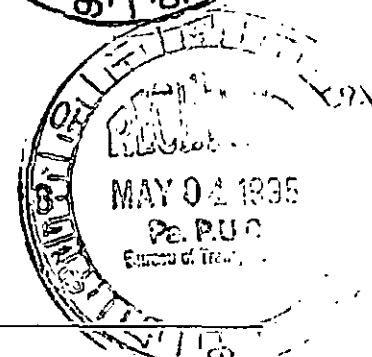
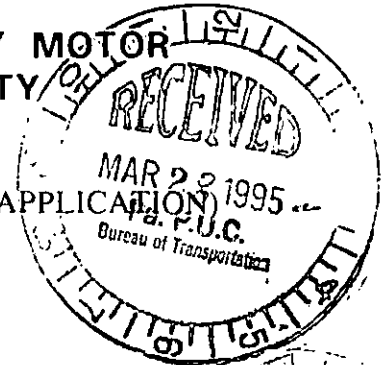


BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)



For PUC Use Only	
Docket No.	A-00112107
Folder No.	201708

1. Foodliner Inc.
(Full and correct name in which you intend to operate)

2. _____
(Trade name, if any)

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

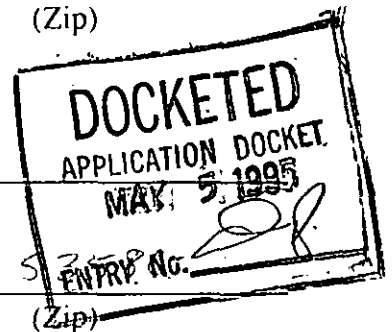
the Commonwealth on _____ (attach copy of date-stamped registration
(Date) form).

3. Hwy. 11 (Physical Address) (608)965-4478 (Telephone No.)

Shullsburg Lafayette WI 53586
(City) (County) (State) (Zip)

4. P.O. Box 578
(Mailing Address, if different)

Shullsburg Lafayette WI
(City) (County) (State)



5. Applicant does hold ICC authority under Docket No. 163711
(does or does not)

6. Applicant does have a current safety rating issued by U.S. D.O.T.
(does or does not)

(attach copy).

7. Approximate number of commercial vehicles to be operated intrastate:
owned 175 leased 15 (not sure at this time)

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 Wisconsin and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on Feb. 8, 1995 (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.

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

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.

Alan F. Coyne
(Print Name) (Signature) (Date)

Ronald A. Riggazio Ronald A. Riggazio 2/3/95
(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).



U.S. Department
of Transportation
**Federal Highway
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

JUNE 29, 1994

IN REPLY REFER TO:
YOUR USDOT NO.: 046257
REVIEW NO.: 00169506/CR

FOODLINER INC
P O BOX 578
SHULLSBURG WI 53586

DEAR MOTOR CARRIER:

THE MOTOR CARRIER SAFETY RATING FOR YOUR COMPANY IS:

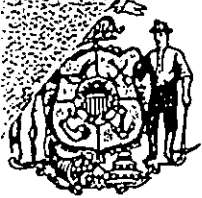
SATISFACTORY

THIS SATISFACTORY RATING IS THE RESULT OF A MAY 13, 1994, REVIEW AND EVALUATION. A SATISFACTORY RATING INDICATES THAT YOUR COMPANY HAS ADEQUATE SAFETY MANAGEMENT CONTROLS IN PLACE TO EFFECT SUBSTANTIAL COMPLIANCE WITH THE FEDERAL MOTOR CARRIER SAFETY AND/OR HAZARDOUS MATERIALS REGULATIONS.

PLEASE ASSURE YOURSELF THAT ANY SPECIFIC DEFICIENCIES IDENTIFIED IN THE REVIEW REPORT HAVE BEEN CORRECTED. WE APPRECIATE YOUR EFFORTS TOWARD PROMOTING MOTOR CARRIER SAFETY THROUGHOUT YOUR COMPANY. IF YOU HAVE QUESTIONS OR REQUIRE FURTHER INFORMATION, PLEASE CONTACT THE SAFETY SPECIALIST WHO CONDUCTED THE REVIEW.

RONALD G. ASHBY
CHIEF, FEDERAL PROGRAMS DIVISION

- SEE MESSAGE ON BACK -



WISCONSIN DOMESTIC CORPORATION

ANNUAL REPORT

DUE JUNE 30, 1994

Report "FILED" by indexing of locator number for the report year. 4/1/94 - 3/31/95

FILING FEE \$ 25.00

01: DOMESTIC STK 1M22541

FOODLINER, INC.

ALAN T. COYNE
HWY 11
P O BOX 578
SHULLSBURG, WI 53586

This form is addressed to the corporation's registered agent. If a change of agent or agent's address is desired, indicate those changes below. The street address of the registered office and the business office of the registered agent, as changed, will be identical.

Agent's Name:
Street Address (required)
P O BOX (optional)
City, State, Zip Code

Make check payable to: SECRETARY OF STATE
Mail to: Drawer 554 Milwaukee WI 53293-0554

INSTRUCTIONS ARE FOUND ON ENCLOSED SHEET.

If data shown in item 1 is incorrect, line out and enter changes.

Principal office address (Street & Number, City, State & Zip Code)

HWY 11:
PO BOX 578
SHULLSBURG, WI 53586

NAMES & BUSINESS ADDRESSES OF PRINCIPAL OFFICERS, & ALL DIRECTORS / IF ANSWER TO ANY ITEM IS NONE, SO STATE (add additional sheets, if necessary.)

Table with 4 columns: TITLE, NAME, # of Shares, RESPECTIVE ADDRESSES. Rows include President (Ronald A. Rigazio), Vice President (R. Michael McCoy), Secretary (John R. McCoy), Treasurer (Robert S. McCoy), Ass't Sec. (Alan T. Coyne), and BOARD OF DIRECTORS (John R. McCoy, Robert S. McCoy, R. Michael McCoy).

Describe the general nature of business:

Transportation of Food Grade Products

5 STOCK AUTHORIZED, AND STOCK ISSUED & OUTSTANDING

All boxes must be completed

STOCK AUTHORIZED

STOCK ISSUED & OUTSTANDING

Table with 4 columns: CLASS, SERIES (IF ANY), NUMBER OF SHARES. Rows for common and preferred stock under both AUTHORIZED and ISSUED & OUTSTANDING categories.

The corporation has not entered into any combination, conspiracy, trust, pool, agreement or contract intended to restrain or prevent competition in the supply or price of any article or commodity in general use in this state, or constituting a subject of trade or commerce therein, or which shall in any manner control the price of any such article or commodity, fix the price thereof, limit or fix the amount or quantity thereof to be manufactured, mined, produced or sold in said state, or fix any standard or figure by which its price shall be in any manner controlled or established.

FOR THE CORPORATION:

BY: Alan T. Coyne
Signature of Officer

04/22/94
Date

Alan T. Coyne
Printed Name

Ass't Sec.
Title

Annual Report Form 16 is authorized by s.180.0121, Stats., and is a REQUIRED REPORT under s.180.1622, Stats. Failure to file may result in administrative dissolution of the corporation. Upon filing, the data in the report becomes public and might be used for purposes other than for which it was originally collected.

9500 489

Microfilm Number _____

Filed with the Department of State on _____

Entity Number 2620960

Janette K...

ACTING Secretary of the Commonwealth

APPLICATION FOR CERTIFICATE OF AUTHORITY

DSCB:15-4124/6124 (Rev 90)

Indicate type of corporation (check one):

Foreign Business Corporation (15 Pa.C.S. § 4124)

Foreign Nonprofit Corporation (15 Pa.C.S. § 6124)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned association hereby states that:

1. The name of the corporation is: Foodliner, Inc.

2. The name which the corporation adopts for use in this Commonwealth is (complete only when the corporation must adopt a corporate designator for use in Pennsylvania):

3. (If the name set forth in paragraph 1 or 2 is not available for use in this Commonwealth, complete the following):

The fictitious name which the corporation adopts for use in transacting business in this Commonwealth is:

The corporation shall do business in Pennsylvania only under such fictitious name pursuant to the attached resolution of the board of directors under the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) and the attached form DSCB:54-311 (Application for Registration of Fictitious Name).

4. The name of the jurisdiction under the laws of which the corporation is incorporated is:

The State of Wisconsin

5. The address of its principal office under the laws of the jurisdiction in which it is incorporated is:

Hwy. 11 Shullsburg WI 53586 Lafayette
Number and Street City State Zip County

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

(a) _____
 Number and Street City State Zip County

(b) c/o: Natl Res. Agt. Serv. Inc., 523 E. Lancaster Ave., Wayne, PA 19087, _____
 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.

7. (Check one of the following):

- (Business corporation): The corporation is a corporation incorporated for a purpose or purposes involving pecuniary profit, incidental or otherwise.
- (Nonprofit corporation): The corporation is a corporation incorporated for a purpose or purposes not involving pecuniary profit, incidental or otherwise.

IN TESTIMONY WHEREOF, the undersigned corporation has caused this Application for a Certificate of Authority to be signed by a duly authorized officer thereof this 3 day of Feb., 1995.

Foodliner, Inc.
 (Name of Corporation)

BY: Ronald Ryzgala
 (Signature)

TITLE: President

STATE DEPT OF STATE
FEB 08 1995

Foodliner, Inc.

OFFICERS

			<u># of Shares</u>
President	Ronald A. Rigazio	Hwy. 11, P.O. Box 578 Shullsburg, WI 53586	0
Vice President	R. Michael McCoy	975 Prince Phillip Drive Dubuque, IA 52001	0
Secretary	John R. McCoy	4195 Anderson Rd. Deforest, WI 53532	0
Treasurer	Robert S. McCoy	4195 Anderson Rd. Deforest, WI 53532	0
Assistant Treasurer	Alan T. Coyne	2874 Thornwood Ct. Dubuque, IA 52003	0
Principal Stockholder:	McCoy Group, Inc.	- 100 shares	

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS SECTION

Report the names and addresses of officers and directors. Please make corrections in the space provided in the right hand column if the names and addresses are different than the preprinted information.

Check the box or boxes to indicate whether a person is an officer, a director, or both. If the corporation has no officers or directors, check the appropriate box or boxes.



The corporation has no officers. No directors.

Corrections in this column only.

001	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> MCCOY, ROBERT S. 639 FARWELL DR MADISON, WI 53704	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME ADDRESS 9770 S. Ridge View ADDRESS Oakcreek, WI 53154 ADDRESS
002	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> MCCOY, JOHN R. 538 OHIO ST DARLINGTON, WI 53530	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME ADDRESS 4195 Anderson Rd. ADDRESS Deforest, WI 53532 ADDRESS
003	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> MCCOY, R MICHAEL 975 PRINCE PHILLIP DRIVE DUBUQUE, IA 52001	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME ADDRESS 10703 Rt. 61 S. ADDRESS Dubuque, IA 52003 ADDRESS
004	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> COYNE, A.T. HWY. 11, P.O. BOX 368 SHULLSBURG, WI 53586	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME ADDRESS 10703 Rt. 61 S. ADDRESS Dubuque, IA 52003 ADDRESS
005	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> RIGAZIO, RONALD A. HWY. 11, P.O. BOX 578 SHULLSBURG, WI 53586	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME ADDRESS ADDRESS ADDRESS
	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME ADDRESS ADDRESS ADDRESS
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	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME ADDRESS ADDRESS ADDRESS

ATTACH ADDITIONAL SHEETS IF NECESSARY



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

March 30, 1995

IN REPLY PLEASE
REFER TO OUR FILE

■ FOODLINER INC
HIGHWAY 11
PO BOX 578
SHULLSBURG WI 53586

■

In re: Application of Foodliner, Inc.

Dear Sir:

Enclosed is the above-captioned application and check no. 035171. This application is being returned because the application fee was not paid by certified check or money order, as stated in item no. 2 of the instruction sheet. Please submit the application with payment in proper form.

Very truly yours,

Douglas A. Pike
Application Review Section
bureau of Transportation & Safety

DAP:lg

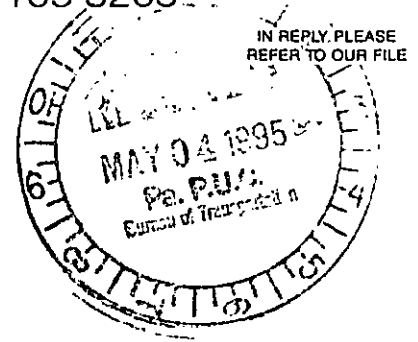
CERTIFIED MAIL

RETURN RECEIPT REQUESTED



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

March 30, 1995



FOODLINER INC
HIGHWAY 11
PO BOX 578
SHULLSBURG WI 53586

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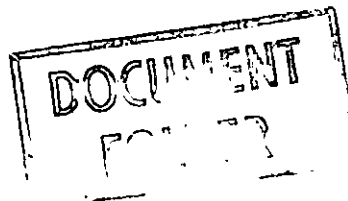
Very truly yours,

Douglas A. Pike
Application Review Section
bureau of Transportation & Safety

DAP:lg

CERTIFIED MAIL

RETURN RECEIPT REQUESTED





COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
REFER TO OUR FILE

May 19, 1995

FOODLINER INC
PO BOX 578 HIGHWAY 11
SHULLSBURG WI 53586

In re: A-00112107 - Application of Foodliner, Inc.

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of May 20, 1995.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before June 5, 1995. If comments are filed, you will be advised as to the procedure.

Very truly yours,

Peter S. Marzolf, Supervisor
Application Review Section
Bureau of Transportation & Safety

PSM:lg

