

3/31/15 original to compliance - assignments  
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COMMONWEALTH OF PENNSYLVANIA  
PUBLIC UTILITY COMMISSION  
PO BOX 3265  
HARRISBURG, PA 17105-3265  
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ADMINISTRATIVE SERVICES  
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**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: <b>HOFFMAN RIGGERS, INC.</b>	UTILITY CODE <b>771040</b>	APPLICATION # <b>A-00099733</b>
CONTACT NAME:		
ADDRESS 1: <b>PO BOX 1485</b>	ADDRESS 2 (Floor, Suite, etc.):	
CITY, STATE, ZIP: <b>CASHIER, NC 28717</b>		

*Please See 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	\$	\$	\$	\$
2. PA EXEMPT INTRASTATE REVENUE	\$	\$	\$	\$
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$	\$	\$	\$

(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
	\$	\$	\$	\$
<b>TOTAL (Enter on Line 2 above)</b>	\$	\$	\$	\$

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**UCR REGISTRATION INFORMATION**

2014 UCR Registered:  YES  NO

**IF YES:**

US DOT #: \_\_\_\_\_ **INTERSTATE OPERATING REVENUE: \$** \_\_\_\_\_

MC Number: \_\_\_\_\_

**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.

Utility Name \_\_\_\_\_

X \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Name (Printed) \_\_\_\_\_ Title \_\_\_\_\_

**AFFIDAVIT**

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

\_\_\_\_\_  
(Signature of Individual or Officer)

\_\_\_\_\_  
(Date)

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

**NOTARIZATION** (Required)  
Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_ 2015

TRADE NAME OR CORPORATE NAME OF UTILITY:

NOTARY SIGNATURE

FEDERAL ID:

TELEPHONE NO.:

Office ( ) Ext.

Cell ( )

OFFICIAL  
SEAL

(Official Title)

Name of person to be contacted for additional information:

(Date My Commission Expires)

Name: \_\_\_\_\_  
(printed)

Telephone: \_\_\_\_\_ Ext.

*Hoffman Rigges, Inc. was sold on October 28, 2013 and has not done any business since then. The company is now doing business as Hoffman Industrial Company under new ownership.*

*John R. Miles 2-24-15*