

037482

Before the Pennsylvania Public Utility Commission

703596

APPLICATION  
MOTOR COMMON CARRIER OF PROPERTY

RECEIVED  
SECRETARIAT'S BUREAU  
99 FEB 16 PM 1:22

1. AMERICAN FREIGHTWAYS, INC.  
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. TRADE NAME IF ANY  
The trade name, if fictitious, \_\_\_\_\_ been registered with the  
(has or has not)  
Secretary of the Commonwealth on \_\_\_\_\_. Attach a date  
stamped copy of the registration form.

3. 2200 FORWARD DRIVE, HARRISON, AR 72601 (870-742-9000)  
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)  
(City, County, and Zip Code)

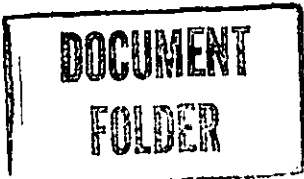
4. P.O. BOX 840, HARRISON, AR 72602  
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS  
BUREAU OF TRANSPORTATION & SAFETY

5. \_\_\_\_\_  
ATTORNEY'S NAME AND TELEPHONE NUMBER FOR THIS FILING  
(Do not supply an Attorney's name if you want all correspondence and notice of  
process mailed directly to you.)

ATTORNEY'S ADDRESS \_\_\_\_\_  
ENTRY No. TL

6. APPLICANT DOES HOLD INTERSTATE OPERATING  
(does or does not)  
AUTHORITY AT DOCKET NUMBER MC 121805

7. APPLICANT DOES HAVE A CURRENT SAFETY RATING  
(does or does not)  
ISSUED BY THE US DOT, PA PUC OR OTHER STATE REGULATORY  
AGENCY. (ATTACH COPY)



A-115638

1250 Prop Rev  
BTPH OK  
27 no copy  
EEH.

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED 50 LEASED \_\_\_\_\_.

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 ARKANSAS AND QUALIFIED TO DO BUSINESS IN PENNSYLVANIA BY REGISTERING WITH THE SECRETARY OF THE COMMONWEALTH ON 9/24/96. 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.

FOR PARTNERSHIPS ONLY:

COPY OF PARTNERSHIP AGREEMENT.

FOR ALL APPLICANTS:

FICTITIOUS TRADE NAME REGISTRATION (IF APPLICABLE)

COPY OF CURRENT SAFETY RATING (IF AVAILABLE)

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.

Betty Huebner                      Betty Huebner                      2/10/99  
(PRINT NAME)                      (SIGNATURE)                      (DATE)

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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.

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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.

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

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

Entity Number 2716009

*Joette Kunk*

Secretary of the Commonwealth

*DH*

### 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: American Freightways, Inc.

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:

Arkansas

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

<u>2200 Forward Drive</u>	<u>Harrison</u>	<u>AR</u>	<u>72601</u>
Number and Street	City	State	Zip

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) _____	_____	_____	_____	_____
Number and Street	City	State	Zip	County

(b) c/o: <u>CT Corporation System</u>	<u>Harrisburg</u>
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 19<sup>th</sup> day of September, 19 96.

American Freightways, Inc.  
(Name of Corporation)

BY: [Signature]  
(Signature)

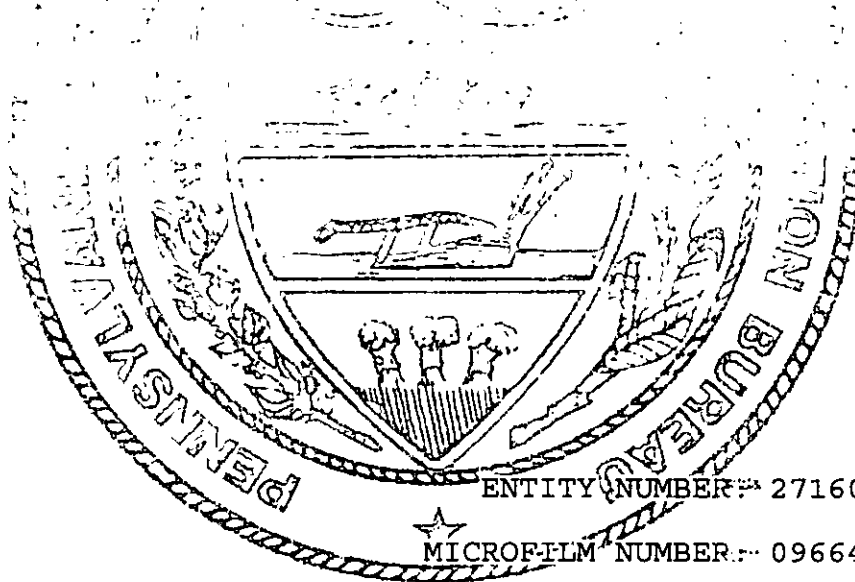
TITLE: Vice President - Accounting

PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU  
ROOM 308 NORTH OFFICE BUILDING  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722

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AMERICAN FREIGHTWAYS, 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.



0418-0419

AMERICAN FREIGHTWAYS  
PO BOX 840  
HARRISON AR 72602-0840



2200 Forward Drive  
P. O. Box 840  
Harrison, AR 72602-0840

Phone 870-741-9000/800-8 SHIP AF  
FAX Number 870-741-3003  
Internet <http://www.arfw.com>

Sheridan Garrison  
Chairman of the Board

Tom Garrison  
President and CEO

Will Garrison  
Corporate Vice President and  
Chief Operating Officer

Frank Conner  
Chief Financial Officer

INTERSTATE COMMERCE COMMISSION

CERTIFICATE

NO. MC 121805 SUB 21

ARKANSAS FREIGHTWAYS, INC.  
HARRISON, ARKANSAS

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier by motor vehicle.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043); the designation of agents upon whom process may be served (49 CFR 1044); and tariffs or schedules (49 CFR 1300 through 1310, revised). The carrier shall also render reasonably continuous and adequate service to the public. Failure to meet these conditions will constitute sufficient grounds for the suspension, change, or revocation of this authority.

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

For common carriers with irregular route authority: Any irregular route authority authorized in this Certificate may not be tacked or joined with your other irregular route authority unless joinder is specifically authorized.

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

(SEAL)

JAMES H. BAYNE  
Secretary

NOTE: If there are any discrepancies regarding this document, please notify the Commission within 30 days.

To operate as a common carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except classes A and B explosives, household goods, and commodities in bulk), between points in the United States (except Alaska and Hawaii).

INTERSTATE COMMERCE COMMISSION

DECISION

MC-121805

ARKANSAS FREIGHTWAYS, INC.  
HARRISON, AR

SERVICE DATE

DEC 14 1992

Reentitled

AMERICAN FREIGHTWAYS, INC.  
HARRISON, AR

Decided December 9, 1992

On December 8, 1992, applicant filed a request to have the Commission's records changed to reflect a name change.

It is ordered:

The Commission's records are amended to reflect the carrier's name as

AMERICAN FREIGHTWAYS, INC.

If it has not already done so, the carrier must amend (1) its insurance coverage for the protection of the public, (2) its designation of agents upon whom process may be served, and (3) its tariffs of schedules to reflect the new name.

By the Commission.

Sidney L. Strickland, Jr.  
Secretary

(SEAL)



U.S. Department  
of Transportation

**Federal Highway  
Administration**

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

OCTOBER 01, 1997

IN REPLY REFER TO:  
YOUR USDOT NO.: 239039  
REVIEW NO.: 00200463/CR

AMERICAN FREIGHTWAYS INC  
P O BOX 840  
HARRISON AR 72601

DEAR MOTOR CARRIER:

THE MOTOR CARRIER SAFETY RATING FOR YOUR COMPANY IS:

SATISFACTORY

THIS SATISFACTORY RATING IS THE RESULT OF A SEP 10, 1997, REVIEW AND EVALUATION. A SATISFACTORY RATING INDICATES THAT YOUR COMPANY HAS ADEQUATE SAFETY MANAGEMENT CONTROLS IN PLACE TO EFFECT SUBSTANTIAL COMPLIANCE WITH THE FEDERAL MOTOR CARRIER SAFETY AND/OR HAZARDOUS MATERIALS REGULATIONS.

PLEASE ASSURE YOURSELF THAT ANY SPECIFIC DEFICIENCIES IDENTIFIED IN THE REVIEW REPORT HAVE BEEN CORRECTED. WE APPRECIATE YOUR EFFORTS TOWARD PROMOTING MOTOR CARRIER SAFETY THROUGHOUT YOUR COMPANY. IF YOU HAVE QUESTIONS OR REQUIRE FURTHER INFORMATION, PLEASE CONTACT THE SAFETY SPECIALIST WHO CONDUCTED THE REVIEW.

JAMES R. KEENAN  
NATIONAL FIELD COORDINATOR,  
OFFICE OF MOTOR CARRIER FIELD OPERATIONS

- SEE MESSAGE ON BACK -

# ACORD INSURANCE BINDER

OP ID WA

DATE (MM/DD/YY)  
12/10/98

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

PRODUCER <b>Aon Risk Services, Inc. of AR</b> P.O. Box 3870 Little Rock AR 72203 <b>John D Lee</b>	PHONE (A/C, No. Ext): <b>501-374-9300</b>	COMPANY <b>St. Paul Insurance Company</b>	BINDER # <b>4201</b>
CODE:	SUB CODE:	DATE EFFECTIVE <b>01/01/99</b>	TIME <b>12:01</b>
AGENCY CUSTOMER ID: <b>AMERI-3</b>	INSURED  <b>American Freightways, Inc.</b> P.O. Box 840 Harrison AR 72602-0840	EXPIRATION DATE <b>03/01/99</b>	TIME <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY # <b>CK00207924</b>		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) <b>AL, GL, MTC, WC, O/O Physical Damage</b>	

TYPE OF INSURANCE	COVERAGE/FORMS	LIMITS		
		DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	RETRO DATE FOR CLAIMS MADE:	GENERAL AGGREGATE		\$2000000
		PRODUCTS - COMP/OP AGG		\$2000000
		PERSONAL & ADV INJURY		\$1000000
		EACH OCCURRENCE		\$1000000
		FIRE DAMAGE (Any one fire)		\$1000000
		MED EXP (Any one person)		\$10000
AUTOMOBILE LIABILITY <input checked="" 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	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT		\$2000000
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input checked="" type="checkbox"/> COLLISION: <u>1000</u> <input checked="" type="checkbox"/> OTHER THAN COL: <u>1000</u>	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES	<input checked="" type="checkbox"/> ACTUAL CASH VALUE		\$
		STATED AMOUNT		\$
		OTHER		\$
GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO	RETRO DATE FOR CLAIMS MADE:	AUTO ONLY - EA ACCIDENT		\$2000000
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$2000000
		AGGREGATE		\$2000000
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		<input checked="" type="checkbox"/> STATUTORY LIMITS		
		EACH ACCIDENT		\$1000000
		DISEASE - EACH EMPLOYEE		\$1000000
		DISEASE - POLICY LIMIT		\$1000000
SPECIAL CONDITIONS/ OTHER COVERAGES	Per proposal dated 11/03/99 with \$750,000 deductible as selected. Terms and conditions of policies issued by the insurance carrier apply.	FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS

	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE <i>Steven Probit</i>		

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

AMERICAN FREIGHTWAYS INC  
PO BOX 840  
HARRISON AR 72602

DATE 2/22/99  
RECEIPT # 195326

IN RE: Application fees for AMERICAN FREIGHTWAYS INC

Docket Number A-00115638..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: RB OC 094666731

CHECK AMOUNT: \$100.00

C. Joseph Meisinger  
(for Department of Revenue)

DOCUMENT  
FOLDER

**DOCKETED**  
FEB 24 1999

EEF

RECEIVED  
SECRETARY'S BUREAU  
59 FEB 22 PM 2:10

038511