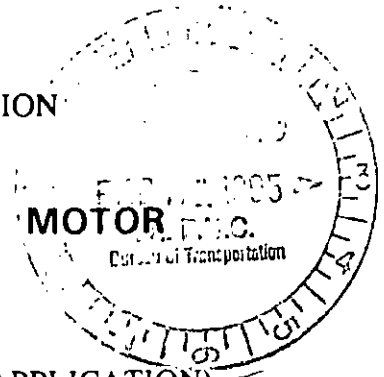


BEFORE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR  
CARRIERS OF PROPERTY



(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

<p><b>For PUC Use Only</b></p> <p>Docket No. <u>A-001186</u> <u>701104</u></p>
--

1. SAMMONS TRUCKING  
(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)

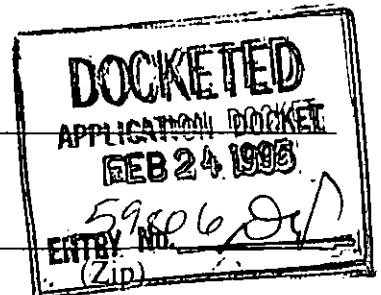
the Commonwealth on \_\_\_\_\_ (attach copy of date-stamped registration  
(Date) form).

3. 3665 W. BROADWAY 406-728-2600  
(Physical Address) (Telephone No.)

MISSOULA MISSOULA MT 59806  
(City) (County) (State) (Zip)

4. **DOCUMENT FOLDER** PO Box 4347  
(Mailing Address; if different)

MISSOULA MISSOULA MT  
(City) (County) (State)



5. Applicant does hold ICC authority under Docket No. 124692  
(does or does not)

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

(attach copy).

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

owned \_\_\_\_\_ leased 300

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 MONTANA 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. Insurance co to file

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.





U.S. Department  
of Transportation

Federal Highway  
Administration

RECEIVED

JAN 20 1989

SAMMONS TRUCKING

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

SAMMONS TRUCKING  
3665 W BROADWAY  
MISSOULA, MT 59806

DEC 22, 1988

IN REPLY REFER TO:  
HFO-10  
C#030161/SR#00044497

BASED ON THE REVIEW OF 07/08/88, THE MOTOR CARRIER SAFETY RATING OF:

SAMMONS TRUCKING  
IS SATISFACTORY

THIS RATING RESULTED FROM A RECENT REVIEW AND EVALUATION OF  
YOUR COMPLIANCE WITH THE FEDERAL MOTOR CARRIER SAFETY AND/OR  
HAZARDOUS MATERIALS REGULATIONS AND A REVIEW OF YOUR GENERAL  
SAFETY POSTURE.

FEDERAL PROGRAMS DIVISION

FILING FEE: NONE

*Mailed  
2-9-95*

BUREAU USE ONLY:

Dept. of State Entity Number \_\_\_\_\_

Revenue Box Number \_\_\_\_\_

Filing Period \_\_\_\_\_ Date 3 4 5 \_\_\_\_\_

SIC \_\_\_\_\_ Report Code \_\_\_\_\_

This form (file in triplicate) and all accompanying documents shall be mailed to:

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
CORPORATION BUREAU  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722

Check proper box:

- Pa. Business-stock
- Pa. Business-nonstock
- Pa. Business-Management
- Pa. Professional
- Pa. Business-statutory close
- Pa. Business-cooperative
- Pa. Nonprofit-stock
- Pa. Nonprofit-nonstock
- Foreign-business
- Foreign-nonprofit
- Motor Vehicle for Hire
- Insurance
- Foreign-Certificate of Authority to D/B/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: SAMMONS TRUCKING

2. Location of (a) initial registered office in Pennsylvania or (b) the name and county of the commercial registered office provider:  
(a) 531 Colony Lane COLLEGEVILLE PA 19426 Montgomery  
Number and Street/RD number and Box City State Zip code County

(b) c/o: \_\_\_\_\_  
Name of commercial registered office provider County

3. State or Country of Incorporation: MONTANA 4. Specified effective date, if applicable: 8-17-1976

5. Federal Identification Number: 81-0363631

6. Describe principal Pennsylvania activity to be engaged in, within one year of this application date: Transport general freight

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

Name	Address	Title	Social Security #
<u>JAMES D. BASOLO</u>	<u>MISSOULA MT</u>	<u>President</u>	
<u>HAL W FULLERTON</u>	<u>ARLEE MT</u>	<u>Exec vice pres</u>	
<u>RICHARD BEBEL</u>	<u>MENDOTA HEIGHTS MN</u>	<u>exec vice pres</u>	

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

3. Location of principal place of business:

3665 W. Broadway      MISSOULA      MT      59806  
 Number and Street/RD number and Box      City      State      Zip Code

4. Mailing address if different than #8 (Location where correspondence, tax report form, etc. are to be sent):

PO Box 4347      MISSOULA      MT      59806  
 Number and Street/RD number and Box      City      State      Zip Code

10. Act of General Assembly or authority under which you are organized or incorporated (Full citation of statute or other authority; attach a separate sheet if more space is required): \_\_\_\_\_

11. Date and state of incorporation or organization (foreign corporation only):

9-17-76      Montana

12. Date business started in Pennsylvania (foreign corporation only): \_\_\_\_\_

13. Is the corporation authorized to issue capital stock?  YES       NO

14. Corporation's fiscal year ends:

3-31-

This statement shall be deemed to have been executed by the individual who executed the accompanying submittal. See 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).

#### Instructions for Completion of Form:

- A. A separate completed set of copies of this form shall be submitted for each entity or registration resulting from the transaction.
- B. The Bureau of Corporation Taxes in the Pennsylvania Department of Revenue should be notified of any address changes. Notification should be sent to the Processing Division, Bureau of Corporation Taxes, Pa. Department of Revenue, Dept. 280705, Harrisburg, PA 17128-0705.
- C. All Pennsylvania corporate tax reports, except those for motor vehicle for hire, must be filed with the Commonwealth on the same fiscal basis as filed with the U.S. government. Motor vehicle for hire, i.e., gross receipts tax reports, must be filed on a calendar year basis only.
- D. The disclosure of the social security numbers of the corporate officers in Paragraph 7 is voluntary. The numbers are used to assure the proper identification of corporation officers by the Department of Revenue in accordance with the Fiscal Code.

Microfilm Number \_\_\_\_\_

Filed with the Department of State on \_\_\_\_\_

Entity Number \_\_\_\_\_

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: SAMMONS TRUCKING

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:

MONTANA

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

3665 W. Broadway      MISSOULA      MT      59802      MISSOULA  
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) 531 COLONY LANE COLLEGEVILLE PA. 19426 Montgomery  
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.

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 9 day of Feb, 1995.

SAMMONS TRUCKING  
(Name of Corporation)

BY: Hal W Jullien  
(Signature)

TITLE: executive vice president

\*\*\* CONFIDENTIAL \*\*\*

SAMMONS TRUCKING -- ADDITIONAL INFORMATION  
(CONTINUED)

INSURANCE INFORMATION:

Continental Insurance Company  
c/o Lockton Companies  
P. O. Box 419351  
Kansas City, MO 64141-6351  
Policy #- 94/95 - LRB9570023

EQUIPMENT IN SERVICE:

315 Power Units  
310 Flatbed Trailers  
30 Van Trailers

SHAREHOLDER INFORMATION:

JAMES D. BASOLO  
6055 Gharrett  
Missoula, MT 59803

SSAN  
2000 Shares

HAROLD W. FULLERTON  
P. O. Box 4347  
Missoula, MT 59806

SSAI  
2000 Shares

RICHARD W. BEBEL  
1011 Wagon Wheel Trail  
Mendota Heights, MN 55120

SSAN  
2000 Shares

HAROLD L. LAKE  
3800 Mullan Road  
Missoula, MT 59802

SSAI  
1000 Shares



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

ON REPLY PLEASE  
REFER TO OUR FILE

March 1, 1995.

Sammons Trucking  
3665 West Broadway  
Missoula, MT 59806

In re: A-00111861 - Sammons Trucking

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of March 4, 1995.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before March 27, 1995. If comments are filed, you will be advised as to the procedure.

Yours truly,

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

PSM:rp

cc: Document Folder

DOCL  
FOLDER