

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

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PA P.U.C.
SECRETARY'S BUREAU

Application for Motor Common Carrier of Property

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)

CARGO TRANSPORTATION SERVICE 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)

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 PA PUC Authority?** 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 4288969

(see checklist and indicate type of business entity registered)

5. **Physical Address** (do not use post office box)

9 RUSTY DRIVE
Street Address
MECHANICSBURG PA 17050
City, State and Zip Code
717-991-6097 Telephone Number CUMBERLAND 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)

817 SEGAR ST
Street Address
VAN BUREN, AR 72956
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)

Attorney's Name & Telephone Number for this Filing
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. **Do you hold interstate operating authority?**

No Yes, at No. 901692

9. **What type of commodities do you intend to transport?**

PAPER, WATER, JUICE, PALLETS, FRESH PRODUCE, AND GENERAL FREIGHT

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.

JOVO MILAKOVIC, OWNER

(Print Name)

Jovo Milakovic, sole member
(Signature)

05/20/2015

(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).

*Any questions please
Call Candi @ 479-474-5291
OR email Candi@leespermit.com*



POWER OF ATTORNEY AND DECLARATION OF REPRESENTATIVE

GENERAL INSTRUCTIONS:

This form provides limited authority for department representatives to speak about confidential tax matters with designated third parties. Such authority is limited to the tax period, tax type and the specific issue/purpose identified herein.

While tax practitioners are encouraged to maintain appropriate declarations of authority to handle clients' tax matters within their own records, tax practitioners should not submit unsolicited REV-677 forms to the department en masse or as a matter of routine. Such forms will be disregarded.

A REV-677 form should only be submitted to an individual within the department upon an agent's request for such authorization.

If a department representative has requested a REV-677 form to authorize discussion of confidential tax matters with a third party, please return the form to the department representative as requested.

PART I Power of Attorney NOTE: An organization, firm or partnership may not be designated as a taxpayer's representative.

The following taxpayer

Taxpayer Name CARGO TRANSPORTATION SERVICES LLC	Identifying Number 47-1588142
Address 9 RUSTY DR	City State ZIP MECHANICSBURG PA 17050

hereby appoints

Appointee Name(s) CANDI FREEMAN	Telephone Number 479-474-5291	Preparer Tax Identification Number (PTIN)
Address 817 SEGAR ST	City State ZIP VAN BUREN AR 72956	

as attorney-in-fact to represent the taxpayer before any office of the PA Department of Revenue for the following tax matter(s). Specify the type(s) of tax, tax year(s) or period(s), tax return/report at issue and the specific purpose for which authorization to discuss confidential tax matters with a third-party is sought.

Type(s) of tax	Tax Year(s) or Period(s)	Tax Return/Form	Purpose for Authorization
IFTA MOTOR FUEL	2015-2020	IFTA QUARTERLY /RENEWAL	AUTH TO DO TAXES
CARRIER OF PROPER TY APPLICATION PERMITS	2015-2020	MOTOR CARRIER OF PROPERTY	PROCESS APPLICATI ONS AND RENEWALS

The attorney-in-fact is authorized, subject to revocation, to receive confidential information and perform any and all acts the principal can perform with respect to the above-specified tax matters, excluding the power to receive refund checks and the power to sign the return, unless specifically granted below.

Initial here **JM** to grant the power to receive – but not to endorse or cash – refund checks for the above-referenced tax matters to the appointee named above.

Only if this form is being submitted to the department in response to an audit, provide an address below to which copies may be sent of notices and other written communications addressed to the taxpayer in proceedings involving the above-specified tax matters.

Appointee Name(s) 	Telephone Number
Address 	City State ZIP

This power of attorney revokes all earlier powers of attorney and tax information authorizations on file with the PA Department of Revenue for the same matters and years or periods covered by this power of attorney, except the following:

Granter Name 	Date 	<input type="checkbox"/> Refer to attached copies of earlier powers and authorizations
Address 	City State ZIP 	

Signature of or for taxpayer

If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, such party certifies he/she has the authority to execute this power of attorney on behalf of the taxpayer.

Signature <i>Candi Freeman</i>	Title OWNER	Date 05/20/2015
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Limited Power of Attorney

KNOW ALL MEN BY THESE PRESENT, that the undersigned principal and licensee has made and appointed, and hereby make and appoint

Lee's Permit Service, 817 Segar, Van Buren, AR 72956 (479)474-5291 to act as Attorney-in-Fact for the licensee, who makes this appointment either personally or in an authorized representative capacity on behalf of the including licensing ; this power of attorney shall be for all matters related to IRP **vehicle registration**, IFTA fuel taxes including licensing, decal orders, fuel tax reports and discussing all required documents with any agent of the commissioner of Revenue, additional State permits(i.e. UCR, New Mexico weight distance tax permit, New York Hut, Kentucky Highway Use license and Oregon Highway Use Tax). This power of attorney shall, also, include matters concerning **Internal Revenue Service Form 2290-Heavy Highway Use Tax, 8849, AND FORM SS-4 TO APPLY FOR EMPLOYER IDENTIFICATION NUMBER, FMCSA MC DOCUMENTS, USDOT number, and all Canadian registrations**. The completion of this form does not relieve the licensee of the legal obligations associated with a particular license. The licensee is ultimately responsible for the payment of taxes as well as all acts and omissions of the stated Reporting Service.

IN WITNESS WHEREOF, I, Jon Hibkovic, Cargo Transportation Services LLC
Have set my hand this 20th day of May, 2015.

Jon Hibkovic



Signature of Owner/Legal Representative

Jon Hibkovic



Title

ACKNOWLEDGEMENT

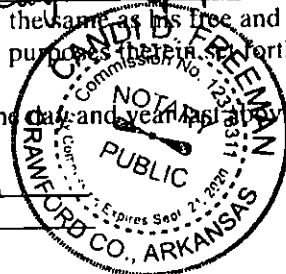
STATE OF Arkansas) COUNTY OF Crawford)

On this 20th day of May, 2015, before me, the undersigned Notary Public, in and for the county and state aforesaid

personally appeared Jon Hibkovic, Cargo Transportation Services LLC, and acknowledged to me that he executed the same as his free and voluntary act and deed, of said corporation, for the uses and purposes therein set forth.

Given under my hand and seal the day and year last above written.

Notary Public Candi Freeman
My Commission Expires: 9/21/20



Lee's Permit Service

PH: 479-474-5291

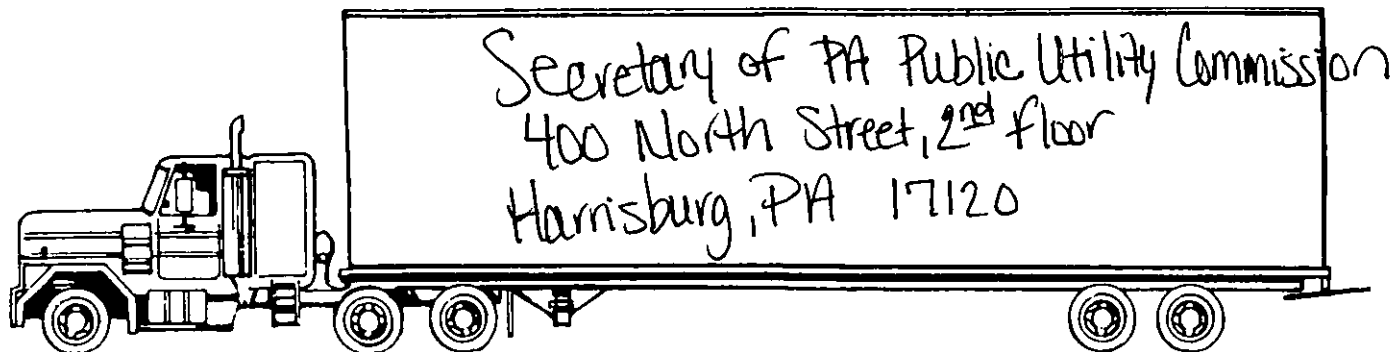
817 Segar

Van Buren, AR 72956

NORTHWEST AR P&DF

AR 727 1 L

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