Pennsylvania Public Utility Commission 400 North Street, Second Floor Harrisburg, PA 17120 (717) 772-7777 www.puc.pa.qov

RECEIVED

2015 MAR -9 AM II: 22

Application for Motor Common Carrence PA PUCKEAU

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)
	Lindley Towing LLC Jennifer M. Lynch
	 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)
	Lindley Towing LLC
	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. <i>EXAMPLE: John Doe is the applicant and wants to use the name</i> "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? <u>x</u> 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 4098956 (see checklist and indicate type of business entity registered) Fed fax ID #45 4655415
5.	Physical Address (do not use post office box)
J.	i Trysteat Address (do not use post office box)

Huntingde	on Valley, PA 19006	
	and Zip Code	
Oity, Olait	und 2.p 0000	
215-768-		
Telephone	Number County	
	ess entered here should reflect the actual location of the business. This is the Commission needs in order to dispatch Enforcement Officers to inspe.	
Mailing Address (if different from Physical Address)		
Street Add	ress	
City, State	and Zip Code	
	the state of the s	
Commissi	e address to which the Commission will send all official documents issued by the on. If left blank, it will be assumed that the MAILING ADDRESS is the same as the ADDRESS .	
Commissi PHYSICA	on. If left blank, it will be assumed that the MAILING ADDRESS is the same as th	
Commissi PHYSICA Attorney	on. If left blank, it will be assumed that the MAILING ADDRESS is the same as the ADDRESS.	
Commissi PHYSICA Attorney Attorney's	on. If left blank, it will be assumed that the MAILING ADDRESS is the same as the ADDRESS. (if applicable) Name & Telephone Number for this Filing	
Attorney's Attorney's Attorney's	on. If left blank, it will be assumed that the MAILING ADDRESS is the same as the ADDRESS. (if applicable) Name & Telephone Number for this Filing	
Attorney's Attorney's Attorney's An attornet the application	on. If left blank, it will be assumed that the MAILING ADDRESS is the same as the ADDRESS. If (if applicable) Name & Telephone Number for this Filing Address If y's name should only be entered if an attorney is filing the application for a client an	
Attorney's Attorney's Attorney's An attornet the application	on. If left blank, it will be assumed that the MAILING ADDRESS is the same as the ADDRESS. (if applicable) Name & Telephone Number for this Filing Address y's name should only be entered if an attorney is filing the application for a client antion is being sent under the attorney's cover letter.	
Attorney's Attorney's Attorney's An attornethe application	on. If left blank, it will be assumed that the MAILING ADDRESS is the same as the ADDRESS. (if applicable) Name & Telephone Number for this Filing Address y's name should only be entered if an attorney is filing the application for a client antion is being sent under the attorney's cover letter.	
Attorney's Attorney's Attorney's An attornethe applica Do you No What type	on. If left blank, it will be assumed that the MAILING ADDRESS is the same as the ADDRESS. If (if applicable) Name & Telephone Number for this Filing Address If y's name should only be entered if an attorney is filing the application for a client and tion is being sent under the attorney's cover letter. If (if applicable) Address If (if applicable) If (if applicable) If (if applicable) If (if applicable) If	

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.

Jennifer M. Lynch
(Print Name)

02/25/2015
(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).

PIONEER AUTO BODY & REPAIR, LLIC 1970 PIONEER RD. **HUNTINGDON VALLEY, PA 19006**

PHILADELPHIA PA 190 28 FEB 2015 PM 10 L

Secretory, Public Utility Commission too North Street, and Floor Harris burg, PA 17120

17120@0078