

Name change

*1st 2nd 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 JUN 12 AM 9:49

2015 ASSESSMENT REPORT-MOTOR CARRIERS PA 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).

A-00123545

TRADE OR CORPORATE NAME OF UTILITY: LEVARI TRUCKING CO INC <i>LLC</i>		UTILITY CODE 708486
CONTACT NAME: KENNETH D LEVARI JR		
ADDRESS 1: 5050 LANDIS AVENUE	ADDRESS 2 (Floor, Suite, etc.):	
CITY, STATE, ZIP: VINELAND NJ 08360		

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2016 JUN -2 PM 2:34
PA PUC
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	0	0	0	0
2. PA EXEMPT INTRASTATE REVENUE	0	0	0	0
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	0	0	0	0

(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)	0	0	0	0

UCR REGISTRATION INFORMATION

2015 UCR Registered: YES NO *Paid 2015 UCR fee*

IF YES:

US DOT #: *15166186/153780* INTERSTATE OPERATING REVENUE: 5,549,789⁸¹

MC Number: 580539

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.

Utility Name Levari Trucking Co. LLC
 Signature *Kenneth D. Levari*
 Date 3/25/16 Name (Printed) Kenneth D. Levari Sr. Title Manager

AFFIDAVIT

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

Kenneth D. Levari (Signature of Individual or Officer) 3/25/16 (Date)

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

Kenneth D. Levari Jr

NOTARIZATION (Required)

Subscribed and sworn to before me this
25th day of March 2016

TRADE NAME OR CORPORATE NAME OF UTILITY:

LEVARI TRUCKING Co. LLC

NOTARY SIGNATURE

Shelley M. Colver Esq.

FEDERAL ID:

TELEPHONE NO.:

Office () Ext.
 Cell ()

OFFICIAL SEAL
NETHE MACOLVER ESQ.
 AN ATTORNEY AT LAW OF THE
 STATE OF NEW JERSEY AUTHORIZED
 TO ADMINISTER THIS OATH PURSUANT
 (Date My Commission Expires)

Name of person to be contacted for additional information:

Name: Kenneth D. Levari Sr. (printed)
 Telephone: _____ Ext. _____

TO NJSA 41:2-1.

(856) 691-7772