

Application for Motor Common Carrier of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Hawksworth Company LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

Hawksworth Trucking

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PA PUC Authority?** NO **Previous Authority?** NO

If yes, at PUC No. A- _____

4. **Are you a business entity registered with the PA Department of State?** ___ NO
If No, you must first register (see checklist)

If Yes, provide your PA Corporation Bureau Entity ID Number 6400350
(see checklist and indicate type of business entity registered)

RECEIVED

JUN 1 2016

5. **Physical Address** (do not use post office box)

1959 East Valley Rd
Street Address

Loganton PA 17747
City, State and Zip Code

570-725-3787
Telephone Number

Clinton
County

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

6. **Mailing Address** (if different from Physical Address)

Street Address

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

7. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

8. **Do you hold interstate operating authority?**

No Yes, at No. _____

9. **What type of commodities do you intend to transport?**

Raw milk

10. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation 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 statement(s) 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.

Arthur A Hawksworth Jr
(Print Name)

(Signature) 5/19/16
(Date)

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, a member (if a limited liability company), or by the President or Secretary (if a corporation).

Entity# : 6400350
Date Filed : 05/02/2016
Pedro A. Cortés
Secretary of the Commonwealth

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Return document by mail to:

Name

Address

City State Zip Code

Return document by email to: holly@lovisky.com

**Certificate of Organization
Domestic Limited Liability Company**



TFA160504MC0234

Read all instructions prior to completing. This form may be submitted online at www.pencorp.com.

Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):

Hawksworth Company, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is: (*Complete (a) or (b) - not both*)

(a) Number and Street	City	State	Zip	County
<u>1959 East Valley Road</u>	<u>Loganton</u>	<u>PA</u>	<u>17747</u>	<u>Clinton</u>

(b) Name of Commercial Registered Office Provider _____ County _____

c/o: _____

3. The name and address, including street and number, if any, of each organizer is (*all organizers must sign on page 2*):

Name	Address
<u>Arthur A. Hawksworth, Jr.</u>	<u>86 E. Main Street, Loganton, PA 17747</u>

PA DEPT. OF STATE

MAY 02 2016

DSCB:15-8913-2


4. *Strike out if inapplicable term*
~~A member's interest in the company is to be evidenced by a certificate of membership interest.~~

5. *Strike out if inapplicable:*
Management of the company is vested in a manager or managers.

6. The specified effective date, if any is: _____
(MM/DD/YYYY and hour, if any)

7. *Strike out if inapplicable:* ~~The company is a restricted professional company organized to render the following restricted professional service(s):~~

8. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this
2nd day of May, 2016


Signature

Signature

Signature



**UNITED STATES
POSTAL SERVICE**

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\$6.45

US POSTAGE

9405 5036 9930 0333 4882 15 0064 5000 0521 7120



06/01/2016 0 lb 5 oz

Mailed from 18013

062S0000001307

PRIORITY MAIL 2-DAY™

KRISTA STROUSE
RUSH REGISTRATION
PO BOX 188
BANGOR PA 18013-0188

Expected Delivery Date: 06/03/16

0026

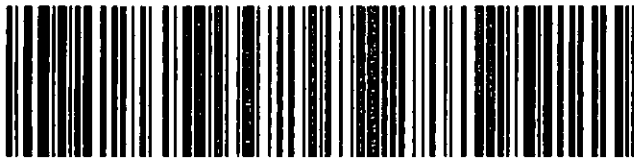
Carrier -- Leave if No Response

C000

SHIP

TO: PA PUC
400 NORTH ST
FL 2
HARRISBURG PA 17120-0202

USPS TRACKING #



9405 5036 9930 0333 4882 15

Electronic Rate Approved #038555749