

LAW OFFICES
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LOUIS J. CARTER*

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Our File No.
80102

February 27, 1998

James J. McNulty, Prothonotary
Pennsylvania Public Utility Commission
Room B-20, North Office Building
Harrisburg, PA 17105-3265

BY UPS

In re: Application of First Choice Courier, Inc.

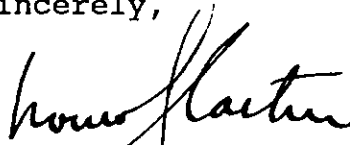
Dear Prothonotary McNulty:

Enclosed herewith for filing are an original and two copies
of

- (1) Application for Transportation by Motor Common Carriers
of Property; and
- (2) Filing Fee of One Hundred Dollars (\$100.00) (Money
Order #10162511)

Kindly acknowledge receipt on the enclosed copy of this
letter and advise if you require anything further and the folder
number assigned.

Sincerely,



LOUIS J. CARTER
Attorney for First Choice Courier, Inc.

LJC:dalm
Enclosures

C2/FrstChoi/PrthyuC.808



RECEIVED
93 MAR -3 PM 1:53
PA.P.U.C.
PROTHONOTARY'S OFFICE

53 MAR 25 AM 10:31

33

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.	<u>A-114928</u>
Folder No.	_____

RECEIVED
98 MAR -3 PM 1:54
PROTHONOTARY'S OFFICE
PA/P.U.C.

1. First Choice Courier, Inc.
(Full and correct name in which you intend to operate)

2. Not Applicable
(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. 3143 Knights Rd., Ste. 3 215-639-9866
(Physical Address) (Telephone No.)

Bensalem Bucks PA 19020
(City) (County) (State) (Zip)

4. LOUIS J. CARTER, ESQ 7300 CITY LINE AVENUE
(Mailing Address; if different)

PHILADELPHIA, PHILADELPHIA PA 19109
(City) (State) (Zip)

DOCUMENT
FOLDER

DOCKETED
APPLICATION DOCKET
MAR 06 1998
ENTRY No. get

5. Applicant does not hold ICC authority under Docket No. _____
(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 -2-

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 Pennsylvania and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on Feb 13, 1998 (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.

Lisa M. Hollawell *Lisa M. Hollawell* 2/24/98.
(Print Name) (Signature) (Date)

Eleanor M. O'Connor *Eleanor M. O'Connor* 2/24/98
(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).

Microfilm Number _____

Entry Number _____

FILED WITH THE DEPARTMENT OF STATE ON _____

FEB 13 1998

[Signature]
Secretary of the Commonwealth

ARTICLES OF INCORPORATION-FOR PROFIT
DSCB: 15-1306/2903

Business-stock {15 Pa C.S. & 1306}

Professional {15 PA C.S. & 2903}

In compliance with the requirements of the applicable provisions of 15 PA C.S. the undersigned, desiring to incorporate a corporation hereby state(s) that: _____

1. The name of the corporation is: *First Choice Courier, Inc.*
2. The address of this corporation's initial registered office in this Commonwealth is:
3143 Knights Road, Ste. 3
Bensalem, PA 19020
3. The corporation is incorporated under the provisions of the *Business Corporation Law of 1988.*
4. The aggregate number of shares authorized is *Two Hundred (200).*
5. The name and address, including street and number, if any, of each incorporator is:

Name	Address
LISA M. HOLLAWELL	6012 BUCKINGHAM DRIVE, BENSLEM, PA 19020
ELEANOR M. O'CONNOR	113 BROWNSTONE DRIVE, HORSHAM, PA 19044

IN WITNESS WHEREOF, the incorporator has signed these Articles of Incorporation this day of February, 1998.

Lisa M. Hollawell
Eleanor M. O'Connor

C:\FirstCho\ArticleF.807

APPLICATION OF FIRST CHOICE COURIER, INC.

Attachment 9B

List of Corporate Officers and Stockholders
and Distribution of Shares

Officers:

President:	Eleanor O'Connor
Vice President:	Lisa Hollawell
Secretary:	Lisa Hollawell
Treasurer:	Lisa Hollawell

Directors:	Eleanor O'Connor
	Lisa Hollawell

Stockholders:	Eleanor O'Connor	100 shares
	Lisa Hollawell	100 shares

ACORD INSURANCE BINDER

DATE
03/02/98

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER Kandrin, Ice & Krieger Co., Ltd. 14532 Pearl Road, Suite 201 Strongsville, OH 44136		COMPANY CIGNA Insurance Company		BINDER #	
PHONE (AC, No., Ext): 440-846-6663		EFFECTIVE DATE: 03/02/98		EXPIRATION DATE: 05/02/98	
CODE: 244259		SUB CODE: 002		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #.	
AGENCY CUSTOMER ID: INSURED First Choice Courier, Inc. 3143 Knights Road, Suite 3 Bensalem, PA 19020		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Messenger/Courier Program			

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> Motor Cargo	Per Loss/Conveyance/Reconstruction/Terminals Face Value/Loss of Market/Use/Delay/Loss of Interest/Negotiable Instruments	\$500	Each	\$25,000
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$1,000 BI/PD ded.	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000 \$ 50,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000	
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	EXCLUDED DRIVER: Eleanor M. O'Connor	PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ 1,000,000 \$ 1,000,000 \$ \$ \$ \$ \$ \$	
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION <input type="checkbox"/> OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER	\$ \$ \$	
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY EACH ACCIDENT AGGREGATE	\$ \$ \$ \$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION	\$ \$ \$	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$	
SPECIAL CONDITIONS/OTHER COVERAGES	EMPLOYEE DISHONESTY: \$10,000 with \$500 deductible. FORGERY/ALTERATION: \$10,000 with \$500 deductible.	FEES TAXES	\$ 100 \$	
ESTIMATED TOTAL PREMIUM		\$		

NAME & ADDRESS

MORTGAGEE LOSS PAYEE LOAN #	ADDITIONAL INSURED
AUTHORIZED REPRESENTATIVE <i>Laura F. Krieger</i>	



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

IN REPLY PLEASE
REFER TO OUR FILE

March 23, 1998

LOUIS J CARTER ESQUIRE
7300 CITY LINE AVENUE
PHILADELPHIA PA 19151-2291

In re: A-00114728 - Application of First Choice Courier, Inc.

Dear Mr. Carter:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of March 21, 1998.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before April 6, 1998.

If comments are filed, you will be advised as to the procedure.

You are not yet authorized to provide intrastate service. You will receive notification when you may begin.

Very truly yours,

Peter S. Marzolf, Supervisor
Compliance Office
Bureau of Transportation & Safety

GET/gt

cc: FIRST CHOICE COURIER INC
3143 KNIGHTS ROAD SUITE 3
BENSALEM PA 19020

