

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

## 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)

Independent Equipment Transfer Co Inc

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

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

5020 Thoms Run Road

Street Address

Oakdale PA 15071

City, State and Zip Code

4122570808

Telephone Number

Allegheny

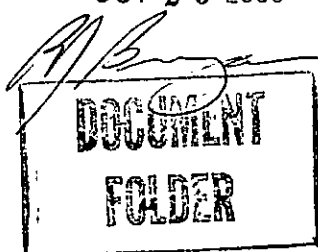
County

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

Street Address

City, State and Zip Code

**DOCKETED**  
OCT 23 2006



RECEIVED  
2006 OCT 23 AM 10:57  
PA PUC  
SECRETARY'S BUREAU

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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)

*See below*

If yes, enter current docket number **A-00** \_\_\_\_\_

*Old certificate # A-00109621  
cancelled for insurance. We  
would request to retain this  
number, please.*

7. **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, LLC or LLP**

Attach a copy of the Certificate of Incorporation or Certificate of Authority or the foreign corporation registration. Include a list of all officers and titles.

8. **Attachment Checklist**

**For Corporations, LLPs and LLCs Only:**

Date-stamped copy of Certificate of Incorporation, or Certificate of Authority, or registration as a foreign entity.

List of corporate officers/titles and distribution of shares.

**For Partnerships Only:**

Copy of Partnership Agreement, list all partners or members.

**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.

9. **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.

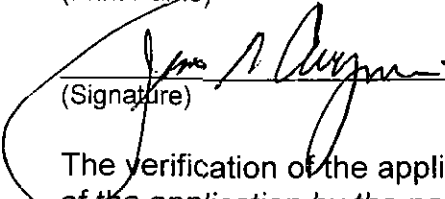
**You must sign the following application.**

**Verification of Application**

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.

James G. Cargnoni, President  
(Print Name)

  
(Signature)

10/20/06  
(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) or by the President or Secretary (if a corporation).

Microfilm Number 9061 837

Filed with the Department of State on DEC 04 1990

Entity Number 1623706

Christopher A. Lewis  
Secretary of the Commonwealth  
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### ARTICLES OF INCORPORATION

Indicate type of domestic corporation (check one):

- Business-stock (15 Pa. C.S. § 1306)
- Professional (15 Pa. C.S. § 2903)
- Business-nonstock (15 Pa. C.S. § 2102)
- Management (15 Pa. C.S. § 2701)
- Business-statutory close (15 Pa. C.S. § 2304a is applicable)
- Cooperative (15 Pa. C.S. § 7701)

1. The name of the corporation is: Independent Equipment Transfer Co., Inc.

This corporation is incorporated under the provisions of the Business Corporation Law of 1988.

2. The address of this corporation's initial (a) registered office in this Commonwealth or (b) commercial registered office provider and the county of venue is:

(a) RD #1 Box 865 Oakdale PA 15071 Allegheny  
Number and Street City State Zip County

(b) \_\_\_\_\_  
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

3. The aggregate number of shares authorized is: 1,000 (other provisions, if any, attach B 1/2 x 11 sheet)

4. The name and address, including street and number, if any, of each incorporator is:		Signature	Date
Name	Address		
<u>Jack S. Cargnoni</u>	<u>1393 Pesavento Dr.</u>	<u>[Signature]</u>	<u>11/30/90</u>

5. The specified effective date, if any, is: Incorporation date  
month day year hour, if any

6. Any additional provisions of the articles, if any, attach on B 1/2 x 11 sheet.

7. Statutory close corporation only: Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "Public Offering" within the meaning of the Securities Act of 1933 (15U.S.C. § 77A et seq.).  
N/A

8. Business cooperative corporations only: (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: N/A

10/19/2006 THU 16:23 FAX 412 257 2888 Damratowski & Co +--> Independent Enterprises [002/002

DEPARTMENT OF STATE AND REVENUE

**BUREAU USE ONLY:**  
 Dept. of State Entry Number \_\_\_\_\_  
 Revenue Box Number \_\_\_\_\_  
 Filing Period \_\_\_\_\_ Date 9 4 8 \_\_\_\_\_  
 SIC \_\_\_\_\_ Report Code \_\_\_\_\_

Form (file in triplicate) and all accompanying documents shall be mailed to:  
 COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF STATE  
 CORPORATION BUREAU  
 308 NORTH OFFICE BUILDING  
 HARRISBURG, PA 17120-0029

Check proper box

- Business-stock       Business-nonstock       Business-Management       Professional  
 Business-statutory close       Business-cooperative       Nonprofit-stock       Nonprofit-nonstock  
 Foreign       Foreign-nonprofit-stock       Motor Vehicle for Hire  
 Foreign-Limited Certificate of Authority to D/S/A \_\_\_\_\_

Corporation registering as a result of (check box):

- Incorporation (PA)       Domestication       Consolidation  
 Authorization of a foreign corporation       Division       Summary of Record

1. Name of corporation INDEPENDENT EQUIPMENT TRANSFER CO., INC.

2. Location of (a) initial registered office in PA or (b) the name and county of the commercial registered office provider:

(a) RD#1, BOX 865 THOMS RUN ROAD      OAKDALE      PA      10571      ALLEGHENY  
Number and Street/PO number and Box      City      State      Zip code      County

(b) \_\_\_\_\_  
Name of commercial registered office provider      County

(c) PA  
State or Country of Incorporation

3. Specified effective date, if applicable: Incorporation date

4. Describe principal PA activity to be engaged in, within one year of this application date: \_\_\_\_\_

Transportation

5. Names, residences and social security numbers of the chief executive officer, secretary and treasurer:

Name	Address	Title	Social Security #
<u>Jack S. Gargoni</u>	<u>1393 Pesavento Dr., Bridgeville PA</u>	<u>President</u>	
<u>Salvadore Gargoni</u>	<u>1393 Pesavento Dr., Bridgeville PA</u>	<u>Secretary</u>	
<u>James G. Gargoni</u>	<u>1393 Pesavento Dr., Bridgeville PA</u>	<u>Treasurer</u>	

If professional corporation, include officer's professional license numbers with the respective Pennsylvania Professional Board.

# ARTICLES OF INCORPORATION

(PREPARE IN TRIPLICATE)

BUSINESS ASSURANCE 717-787-6271  
COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE - CORPORATION BUREAU  
308 NORTH OFFICE BUILDING, HARRISBURG, PA 17120

PLEASE INDICATE (CHECK ONE) TYPE CORPORATION:

- DOMESTIC BUSINESS CORPORATION
- DOMESTIC BUSINESS CORPORATION A CLOSE CORPORATION - COMPLETE BACK
- DOMESTIC PROFESSIONAL CORPORATION ENTER BOARD LICENSE NO.

FEE  
\$75.00

10 NAME OF CORPORATION (MUST CONTAIN A CORPORATE INDICATOR UNLESS EXEMPT UNDER 15 P.S. 2908 B)  
**INDEPENDENT EQUIPMENT TRANSFER CO., INC.**

11 ADDRESS OF REGISTERED OFFICE IN PENNSYLVANIA (P.O. BOX NUMBER NOT ACCEPTABLE)  
**THOMS RUN ROAD - R.D.#1**

12 CITY <b>OAKDALE</b>	035 COUNTY <b>ALLEGHENY</b>	013 STATE <b>PA</b>	084 ZIP CODE <b>15071</b>
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150 EXPLAIN THE PURPOSE OR PURPOSES OF THE CORPORATION

To engage and do any lawful act concerning any or all lawful business for which Corporations may be Incorporated under the Pennsylvania Business Corporation Law, including but not limited to engaging in the Business of transportation.

ATTACH 8X x 11 SHEET IF NECESSARY)

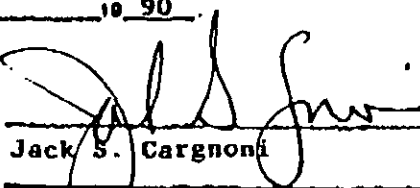
The Aggregate Number Shares, Classes of Shares and Par Value of Shares Which the Corporation Shall have Authority to Issue:

040 Number and Class of Shares <b>1000 Shares Common</b>	041 Stated Par Value Per Share If Any <b>\$1.00</b>	042 Total Authorized Capital <b>\$1,000.00</b>	001 Term of Existence <b>Perpetual</b>
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The Name and Address of Each Incorporator, and the Number and Class of Shares Subscribed to by each Incorporator

080 Name	081, 082 083, 084 Address (Street, City, State, Zip Code)	Number & Class of Shares
<b>Jack S. Cargoni</b>	<b>R.D.#1, Thoms Run Road, Oakdale, PA 15071</b>	<b>1 (1) Common</b>
(ATTACH 8X x 11 SHEET IF NECESSARY)		

IN TESTIMONY WHEREOF, THE INCORPORATOR (S) HAS (HAVE) SIGNED AND SEALED THE ARTICLES OF INCORPORATION  
THIS 21st DAY OF November 19 90

  
 Jack S. Cargoni

- FOR OFFICE USE ONLY -

130 FILED  Secretary of the Commonwealth Department of State Commonwealth of Pennsylvania	002 CODE	003 REV BOX	SEQUENTIAL NO.	100 MICROFILM NUMBER	
	REVIEWED BY	004 SIC	AMOUNT	001 CORPORATION NUMBER	
	DATE APPROVED	CERTIFY TO <input type="checkbox"/> REV. <input type="checkbox"/> L & I <input type="checkbox"/> OTHER	INPUT BY	LOG IN	LOG IN (REFILE)
	DATE REJECTED		VERIFIED BY	LOG OUT	LOG OUT (REFILE)
	MAILED BY DATE				

**CORPORATE  
 REGISTRY INFORMATION  
 FOR  
 DEPARTMENTS OF STATE  
 AND REVENUE**  
 (FILE IN TRIPLICATE)

**BUREAU USE ONLY (7/C 83)**

Department of State Number

Form Number

Filing Period Inc. Date 3 4 5

Standard Industrial Code Report Code

COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF STATE  
 CORPORATION BUREAU  
 18 NORTH OFFICE BUILDING  
 HARRISBURG, PA. 17120

REGISTRATION FEE: NONE

BUSINESS CORPORATION     NON-PROFIT CORPORATION     MOTOR VEHICLE FOR HIRE

Name of Corporation/Business: **DEPENDENT EQUIPMENT TRANSFER CO., INC.** Federal E.I.N. Applied For

Location of Initial Registered Office in Pennsylvania (Street/Route, City, County, State, Zip Code)

**R.D.#1 - Box 865**

(Street and Number or R.D. Number and Box)

**Oakdale Allegheny PA 15071**

(City or Town) (County) (State) (Zip Code)

Mailing Address if different than # 3 (location where correspondence, tax report forms, etc. are to be sent)

(Street and Number or R.D. Number and Box)

(City or Town) (County) (State) (Zip Code)

Foreign corporations: Location of proposed registered office (Street and Number, Post Office, State) Date Business Started in P.A.

**N/A**

Principal Officers (President, Vice President, Secretary, Treasurer)

Name Title Social Security Number

**Jack S. Cargnoni President**

Home Address R.D.# 1, Thoms Run Rd., Oakdale, PA 15071

Name Title Social Security Number

**James G. Cargnoni Vice President**

Home Address R.D.#1, Box 865, Oakdale, PA 15017

Name Title Social Security Number

**Salvadore Cargnoni Secretary**

Home Address 1393 Pesavento Drive, Bridgeville, PA 15017

Name Title Social Security Number

Home Address

Date and State of Incorporation or Organization

Date: State: **N/A**

Applicant is Operating as:

Corporation     An individual     Co-Partnership     Joint Stock Association     Association of individuals     Other

Provide the Act of General Assembly or Authority under which you are organized or incorporated (full citation of statute or statute - attach a separate sheet if more space is required)

Is the corporation authorized to issue capital stock? No **Yes**

Amount of Capital paid in and Date

yes, amount authorized? **1--- Shares Common Stock** Amount: **\$1.00** Date: **Incorporation Date**

Is the Corporation part of a system operating in Pennsylvania?  No     Yes

yes, provide parent's box number, name and subsidiary corporation. (Attach a separate sheet listing subsidiary corporation).

Box Number: Name:

Corporation's fiscal year ends: Standard Industrial Classification Code

**December 31**

Describe principal Pa. business activity to be engaged in, within one year of this application date (attach separate sheet if necessary).

or Motor Vehicles: include routes to be traveled.

**TRANSPORTATION**

If Foreign Corporation Only - provide text of purpose as stated in articles.

ENTRY NO.: 0001  
NAME: INDEPENDENT EQUIPMENT TRANSFER  
ADDRESS1: P. O. BOX 275  
ADDRESS2:  
CITY: PRESTO STATE: PA ZIP: 15142  
REPRESENTING: SELF TYPE

ENTRY NO.:  
NAME:  
ADDRESS1:  
ADDRESS2:  
CITY: STATE: ZIP:  
REPRESENTING: TYPE

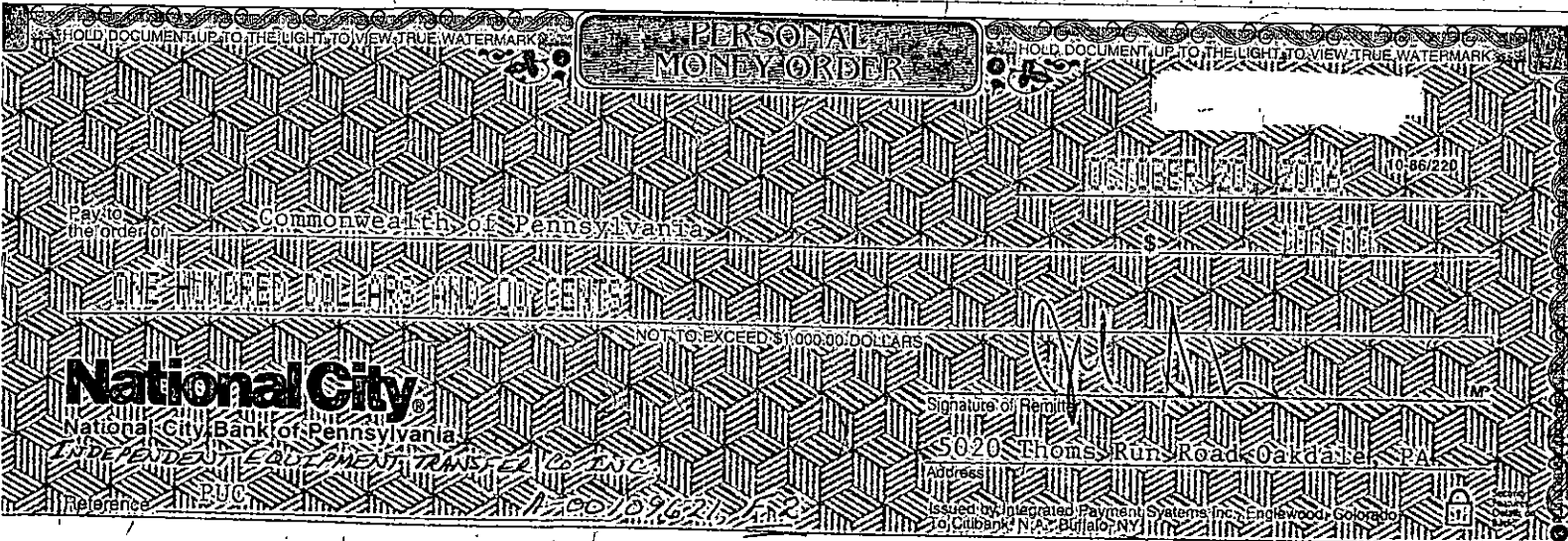
ENTRY NO.:  
NAME:  
ADDRESS1:  
ADDRESS2:  
CITY: STATE: ZIP:  
REPRESENTING: TYPE

RESPONDENT OR APPLICANT: INDEPENDENT EQUIPMENT TRANSFER  
PARTY OR COMPLAINANT:

[CU25] [ ] [A-00109621] [F] [0002] [ ] [ ] PRINT- [ ]

THIS IS THE LAST RECORD OF THIS CASE NUMBER

RCV | | |FORM| |LTAI| |Col 4|Row 24|Page 1|Terminal 1



**PENNSYLVANIA PUBLIC UTILITY COMMISSION**

**RECEIPT**

*The addressee named here has paid the PA P.U.C. for the following bill:*

DATE: 10/24/2006  
RECEIPT NO: 205098

INDEPENDENT EQUIPMENT TRANSFER  
P. O. BOX 275  
PRESTO PA 15142

**DOCUMENT  
FOLDER**

IN RE: Application fees for INDEPENDENT EQUIPMENT TRANSFER

Docket Number A-00109621F0002..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: PMO 097257954  
CHECK AMOUNT: \$100.00

Michael Sobolesky  
(for Department of Revenue)

**DOCKETED**  
OCT 25 2006