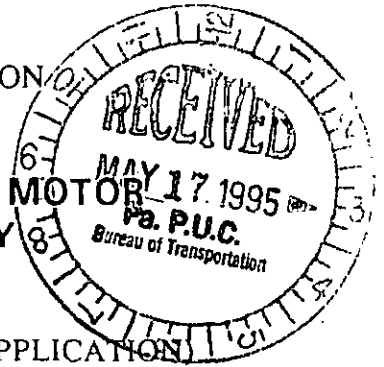


BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY



(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only	
Docket No.	<u>A-00112150</u>
Folder No.	<u>701342</u>

RECEIVED
95 MAY 16 AM 8:54
PA. P. U. C.
INFO. CONTROL DIV.

1. Daniel E. Smith
(Full and correct name in which you intend to operate)

2. Rockland Reclamation Company
(Trade name, if any)

The trade name, if fictitious, has been registered with the Secretary of
(has or has not)

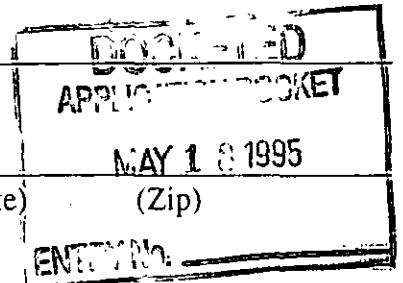
the Commonwealth on July 2, 1993 (attach copy of date-stamped registration
(Date) form).

3. R.D. #4 Box 88A 814-267-3660
(Physical Address) (Telephone No.)

Berlin Somerset Pa. 15530
(City) (County) (State) (Zip)

4. Same
(Mailing Address; if different)

(City) (County) (State) (Zip)



11

5. Applicant does not hold ICC authority under Docket No. _____
(does or does not)

6. Applicant does not have a current safety rating issued by _____
(does or does not)

(attach copy).

7. Approximate number of commercial vehicles to be operated intrastate:

owned 1 leased _____

8. Applicant is (check one):

Individual

Partnership. Attach copy of partnership agreement and list names and addresses of all partners below (use additional sheet if necessary).

(Name)	(Address)

Corporation. Organized under the laws of the State of _____ and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on _____ (Attach date-stamped copy of application for Certificate of Incorporation or Authority). Include as an attachment a list of corporate officers and their titles and the names, addresses and number of shares held by each stockholder.

9. Attach the following, as appropriate (check those attached):

Partnership Agreement.

Date-stamped copy of Fictitious Trade Name registration certificate.

Date-stamped copy of Application for Certificate of Incorporation or Certificate of Authority.

Copy of a current safety rating issued by a state or federal agency.

List of corporate officers and stockholders and distribution of shares.

Proof of Insurance.

VERIFICATION OF APPLICATION

I/We hereby state that the statements made in the application are true and correct to the best of my/our knowledge, information belief.

The undersigned understand(s) that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

<u>Daniel E. Smith</u> (Print Name)	<u>Daniel E. Smith</u> (Signature)	<u>4/18/95</u> (Date)	RECEIVED 95 MAY 16 AM 8:55 PA. P. U. C. INFO. CONTROL DIV.
_____ (Print Name)	_____ (Signature)	_____ (Date)	
_____ (Print Name)	_____ (Signature)	_____ (Date)	

This section must be completed by the applicant appearing on Line 1, if an individual; by all partners, if a partnership; or by the President or Secretary if a corporation).

10. Certification

- a. 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 the transportation for which approval is herein sought unless and until authorization for such transportation is received.
- b. Applicant certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance, and will be able to comply with them; and acknowledges that failure to abide by the requirements of the Commission as they relate to safety and insurance may result in civil penalties, suspension or cancellation of the certificate.
- c. Applicant certifies that it understands that it is subject to an annual assessment based upon its gross intrastate operating revenues to help pay expenses incurred by the PUC in regulating motor common carriers of property; and acknowledges that failure to file the annual assessment report and timely satisfy the assessment may result in civil penalties, suspension or cancellation of the certificate



VIOLATION AND REVIEW RECORD

Driver's Name Daniel E. Smith
(Please Print or Type)

I. CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date of Conviction	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

4-17-95 Daniel E. Smith
(Date of Certification) (Driver's Signature)

R.D. #4 Box 88A, Berlin, Pa. 15530
(Motor Carrier's Name) (Motor Carrier's Address)

Daniel E. Smith owner
(Reviewed by: Signature) (Title)

II. REVIEW AND EVALUATION OF DRIVER'S RECORD:

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Action taken: _____

R.D. #4 Box 88A, Berlin, PA. 15530
(Motor Carrier's Name) (Motor Carrier's Address)

Daniel E. Smith 4-17-95 owner
(Reviewed by: Signature) (Date) (Title)

ACORD INSURANCE BINDER

DATE (MM/DD/YY)
4-4-95

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER
IAP Paul Wicks
RD 7, Box 247
Somerset, PA 15501

PHONE (A/C, No., Ext): 814-443-2643

COMPANY
PA Assigned Risk
BINDER # 9509400076

DATE	EFFECTIVE	TIME	EXPIRATION	DATE	TIME
4-4-95		AM	5-4-95		12:01 AM
		PM			NOON

CODE: _____ SUB CODE: _____

AGENCY CUSTOMER ID:
INSURED
Daniel E. Smith
RD 4
Berlin, PA 15530

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)

1978 International Truck
#D3117HGB12703

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINS %
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT RETRO DATE FOR CLAIMS MADE:		GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$		
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$		
AUTO PHYSICAL DAMAGE DEDUCTIBLE: <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: _____ OTHER THAN COLL: _____		ACTUAL CASH VALUE STATED AMOUNT \$ OTHER		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:		EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ STATUTORY LIMITS		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$		

SPECIAL CONDITIONS/ OTHER COVERAGES

NAME & ADDRESS

New Enterprise Stone & Lime
Somerset, PA 15501

MORTGAGEE ADDITIONAL INSURED
LOSS PAYEE

LOAN # _____

AUTHORIZED REPRESENTATIVE

Paul Wicks

COPY

received
7/16/93

308

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU
ROOM 308 NORTH OFFICE BUILDING
P.O. BOX 8722
HARRISBURG, PA 17105-8722

ROCKLAND RECLAMATION COMPANY

RECEIVED
95 MAY 16 AM 8:55
PA. P. U. C.
INFO. CONTROL DIV.

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. PLEASE NOTE THE FILE DATE AND SIGNATURE OF THE SECRETARY OF THE COMMONWEALTH. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA. IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU CALL 717-787-1057.

ENTITIES ACTING AS PROFESSIONAL FUNDRAISING CONSULTANTS OR PROFESSIONAL SOLICITORS ON BEHALF OF CHARITIES SOLICITING CONTRIBUTIONS WITHIN THE COMMONWEALTH OF PENNSYLVANIA MUST REGISTER WITH THE DEPARTMENT OF STATE, BUREAU OF CHARITABLE ORGANIZATIONS, ROOM 308, NORTH OFFICE BUILDING, HARRISBURG, PENNSYLVANIA 17120-0029 (717)/783-1720).

ENTITY NUMBER: 2529846

MICROFILM NUMBER: 09347

0234-0235

WILBERT H BECHY III ESQ
FIRST FL, MATTHEWS BLDG
110 E UNION ST, PO BOX 863
SOMERSET, PA 15501

7-234

Number _____

Filed with the Department of State on JUL 02 1993

Entity Number 2529946

[Handwritten Signature]

Secretary of the Commonwealth *[Initials]*

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

DSCB:54-311 (Rev 90)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is: Rockland Reclamation Company

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:
mine reclamation

3. The address, including number and street, if any, of the principal place of business of the business or other activity to be carried on under or through the fictitious name is (P.O. Box alone is **not** acceptable):

<u>173 East Catherine Street</u>	<u>Somerset</u>	<u>PA</u>	<u>15501</u>	<u>Somerset</u>
Number and Street	City	State	Zip	County

4. The name and address, including number and street, if any, of each individual interested in the business is:

<u>Daniel E. Smith</u>	<u>R.D. #4, Box 88A</u>	<u>Berlin</u>	<u>PA</u>	<u>15530</u>
Name	Number and Street	City	State	Zip

5. Each entity, other than an individual, interested in such business is (are): none

Name	Form of Organization	Organizing Jurisdiction	Principal Office Address	Pa. Registered Office, if any

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

PA DEPT. OF STATE

JUL 02 1993

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this 9th day of April, 1993.

Ormond E. Smith

(Individual Signature)

(Individual Signature)

(Name of Entity)

BY: _____

TITLE: _____

(Individual Signature)

(Individual Signature)

(Name of Entity)

BY: _____

TITLE: _____