

Nilam Change

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*4/20/16 original to compliance - assignments
copy to assessments*

COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION
PO BOX 3265
HARRISBURG, PA 17105-3265

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ADMINISTRATIVE SERVICES

2016 MAR -4 AM 7:38

2015 ASSESSMENT REPORT-MOTOR CARRIERS PUC

This Report **MUST BE FILED** not later than **MARCH 31, 2016**. Failure to file may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301).

TRADE OR CORPORATE NAME OF UTILITY: DELHAIZE AMERICA INC <i>Transportation LLC</i>		UTILITY CODE 701615
CONTACT NAME:		
ADDRESS 1: PO BOX 1330	ADDRESS 2 (Floor, Suite, etc.):	
CITY, STATE, ZIP: SALISBURY NC 28145-1330		

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

OPERATING REVENUE FOR CALENDAR YEAR 2015 (January 1, 2015-December 31, 2015)

(All amounts shall be rounded to the nearest dollar.)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Passenger 15 and Under
1. PA INTRASTATE OPERATING REVENUE	Ø	Ø	Ø	Ø
2. PA EXEMPT INTRASTATE REVENUE				
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	Ø			

(All amounts shall be rounded to the nearest dollar.)

PA EXEMPT INTRASTATE REVENUE Enter a number from enclosed Exempt Revenue list as applicable. (Attach additional sheets as needed)	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Other
TOTAL (Enter on Line 2 above)				

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MAR 1 2016

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

UCR REGISTRATION INFORMATION

2015 UCR Registered: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>Paid 2015 UCR Fee</i>	
IF YES: US DOT #: <u>57029</u>	INTERSTATE OPERATING REVENUE: <u>\$ 770.00</u>
MC Number: <u>164100</u>	

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.

38.17
200 14

Utility Name _____

Signature _____

Date _____

Name (Printed) _____

Title _____

AFFIDAVIT

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

Jonathan Hunter
(Signature of Individual or Officer)

3-1-2016
(Date)

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

Jonathan Hunter

NOTARIZATION (Required)

Subscribed and sworn to before me this

1st day of *March* 2016

TRADE NAME OR CORPORATE NAME OF UTILITY:

Angela W Beck
NOTARY SIGNATURE

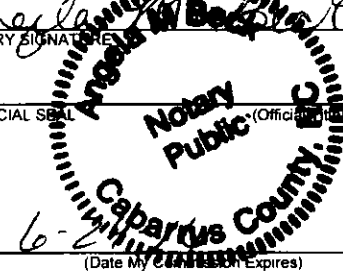
FEDERAL ID:

TELEPHONE NO.:

Office *704-633-8250* Ext. *6126*

Cell ()

OFFICIAL SEAL



(Date My Commission Expires)

Name of person to be contacted for additional information:

Name: _____ (printed)
Telephone: _____ Ext. _____