

AFFIDAVIT

I affirm that the information reported herein is complete, true and correct.

Daniel J. Dolan
(Signature of Individual or Officer)

3-19-10
(Date)

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:

DANIEL J. DOLAN

NOTARIZATION (Required)

Subscribed and sworn to before me

this 19 day of March 2010

TRADE NAME OR CORPORATE NAME OF UTILITY:

ALL-PRO TRANSPORT, INC.

NOTARY SIGNATURE

Linda M. Wallace

OFFICIAL SEAL

(Official Title)

FEDERAL ID:

34-1716339

TELEPHONE NO.:

Office (440) 998-6174 Ext. 1003

Cell ()

Name of person to be contacted for additional information:

Name: DANIEL J. DOLAN
(printed)

Telephone: SAME Ext.

(Date My Commission Expires)

LINDA M. WALLACE

Notary Public, State of Ohio

My Commission Expires Jan. 31, 2013

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

In accordance with Sections 505 and 506 of the Public Utility Code, as a means to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled with regard to the below-listed utility and/or individual.

ALL-PRO TRANSPORT, INC.
Utility Name

x Daniel J. Dolan
Signature

Date: 3-19-10

DANIEL J. DOLAN, TREASURER
Name (Printed) Title