

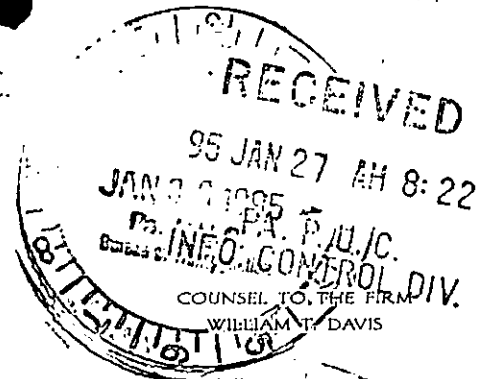
KRINER, KOERBER & KIRK, P.C.

ATTORNEYS-AT-LAW
110 NORTH SECOND STREET
P. O. BOX 1320
CLEARFIELD, PENNSYLVANIA 16830

TELEPHONE (814) 765-9611
FAX (814) 765-9503

January 24, 1995

WILLIAM C. KRINER
DWIGHT L. KOERBER, JR.
ALAN F. KIRK



John G. Alford, Secretary
Pennsylvania Public Utility Commission
P. O. Box 3265
Harrisburg, PA 17105-3265

RE: ARTHUR SMITH TRUCKING, INC.

Dear Mr. Alford:

I am transmitting herewith the original and one copy of Form PUC-189, being filed on behalf of Arthur Smith Trucking, Inc. Also enclosed is a filing fee check in the amount of \$100.00, made payable to Commonwealth of Pennsylvania.

If additional material is required in order to process this application, please be in touch with me.

Very truly yours,

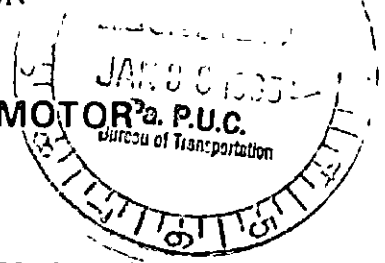
Dwight L. Koerber, Jr.
Dwight L. Koerber, Jr.

Enclosures
cc: Arthur Smith Trucking, Inc.
DLK/jsr

DOCL TEN
FOLDER

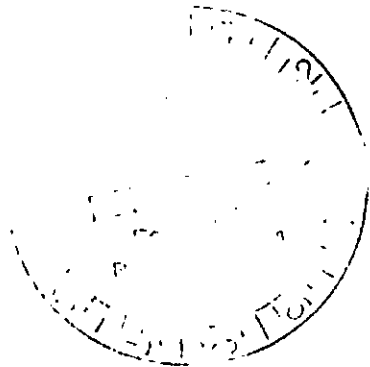
BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR²a. P.U.C.
CARRIERS OF PROPERTY



(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only
Docket No. <u>111785</u>
<u>701038</u>



RECEIVED
95 JAN 21 AM 8:22
PA. P. U. C.
INFO. CONTROL DIV.

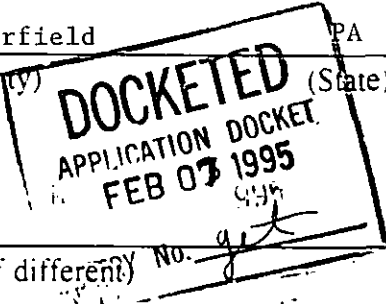
1. Arthur Smith Trucking, Inc.
(Full and correct name in which you intend to operate)

2. N/A
(Trade name, if any)

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

the Commonwealth on N/A (attach copy of date-stamped registration
(Date) form).

3.	<u>R. D. 2, Box 363</u>	<u>(814) 345-5437</u>
	(Physical Address)	(Telephone No.)
	<u>Morrisdale</u>	<u>Clearfield</u> PA <u>16858</u>
	(City)	(County) (State) (Zip)



DOCUMENT
FOLDER

4.	<u>Same</u>	<u>No. <u>get</u></u>
	(Mailing Address: if different)	
	(City)	(County) (State) (Zip)

5. Applicant does hold ICC authority under Docket No. MC-28325
(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 _____ leased 5

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 PA and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on September 8, 1994 (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 transportation of property for compensation 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.
- c. Applicant certifies that it understands that it is subject to an annual assessment based upon its gross intrastate operating revenues to help pay the expenses incurred by the PUC in regulating motor carriers of property.

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.

Arthur Smith Trucking, Inc.
Arthur C. Smith, President

(Print Name)

(Signature)

(Date)

Arthur C. Smith 1/20/95

(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).

RECEIVED
95 JAN 27 AM 8:24
PA. P. U. C.
INFO. CONTROL DIV.

APPENDIX TO FORM PUC-189

Paragraph No. 9:

CORPORATE INFORMATION

Applicant is a Pennsylvania corporation, formed on September 8, 1994. Attached hereto is a copy of the date-stamped application for a Certificate of Incorporation.

On September 30, 1994, 1,000 shares of common stock were issued to Arthur C. Smith and Norma J. Smith, Husband and Wife as Joint Tenants by the Entireties, of R. D. 2, Box 363, Morrisdale, PA 16858.

Arthur C. Smith is President of the corporation, and Norma J. Smith is Secretary/Treasurer.

INSURANCE INFORMATION

Also attached is proof of insurance held by applicant.

SEP 08 1994

Microfilm Number _____

Filed with the Department of State on _____

Entity Number DSCB 15

Robert M. Hoyt

Secretary of the Commonwealth

ARTICLES OF INCORPORATION-FOR PROFIT
OF

Arthur Smith Trucking, Inc.
Name of Corporation

A TYPE OF CORPORATION INDICATED BELOW

Indicate type of domestic corporation:

- Business-stock (15 Pa.C.S. § 1306) ___ Management (15 Pa.C.S. § 2702)
- ___ Business-nonstock (15 Pa.C.S. § 2102) ___ Professional (15 Pa.C.S. § 2903)
- ___ Business-statutory close (15 Pa.C.S. § 2303) ___ Insurance (15 Pa.C.S. § 3101)
- ___ Cooperative (15 Pa.C.S. § 7102)

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

1. The name of the corporation is: Arthur Smith Trucking, Inc.

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

(a) <u>R.D. 2, Box 363</u>	<u>Morrisdale</u>	<u>PA</u>	<u>16858</u>	<u>Clearfield</u>
Number and Street	City	State	Zip	County

(b) c/o: _____
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 corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. The aggregate number of shares authorized is: 1,000 (other provisions, if any, attach 8 1/2 x 11 sheet)

5. The name and address, including number and street, if any, of each incorporator is:

Name	Address
<u>Arthur C. Smith</u>	<u>R. D. 2, Box 363, Morrisdale, PA 16858</u>

6. The specified effective date, if any, is: October 1, 1994
month day year hour, if any

PA DEPT. OF STATE

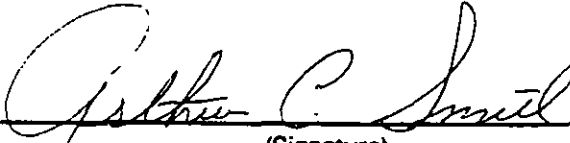
SEP 08 1994

PA DEPT. OF STATE
SEP 11

7. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.
8. ~~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 (15 U.S.C. § 77a et seq.).
9. ~~Cooperative corporations only:~~ (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: _____

IN TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this 1st day of September, 1994.

(Signature)



(Signature)

Arthur C. Smith

Merchants and Business Men's Mutual Insurance Company

HARRISBURG, PA

COMMERCIAL AUTO COVERAGE PART TRUCKERS AUTO DECLARATIONS

RECEIVED
 INFO. CONTROL
 PA. P.U.C. 35
 JAN 27 AM 8:30

POLICY NO.: TR37296717

ITEM ONE -

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)

Arthur Smith Trucking, Inc.
 RD 2, Box 363
 Morrisdale, PA 16858

NOTICE: THIS POLICY DOES NOT PROVIDE ANY COVERAGE FOR RENTAL VEHICLES.

Policy Period: From 12-30-94 to 12-30-95 at 12:01 A.M. Standard Time at your mailing address shown above.
 2:10 p.m.

Form of Business: Individual Partnership Corporation Other _____

IN RETURN FOR THE PAYMENT, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Trucker's Coverage Form next to the name of the coverage.

COVERAGES		COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Trucker's Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS		PREMIUM
LIABILITY		46	\$1,000,000		\$ 3701
FIRST PARTY BENEFITS		46	\$ 5,000 Basic		\$ 95
UNINSURED MOTORISTS (UM)		46	\$ 35,000 N/S		\$ 6
UNDERINSURED MOTORISTS		46	\$ 35,000 N/S		\$ 6
PHYSICAL DAMAGE	COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS	DED. FOR EACH COVERED AUTO	\$
	SPECIFIED CAUSES OF LOSS COVERAGE			DED. FOR EACH COVERED AUTO	\$
	COLLISION COVERAGE			DED. FOR EACH COVERED AUTO	\$

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE: CA116, CA279c, CA540, CA544, CA545, GU220b, GU322b, MB-11, BMC91X, MCS90, MC1632, CA2312

PREMIUM FOR ENDORSEMENTS	\$
ESTIMATED TOTAL PREMIUM	\$ 3808

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Auto	DESCRIPTION				PURCHASED		TERRITORY: Town & State Where the Covered Auto will be principally garaged
	Year Model	Trade Name	Body Type	Serial Number (S), Vehicle Identification Number (VIN)	Original Cost	Actual Cost & NEW(N) USED(U)	
1	1989	Freightliner	Tractor	#350198			37942
2	1983	Fruehauf	Trailer	#015982			37942

Auto	CLASSIFICATION							Code	EXCEPT FOR Towing all physical loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Radius of Operation (In Miles)	Business Use S=Service R=Retail C=Comm	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor		
1	500	C	80,000		Liab.	Phy Damage		5039	
2	500	C	Incl.					6739	

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

(Absence of deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

Covered Auto	LIABILITY		UNINSURED MOTORIST		UNDERINSURED MOTORIST		AUTO. MED. PAY.		COMPREHENSIVE		SPEC. CAUSES OF LOSS		COLLISION	
	Limit in Thousands	Premium	Limit in Thousands	Premium	Limit in Thousands	Premium	Limit in Thousands	Premium	Limit minus deductible shown below	Premium	Limit minus deductible shown below	Premium	Limit minus deductible shown below	Premium
1	1000	3257	35	6	35	6	5	83						
2	1000	444					5	12						
TOTAL PREMIUM		3701	PREMIUM	6	PREMIUM	6	PREMIUM	95	PREMIUM		PREMIUM		PREMIUM	

Countersigned: 1-9-95
 #AG103

By: _____

Jill Hayes

S

Authorized Representative

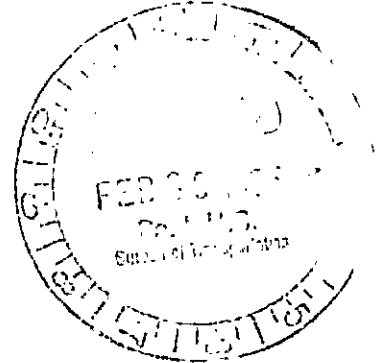


COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
REFER TO OUR FILE

January 31, 1995

DWIGHT L KOERBER JR
ATTORNEY AT LAW
110 NORTH SECOND STREET
PO BOX 1320
CLEARFIELD PA 16830



In re: Application of Arthur Smith Trucking, Inc.

Dear Sir:

Enclosed is the above-captioned application and check no. 1430. 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,

Gale E. Travitz
Gale E. Travitz
Application Review Section
Bureau of Transportation & Safety

GET:lg

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

RETURNED CHECK T-75

DOCL #EN
FOLDER

KRINER, KOERBER & KIRK, P.C.

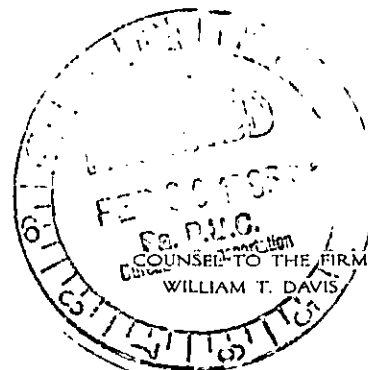
ATTORNEYS-AT-LAW
110 NORTH SECOND STREET
P. O. BOX 1320
CLEARFIELD, PENNSYLVANIA 16830

TELEPHONE (814) 765-9611

FAX (814) 765-9503

February 3, 1995

WILLIAM C. KRINER
DWIGHT L. KOERBER, JR.
ALAN F. KIRK



Ms. Gale E. Travitz
Application Review Section
Bureau of Transportation & Safety
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P. O. Box 3265
Harrisburg, PA 17105-3265

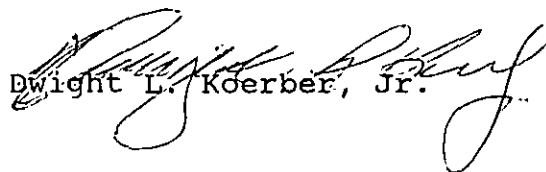
RE: ARTHUR SMITH TRUCKING, INC.

Dear Ms. Travitz:

The above-referenced application was returned to me in accordance with Commission policy relative to the issuance of checks to cover the filing fee. Accordingly, I have replaced the original filing fee check which was drawn on the applicant's own account, with the filing fee check, in the amount of \$100.00, drawn on our law firm's account.

I would ask that you kindly expedite processing of this application in view of the delay that has occurred because of the filing fee check.

Very truly yours,


Dwight L. Koerber, Jr.

DLK/kam

Enclosure:

Application

Check (\$100.00)

cc: Arthur Smith Trucking, Inc.

DOCL EN
FOLDER



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

IN REPLY PLEASE
REFER TO OUR FILE

February 17, 1995

Arthur Smith Trucking, Inc.
R. D. #2, Box 363
Morrisdale, PA 16858

In re: A-00111785 - Arthur Smith Trucking, Inc.

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of February 18, 1995.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before March 13, 1995. If comments are filed, you will be advised as to the procedure. *le*

Yours truly,

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

PSM:rp

cc: Document Folder

DOCUMENT
FOLDER

DOCKETED APPLICATION DOCKET FEB 18 1995 ENTRY No. <i>[Signature]</i>
