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Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834

2015 JUN 22 PM 3: 24

PA P.U.C.
SECRETARY'S BUREAU

Application for Motor Common Carrier of Property

Please complete all parts of the following application. Incomplete applications will be returned. All questions may be directed to the Bureau of Transportation & Safety at (717) 787-3834.

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

Hare Trucking LLC

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

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

Tammy Hare

983 Maple Grove Rd
Street Address

Grantsville MD 21536
City, State and Zip Code

301-707-8113
Telephone Number

Garnett
County

4. **Mailing Address** (if different from Physical Address)

Street Address

City, State and Zip Code

5. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

6. Does applicant currently hold PA PUC authority? Yes **No** (circle one)

If yes, enter current docket number A-00 _____

7. What type of commodity do you intend to transport? coal

8. **Form of Organization** (Check one that applies to this application)

Individual

Partnership

Attach a copy of a Partnership Agreement and list the names and addresses of ALL partners.

Corporation

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration. Include a list of all corporate officers/titles and distribution of shares.

LLC or LLP

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or foreign corporation registration. Include a list of all members (even if there is only one member) and title of each member.

9. **Attachment Checklist**

For Corporations:

Copy of Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration.

List of all corporate officers/titles, names of shareholders and distribution of shares.

For LLPs and LLCs Only:

Copy of Certificate of Incorporation, Certificate of Authority, or foreign corporation registration.

List of all members (even if there is only one member) and title of each member.

For Partnerships Only:

Copy of Partnership Agreement.

List the names and addresses of ALL partners.

For ALL Applicants:

- Fictitious Trade Name Registration (if applicable).
- Copy of Current Safety Rating (if available).
- Proof of Insurance (See item 5 on instruction sheet).
- Certified check, money order or attorney's check.

10. Certification

Applicant certifies that it is not now engaged in any intrastate transportation of property 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.

You must sign the following Verification of Application.

Verification of Application

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) or by the President or Secretary (if a corporation).

I/we hereby state that the statements 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.

Tammy Hare
(Print Name)
Tammy Hare 6/16/15

(Signature)

(Date)

**Pennsylvania Public Utility Commission
Bureau of Technical Utility Services
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834 or FAX (717) 787-3114**

Exemption from PUC Cargo Insurance Regulations

This is to advise that Hare Trucking LLC
(Name of applicant/carrier)
Holding PUC authority at Application Docket No. A- _____ is exempt
(if available)
From Cargo Insurance Regulations for the following reasons (Check **all** that apply):

- All transportation will be provided in dump trucks.
- All transportation will be limited to farm products, garbage, ashes, rubbish, coal, debris, earth, crushed stone, amesite, and similar construction materials.
- The value of any one load being transported will not be more than \$500 in value.

Tammy Hare
(Signature of Individual applicant, authorized partner or corporate president or secretary)

Verification of Request

The undersigned deposes and says that he/she is the person who signed the statement for the above captioned applicant/application and that he/she is authorized to and does make this verification and the facts setforth therein are true and correct to the best of his/her knowledge, information and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Tammy Hare 6/19/15
(Signature) (Date)

Tammy Hare
(Print Name)

Please return to: Pennsylvania Public Utility Commission
Bureau of Technical Utility Services – Compliance Office – Insurance
PO Box 3265
Harrisburg, PA 17105-3265

This form is used to waive the Commission's requirement for PA PUC certificated carriers to maintain a minimum of \$5,000 insurance for loss or damage to cargo being transported. You must meet at least one of the three criteria above. If none of the three criteria for exemption apply to you, you must submit evidence of cargo insurance.

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2015 JUN -9 A 11:04

STATE OF MARYLAND
TAXATION
ASSESSMENTS
& TRANSPORTATION

**ARTICLES OF ORGANIZATION
OF
HARE TRUCKING, LLC**

THIS IS TO CERTIFY: that I, **Michael A. Llewellyn**, being at least eighteen (18) years of age, having been so authorized by and **James William Hare and Tammy Lynn Hare** who are at least eighteen (18) years of age, hereby form a limited liability company under their direction and by virtue of the general laws of the State of Maryland as provided under Title 4A of the Corporations and Associations Article of *The Annotated Code of Maryland*.

FIRST: The name of the Limited Liability Company is **Hare Trucking, LLC**.

SECOND: The purposes for which the Limited Liability Company is formed are as follows:

- A. The Limited Liability Company is organized "for any lawful purpose."
- B. In addition, the Limited Liability Company is formed to provide coal hauling and transportation services.
- C. To perform any acts as may be appropriate in connection with the aforementioned general purposes.

THIRD: The address of **Hare Trucking, LLC** principal office is 983 Maplegrove Road, Grantsville, MD 21536.

FOURTH: The name and address of the Company's Resident Agent is Michael Llewellyn, 21 Prospect Square, Cumberland, MD 21502.

FIFTH: Pursuant to Section 4-A, 401(a)(3), of The Maryland Limited Liability Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member, and no member shall have authority to act for the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledge them to be my act this 2nd day of June, 2015.

WITNESS:

[Signature]

[Signature]
Michael A. Llewellyn

RESIDENT AGENT'S CONSENT

I, Michael Llewellyn, pursuant to *Section 1-208 of the Corporations and Associates Article* do hereby consent to my designation as Resident Agent for **Hare Trucking, LLC**.

Witness:

[Signature]

[Signature]
Michael Llewellyn

[Attached hereto as Exhibit "A" is a list of the members of the organization.]

EXHIBIT "A"

Members. The name, present mailing address, and percentage of each member is as follows:

James William Hare
983 Maplegrove Road
Grantsville, MD 21536
Percentage: Fifty percent (50%)

Tammy Lynn Hare
983 Maplegrove Road
Grantsville, MD 21536
Percentage: Fifty percent (50%)

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P.A.P.U.C.
SECRETARY'S BUREAU

State of Maryland
Department of
Assessments and Taxation



Larry Hogan
Governor

Owen C. Charles
Acting Director

Charter Division

Date: 06/10/2015

HARBOR CITY RESEARCH, INC.
STE 900
201 N CHARLES ST
BALTIMORE MD 21201-4102

THIS LETTER IS TO CONFIRM ACCEPTANCE OF THE FOLLOWING FILING:

ENTITY NAME : HARE TRUCKING, LLC
DEPARTMENT ID : W16577298
TYPE OF REQUEST : ARTICLES OF ORGANIZATION
DATE FILED : 06-09-2015
TIME FILED : 11:04 AM
RECORDING FEE : \$100.00
EXPEDITED FEE : \$50.00
FILING NUMBER : 1000362008083786
CUSTOMER ID : 0003267183
WORK ORDER NUMBER : 0004483763

PLEASE VERIFY THE INFORMATION CONTAINED IN THIS LETTER. NOTIFY THIS DEPARTMENT IN WRITING IF ANY INFORMATION IS INCORRECT. INCLUDE THE CUSTOMER ID AND THE WORK ORDER NUMBER ON ANY INQUIRIES. EVERY YEAR THIS ENTITY MUST FILE A PERSONAL PROPERTY RETURN IN ORDER TO MAINTAIN ITS EXISTENCE EVEN IF IT DOES NOT OWN PERSONAL PROPERTY. A BLANK RETURN WILL BE MAILED BY FEBRUARY OF THE YEAR FOR WHICH THE RETURN IS DUE.

Charter Division
Baltimore Metro Area (410) 767-1350
Outside Metro Area (888) 246-5941