

Name Change Utility Original no. Company name assignments BP# 1195527
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COMMONWEALTH OF PENNSYLVANIA
 PUBLIC UTILITY COMMISSION
 PO BOX 3265
 HARRISBURG, PA 17105-3265

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 ADMINISTRATIVE SERVICES
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2015 ASSESSMENT REPORT-MOTOR CARRIERS

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: GUEBARA Delivery & Transportation Services Inc.		UTILITY CODE 8917425
CONTACT NAME: Joseph Guebara		
ADDRESS 1: 4131 Nittany Valley Dr.	ADDRESS 2 (Floor, Suite, etc.):	
CITY, STATE, ZIP: Howard, PA 16841		

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	156,368.26			
2. PA EXEMPT INTRASTATE REVENUE				
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	156,368			

(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)	156,368.26			

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UCR REGISTRATION INFORMATION

2015 UCR Registered: YES NO Paid 2015 UCR Fee

IF YES:

US DOT #: 1725 882 INTERSTATE OPERATING REVENUE: 98,171.61

MC Number: 632481

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.

Guebara Delivery & Transportation Services Inc.
Utility Name

[Signature]
Signature

Date 6-20-16

Joseph Guebara
Name (Printed)

owner
Title

AFFIDAVIT

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

(Signature of Individual or Officer)

(Date)

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

NOTARIZATION (Required)

Subscribed and sworn to before me this

_____ day of _____ 2016

TRADE NAME OR CORPORATE NAME OF UTILITY:

NOTARY SIGNATURE

FEDERAL ID:

TELEPHONE NO.:

Office () Ext.

Cell ()

OFFICIAL SEAL

(Official Title)

Name of person to be contacted for additional information:

(Date My Commission Expires)

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