

Cooper and Greenleaf

ATTORNEYS AT LAW

333 North Broad Street

LANSDALE, PENNSYLVANIA

19446-2483

2000 FEB 11 PM 2:07

(215) 855-3645

(215) 657-5525

FAX #855-3583

William R. Cooper

Stewart J. Greenleaf

*Allen C. Danfil**

OF COUNSEL

Emory W. Buch

*ALSO MEMBER OF NJ BAR

February 8, 2000

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

RE: Liquid Motion, Inc./Jeffrey C. Miller
Application Motor Common Carrier of Property

Dear Sir or Madam:

Enclosed please find two signed applications for Motor Common Carrier of Property. We have enclosed an attorneys' check in the amount of \$100.00 for the filing fee.

Yours truly,

WRC
William R. Cooper, Esquire

WRC:mkg

Encs.- Applications (2)
Copy of Articles of Incorporation
Exemption from PUC Cargo Insurance Regulations form
Proof of Insurance

xc: Jeffrey C. Miller-(w/ encs.)

21

EEF



8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED one LEASED one.

9. 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 BELOW:

(Attach a separate sheet if space provided is not sufficient.)

CORPORATION. ORGANIZED UNDER THE LAWS OF THE STATE OF Pennsylvania AND QUALIFIED TO DO BUSINESS IN PENNSYLVANIA BY REGISTERING WITH THE SECRETARY OF THE COMMONWEALTH ON 6/30/99. ATTACH A DATE-STAMPED COPY OF THE APPLICATION FOR CERTIFICATE OF INCORPORATION OR CERTIFICATE OF AUTHORITY. INCLUDE A LIST OF CORPORATE OFFICERS WITH TITLES, NAMES OF SHAREHOLDERS AND NUMBER OF SHARES HELD, AND ADDRESSES.

10. ATTACHMENT CHECKLIST:

FOR CORPORATIONS ONLY:

DATE STAMPED COPY OF APPLICATION FOR CERTIFICATE OF INCORPORATION OR CERTIFICATE OF AUTHORITY.

LIST OF OFFICERS/TITLES AND DISTRIBUTION OF SHARES.

Jeffrey C. Miller, President, Secretary and Treasurer. Sole owner of

FOR PARTNERSHIPS ONLY: only unissued 100 shares.

COPY OF PARTNERSHIP AGREEMENT.

FOR ALL APPLICANTS:

NO FICTITIOUS TRADE NAME REGISTRATION (IF APPLICABLE)

NO COPY OF CURRENT SAFETY RATING (IF AVAILABLE) ^{No safety rating is established yet.}

PROOF OF INSURANCE (See item 5 on instruction sheet).

CERTIFIED CHECK, MONEY ORDER OR ATTORNEY'S CHECK

11. 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.

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.

Jeffrey C. Miller *Jeffrey C Miller* 2/8/00
(PRINT NAME) (SIGNATURE) (DATE)
President, Secretary and Treasurer

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.

MINIMUM LIMITS OF INSURANCE
PENNSYLVANIA PUBLIC UTILITY COMMISSION AUTHORIZED
CARRIERS OF PROPERTY

General Commodities and/or Household goods in use.

Bodily Injury:

\$300,000 per accident per vehicle to cover liability for bodily injury, death or property damage incurred in an accident.

Insurance coverage of motor carriers of property shall meet the requirements of 75 PA C.S. Ss. 1711 (relating to required benefits).

Cargo:

\$5,000 for loss or damage to cargo being transported.

Cargo Insurance may be waived if you meet any one of three criteria:

1. All transportation will be provided in dump trucks.
2. All transportation will be limited to farm products, garbage, ashes, rubbish, coal debris, earth, crushed stone, amesite, and similar construction materials.
3. The value of any one load being transported will not be more than \$500.00 in value.

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU
ROOM 308 NORTH OFFICE BUILDING
P.O. BOX 8722

250

HARRISBURG, PA 17105-8722
096968 09 FEB 11 AM 8:23

RECEIVED
SECRETARY'S BUREAU

LIQUID MOTION, INC.

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT.
PLEASE NOTE THE FILE DATE AND THE SIGNATURE OF THE SECRETARY OF THE
COMMONWEALTH. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS
TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA. IF YOU HAVE ANY
QUESTIONS PERTAINING TO THE CORPORATION BUREAU, CALL (717) 787-1057.

REC'D
2000 FEB 11 AM 2:07

ENTITY NUMBER: 2885197

MICROFILM NUMBER: 09948

1384-1385

WILLIAM R COOPER ESQ
333 N BROAD ST
LANSDALE PA 19446-2483

JUN 30 1999

Microfilm Number 9948-1384

Filed with the Department of State on

Entry Number 2885197

Ken Pappas

Secretary of the Commonwealth *CK*

ARTICLES OF INCORPORATION FOR PROFIT OF

LIQUID MOTION, INC.
Name of Corporation

A TYPE OF CORPORATION INDICATED BELOW

Indicate type of domestic corporation:

- Business-stock (15 Pa.C.S. § 1305) 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:15-1305/2102/2303/2702/2903/3101/7102A (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: LIQUID MOTION, 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) 469 Dunkels Church Road, Kutztown, Pennsylvania 19530, Berks County
Number and Street City State Zip County

(b) c/o: n/a
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
Jeffrey C. Miller 469 Dunkels Church Road, Kutztown, PA 19530

6. The specified effective date, if any, is: Wednesday, June 16, 1999
month day year hour, if any

PA DEPT. OF STATE

JUN 30 1999

- 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: n/a

IN TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this 14 day of June, 1999.

Jeffrey C Miller
(Signature)

(Signature)

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO DECLARATIONS
National Casualty Company**

Home Office: 28333 Telegraph Rd., Southfield, MI 48034
Property/Casualty Division
8877 N. Galney Center Dr., Scottsdale, AZ 85258, 1-800-423-7675
A STOCK COMPANY

CA118775

NEW

Renewal of Number

ITEM ONE - NAMED INSURED AND ADDRESS:

JEFF MILLER *Signature*
469 DUNKELS CHURCH ROAD
KUTZTOWN PA 19530

096967

The Declarations include a second part designated "Part 2".

FORM OF NAMED INSURED'S BUSINESS:

CORPORATION PARTNERSHIP INDIVIDUAL or OTHER

NAMED INSURED'S BUSINESS: **INDIVIDUAL**

REFUSE HAULER/ETARY'S BUREAU

Agent No: 37012

RECEIVED
APR - 9 1999
Dunlop Insurance, Inc
BR01

AGENT NAME AND ADDRESS:

1699 E. MARKET STREET
YORK, PA 17403

POLICY PERIOD: Policy covers FROM: 03/02/99 TO: 03/02/00

12:01 A.M. Standard Time at your mailing address shown above.

RETURN FOR THE PAYMENT OF THE PREMIUM, 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 Business Auto 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 Business Auto Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ 1,000,000	\$ 1223.
PERSONAL INJURY PROTECTION (P.I.P.) ††	7	SEPARATELY STATED IN EACH P.I.P. END. MINUS \$ N/A Deductible	\$ 35
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INS. (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS (UM)	7	\$ 35,000	\$ 30.
UNDERINSURED MOTORISTS (when not included in UM Cov.)	7	\$ 35,000	\$ INCLUDED
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ 1,000 Ded. FOR EACH COVERED AUTO, BUT NO DED. APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. †††	\$
SPECIFIED CAUSES OF LOSS COVERAGE	7	\$25 Deductible FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. †††	\$ 638.
COLLISION COVERAGE	7	\$ 1,000 Deductible FOR EACH COVERED AUTO. †††	\$ INCLUDED
TOWING AND LABOR (Not Available in California)		\$ for each disablement of a private passenger auto	\$

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE †:

PREMIUM FOR ENDORSEMENTS	\$
ESTIMATED TOTAL PREMIUM	\$ 1926.

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

†† (or equivalent No-fault cov.)

††† See ITEM FOUR for hired or borrowed "autos".

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	PURCHASED			TERRITORY: Town & State Where the Covered Auto will be principally garaged
		Original Cost New	Actual Cost &	NEW (N) USED (U)	
1	1991 SCANIA TRACTOR S#YS2TM4372M1167863		20,000		KUTZTOWN, PA 22
2	ANY NONOWNED UNDESCRIBED SEMITRAILER WHILE SINGULARLY ATTACHED TO INSURED POWER UNIT				KUTZTOWN, PA 22
3					
4					
5	IF COVERED BY POLICY WITH COVERAGE OF THIS AND REPLACEMENT				

Covered Auto No.	Radius of Operation (in Miles)	Business use s = service r = retail c = commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.
					Lib.	Phy. Damage			
1	100	C	80,000		2.40		.40	50153	
2	100	C	S/T		.15			67153	THIS IS A LOWER RATING THAN THE POLICY. PLEASE READ YOUR POLICY VERY CAREFULLY.
3									
4									
5									

Countersigned:

By *David R. Bowles* ALL RISKS, LTD.
Authorized Representative

Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

LOYD
A-D-1a-PA (3-99)

Includes copyrighted material of Insurance Services Office, Inc., with its permission. Copyright, Insurance Services Office, Inc., 1985

ARF2407C

AGENT COPY

National Casualty Company

ENDORSEMENT
NO. 2

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (STANDARD TIME)			INSURED	AGENCY AND CODE
	DATE	12:01 A.M.	NOON		
CA118775	11/15/99	X		MILLER, JEFF	All Risks, Ltd. 37012

IT IS HEREBY UNDERSTOOD AND AGREED THAT THE FOLLOWING CHANGES APPLY:

- 1) AMENDING THE NAMED INSURED AS FOLLOWS:
LIQUID MOTION, INC.

NO CHANGE IN PREMIUM

NO OTHER CHANGES APPLY

DATE 12/08/99

KLANDIS
UT-3 (8-82)


All Risks, Ltd.
AUTHORIZED REPRESENTATIVE

ARF1125

EXEMPTION FROM PUC CARGO INSURANCE REGULATIONS

This is to advise that LIQUID MOTION, INC.

(Name of applicant/carrier)

holding PUC authority at Application Docket No. A-14 8: 23

095956

(If available)

is exempt from Cargo Insurance Regulations for the following reasons
(Check all that apply):

SECRETARY'S BUREAU



All transportation will be provided in dump trucks.



All transportation will be limited to farm products, garbage, ashes, rubbish, coal, debris, earth, crushed stone, amesite, and similar construction materials.



The value of any one load being transported will not be more than \$500.00 in value.

Jeffrey C. Miller

Signature of Individual, Partner or Corporate Officer.

President, Secretary and Treasurer

Verification of Statement

The undersign deposes and says that he/she is the person who signed the statement for the above captioned applicant/application and that he/she is authorized to and does make this verification and the facts setforth therein are true and correct to the best of his/her knowledge, information and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 C.S SEC. 409 relating to unsworn falsification to authorities.

Date 2/8/00

Jeffrey C. Miller
(Signature)

President, Secretary and Treasurer

Jeffrey C. Miller

(Print Name)

President, Secretary and Treasurer

Please return to:

Pennsylvania Public Utility Commission

Bureau of Transportation and Safety

Insurance Unit

PO Box 3265

Harrisburg, PA 17105-3265

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

COOPER & GREENLEAF
ATTN WILLIAM R COOPER
333 N BROAD ST
LANSDALE, PA 19446-2483

DATE 3/14/00
RECEIPT # 196835

Application fees for LIQUID MOTION INC

Docket Number A-00116662..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: 22812
CHECK AMOUNT: \$100.00

DOCKETED
MAR 15 2000
DOCUMENT
FOLDER

C. Joseph Meisinger
(for Department of Revenue)

SRB