


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

Entity # 6439003

Document will be returned to the name and address entered below.			Foreign Registration Statement DSCB: 15-412 (7/1/2015) 
Sabrina Merrick			
Name			
P.O. Box 1588,			
Address			
Easton	MD	21601	
City	State	Zip Code	

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$250

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 412 (relating to foreign registration statement), the undersigned foreign association hereby states that:

1. The type of association is (check only one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | |

2. The full and proper name of the foreign association as registered in its jurisdiction of formation is:

R M Horst Transport LLC

2A. If the name in 2 does not contain a required designator or if the name in 2 is not available for use in the Commonwealth, the alternate name under which the association is registering in this Commonwealth is:

A resolution of the governors adopting the name in 2A for use in registering to do business in this Commonwealth must be attached.

3. The jurisdiction of formation: MD

4. The street and mailing address of the association's principal office.

13304 Big Pool Rd.,	Clear Spring	MD	21722
Number and street	City	State	Zip

4A. The street and mailing address of the office, if any, required to be maintained by the law of the association's jurisdiction of formation in that jurisdiction:

13304 Big Pool Rd.,	Clear Spring	MD	21722
Number and street	City	State	Zip

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PENN File: August 08,2016

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5. The (a) address of the association's registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

Complete part (a) OR (b) - not both:

(a) _____
 Number and street City State Zip County

OR

(b) c/o: PACrop.com YORK
 Name of Commercial Registered Office Provider County

6. Check one of the following:

- The association may not have series.
- The association may have one or more series.

7. Effective date of registration of foreign association (check, and if appropriate complete, one of the following):

- The Foreign Registration Statement shall be effective upon filing in the Department of State.
- The Foreign Registration Statement shall be effective on: _____ at _____
 Date (MM/DD/YYYY) Hour (if any)

8. To be completed by Limited Liability Companies only. Check, and if appropriate complete, one of the following:

- The association is a limited liability company which is not organized to render any of the below professional service(s).
- The association is a restricted professional limited liability company organized to render one or more of the following professional service(s): (If this box is checked, one or more of the fields below must be checked.)

___ Chiropractic ___ Dentistry ___ Law ___ Medicine and surgery
 ___ Optometry ___ Osteopathic medicine and surgery ___ Podiatric medicine ___ Public accounting
 ___ Psychology ___ Veterinary medicine

IN TESTIMONY WHEREOF, the undersigned association has caused this Foreign Registration Statement to be signed by a duly authorized representative thereof this 8th day of August, 2016

R M Horst Transport LLC

 Name of Association
 Robert Horst

 Signature
 President

 Title

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

Docketing Statement - New Entity DSCB: 15-134A	 134A
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1. Entity Name :

R M Horst Transport LLC

In the case of a foreign association which must use an alternate name to register to do business in Pennsylvania, the alternate name should be given.

2. Tax Responsible Party

Name of individual responsible for initial tax Robert Horst

Mailing address of individual responsible for initial tax

13304 Big Pool Rd.	Clear Spring	MD	21722	Out Of State
Number and street	City	State	zip	County

3. Description of Business Activity:

Trucker for hire

4. FEIN [Employer Identification Number/Federal Tax Identification Number]:

81-2651107

FEIN enables agencies to confirm that Commonwealth accounts are properly matched and that this request is processed without added delay. If the business entity does not currently have an FEIN, it can get a FEIN immediately by applying online at [irs.gov](http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Employer-ID-Numbers-EINs) at the following page <http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Employer-ID-Numbers-EINs>.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

Thank you for your business. The Bureau will process your filing as quickly as possible. Any questions concerning this transaction may be directed to the above address or by calling 717-787-1057.

Receipt Details

Date: 08/08/2016 9:31AM

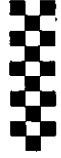
Payer: Sabrina Merrick

Name: R M Horst Transport LLC

Reference #: TOL160808UX0131

Item: Foreign Registration Statement

Amount: \$250.00



Good things are happening here.™

Fax Transmission

Attention: Melissa Maloney

Fax Number: 17177870974

From: Sabrina Merrick

Message: Melissa,
Please see the attached SS-4 form for RM Horst Transport LLC, efile # 1638617. Robert is the sole member. If you need anything else to process his application, please let me know.

Thanks,
Sabrina

Sabrina Merrick
Professional Trucking Services
Elliott Wilson Insurance, LLC | 106 N. Harrison St. Easton, MD 21601
Office: 410-763-7352 | Internal: x38242 | Fax: 410-820-8258
Sabrina.Merrick@avondixon.com | shbi.com | NASDAQ:SHBI

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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JUN 21 2016

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Please Note: Insurance coverages may not be altered, bound, or cancelled by fax unless you receive a response from a licensed agent.

This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this fax. Please notify the sender immediately by fax if you have received this fax by mistake and destroy this copy. Fax transmission cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete. The sender therefore does not accept liability for any errors or omissions in the contents of this message, which arise as a result of fax transmission. If verification is required please request a hard-copy version.

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 05-17-2016

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 B

RM HORST TRANSPORT LLC
ROBERT HORST SOLE MBR
13304 BIG POOL RD
CLEAR SPRING, MD 21722

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-2651107. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Your Form 2290 becomes due the month after your vehicle is put into use.

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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JUN 21 2016

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

(IRS USE ONLY) 575B

05-17-2016 RMHO B 999999999 SS-4

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is RMHO. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

9999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 05-17-2016
EMPLOYER IDENTIFICATION NUMBER:
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
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RM HORST TRANSPORT LLC
ROBERT HORST SOLE MBR
13304 BIG POOL RD
CLEAR SPRING, MD 21722