Water Street</b>		
City <b>Lock Haven</b>	State <b>PA</b>	Zip Code <b>17745</b>

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

Commonwealth of Pennsylvania  
CERTIFICATE OF ORGANIZATION 3 Page(s)



T1504266025

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*):  
**KDDS 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 <b>2576 East Valley Road</b>	City <b>Loganton</b>	State <b>PA</b>	Zip <b>17747</b>	County <b>Clinton</b>
(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 <b>Kimberly A. Donnelly</b>	Address <b>2576 East Valley Road, Loganton, PA 17747</b>

2015 FEB -4 PM 3: 37  
PA. DEPT. OF STATE



*Law Offices of*  
**ROBERTS, MICELI & BOILEAU, P**  
146 EAST WATER STREET  
LOCK HAVEN, PENNSYLVANIA 17745

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT,  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL™**



7012 3050 0001 8465 4976



UNITED STATES POSTAGE  
PITNEY BOWES  
02 1P \$ 006.69<sup>0</sup>  
0003977252 MAR 06 2015  
MAILED FROM ZIP CODE 17745

**RECEIVED**

Secretary, PA Public Utility Commission  
400 North Street, 2<sup>nd</sup> Floor  
Harrisburg, PA 17120

**MAR 06 2015**

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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