

2000 MAY 26 AM 10:40

5/23/00
40
Before the Pennsylvania Public Utility Commission

**APPLICATION
MOTOR COMMON CARRIER OF PROPERTY**

1. GOLD MEDAL DISPOSAL INC
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)
2. GOLD MEDAL
TRADE NAME IF ANY
The trade name, if fictitious, HAB been registered with the
(has or has not)
Secretary of the Commonwealth on 3-1-94. Attach a date
stamped copy of the registration form.
3. 2846 South 17th Street. 215-551-7726
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)
4. PHILA PA 19145
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS
5. N/A
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

DOCKETED

JUN 13 2000

6. APPLICANT DOES NOT HOLD INTERSTATE OPERATING
(does or does not)
AUTHORITY AT DOCKET NUMBER N/A
7. APPLICANT DOES NOT HAVE A CURRENT SAFETY RATING
(does or does not)
ISSUED BY THE US DOT, PA PUC OR OTHER STATE REGULATORY
AGENCY. (ATTACH COPY)

25
BIPD - OK
CARGO - NO
Prop Rev - BUB
3

A-116952

**DOCUMENT
FOLDER**

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED 6 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 PA AND QUALIFIED TO DO BUSINESS IN PENNSYLVANIA BY REGISTERING WITH THE SECRETARY OF THE COMMONWEALTH ON 3-1-94. 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.

x Lisa Adams *Lisa Adams* 5/17/00
(PRINT NAME) (SIGNATURE) (DATE)

x William Adams *William Adams*

x Edward L Meyer, JR *Edward Meyer, JR* Dir. of Transp.

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.

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.

EDWARD J. MURPHY JR. 2/11/11

MAR 23 1994

Microfilm Number _____

Filed with the Department of State on _____

Entry Number 2071334

B. Miller

Secretary of the Commonwealth

ARTICLES OF INCORPORATION

DSCB 15-1306 (Rev. 89)

Indicate type of domestic corporation (check one):

- Business-stock (15 Pa. C.S. § 1306)
- Business-nonstock (15 Pa. C.S. § 2102)
- Business-statutory close (15 Pa. C.S. § 2304a is applicable)
- Professional (15 Pa. C.S. § 2903)
- Management (15 Pa. C.S. § 2701)
- Cooperative (15 Pa. C.S. § 7701)

The name of the corporation is: Gold Medal Disposal, Inc.

This corporation is incorporated under the provisions of the Business Corporation Law of 1988.

2. The (a) address of this corporation's initial registered office in this Commonwealth or (b) commercial registered office provider and the county of venue is:

<u>2846 S. 17th Street</u>	<u>Philadelphia,</u>	<u>PA</u>	<u>19145</u>	<u>Phila.</u>
Number and Street	City	State	Zip	County

N/A

(b) 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.

3. The aggregate number of shares authorized is: 100 (other provisions, if any, attach 8 1/2 x 11 sheet)

4. The name and address, including street and number, if any, of each incorporator is:

Name	Address	Signature	Date
<u>William W. Adams</u>	<u>2846 So. 17th Street, Phila., PA 19145</u>	<i>William W. Adams</i>	

5. The specified effective date, if any, is: 3 - 1 - 94
month day year hour, if any

6. Any additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.

7. **Statutory close corporation only:** Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "Public Offering" within the meaning of the Securities Act of 1933 (15 U.S.C. § 77A et seq.).

8. **Business cooperative corporations only:** (Complete and strike out inapplicable term) The common bond of membership among its members (and associates) is: N/A

PA DEPT. OF STATE

MAR 23 1994

MAR 25 1994

Row 44d6-r8 1000 1003

Microfilm Number _____

Filed the Department of State on MAR 23 1994

[Handwritten Signature]

Entry Number 257238.4

Secretary of the Commonwealth

ARTICLES OF INCORPORATION

DSCB:15-1308(Rev 89)

Indicate type of domestic corporation (check one):

- Business-stock (15 Pa. C.S. § 1306)
- Business-nonstock (15 Pa. C.S. § 2102)
- Business-statutory close (15 Pa. C.S. § 2304a is applicable)
- Professional (15 Pa. C.S. § 2903)
- Management (15 Pa. C.S. § 2701)
- Cooperative (15 Pa. C.S. § 7701)

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This corporation is incorporated under the provisions of the Business Corporation Law of 1988.

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	Number and Street	City	State	Zip	County
b)	<u>N/A</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 corporation is located for venue and official publication purposes.

3. The aggregate number of shares authorized is: 100 (other provisions, if any, attach 8 1/2 x 11 sheet)

4. The name and address, including street and number, if any, of each incorporator is:

Name	Address	Signature
<u>William W. Adams</u>	<u>2846 So. 17th Street, Phila., PA 19145</u>	<i>[Handwritten Signature]</i>

5. The specified effective date, if any, is: 3 - 1 - 94
month day year hour, if any

6. Any additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.

7. Statutory close corporation only: Neither the corporation nor any shareholder shall make an offering of any of its: of any class that would constitute a "Public Offering" within the meaning of the Securities Act of 1933 (15U.S.C. § : seq.).

Business cooperative corporations only: (Complete and strike out inapplicable term) The common bond of member among its members/shareholders is: N/A

8. Location of principal place of business:

4965 Merrion Ave. Philadelphia PA
 Number and Street/RD number and Box City State Zip Code

9. Mailing address if different than #8 (Location where correspondence, tax report form, etc. are to be sent):

2846 So. 17th Street Philadelphia, PA 19145
 Number and Street/RD number and Box City State Zip Code

10. Act of General Assembly or authority under which you are organized or incorporated (Full citation of statute or other authority; attach separate sheet if more space is required):

BUSINESS CORPORATION LAWS OF 1988.

11. Date and state of incorporation or organization (foreign corporation only):

N/A

12. Date business started in Pennsylvania (foreign corporation only):

N/A

13. Is the corporation authorized to issue capital stock? YES NO

14. Corporation's fiscal year ends: 12/31

This statement shall be deemed to have been executed by the individual who executed the accompanying submittal. See 18 Pa.C.S. 549 (relating to unsworn falsification to authorities).

Instructions for Completion of Form:

- A. A separate completed set of copies of this form shall be submitted for each entity or registration resulting from the transaction.
- B. The Bureau of Corporation Taxes in the Pennsylvania Department of Revenue should be notified of any address changes. Notification should be sent to the Processing Division, Bureau of Corporation Taxes, Pa. Department of Revenue, Dept. 180705, Harrisburg, PA 17128-0705.
- C. All Pennsylvania corporate tax reports, except those for motor vehicle for hire, must be filed with the Commonwealth on the same fiscal basis as filed with the U.S. government. Motor vehicle for hire, i.e., gross receipts tax reports, must be filed on a calendar year basis or
- D. The disclosure of the social security numbers of the corporate officers in Paragraph 7 is voluntary. The numbers are used to assure proper identification of corporation officers by the Department of Revenue in accordance with the Fiscal Code.

BOOKETING STATEMENT DSCA 34A (Rev 91)
DEPARTMENTS OF STATE AND REVENUE

FILING FEE: NONE

BUREAU USE ONLY:

Dept. of State Entity Number _____
 Revenue Box Number _____
 Filing Period _____ Date 3 4 5 _____
 SIC _____ Report Code _____

This form (file in triplicate) and all accompanying documents shall be mailed to:
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
P.O. BOX 8722
HARRISBURG, PA 17105-8722

Check proper box:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Pa. Business-stock | <input type="checkbox"/> Pa. Business-nonstock | <input type="checkbox"/> Pa. Business-Management | <input type="checkbox"/> Pa. Professional |
| <input type="checkbox"/> Pa. Business-statutory close | <input type="checkbox"/> Pa. Business-cooperative | <input type="checkbox"/> Pa. Nonprofit-stock | <input type="checkbox"/> Pa. Nonprofit-nonstoc |
| <input type="checkbox"/> Foreign-business | <input type="checkbox"/> Foreign-nonprofit | <input type="checkbox"/> Motor Vehicle for Hire | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Foreign-Certificate of Authority to D/B/A _____ | | | |

Corporation registering as a result of (check box):

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Incorporation (Pa.) | <input type="checkbox"/> Domestication | <input type="checkbox"/> Consolidation |
| <input type="checkbox"/> Authorization of a foreign corporation | <input type="checkbox"/> Division | <input type="checkbox"/> Summary of Record |

1. Name of corporation: Gold Medal Disposal, Inc.

2. Location of (a) initial registered office in Pennsylvania or (b) the name and county of the commercial registered office provider:

(a) <u>2846 S. 17th Street, Philadelphia, PA</u>	<u>19145</u>	<u>Phila.</u>
Number and Street/RD number and Box	City	State Zip code County
(b) c/o: <u>N/A</u>	Name of commercial registered office provider County	

3. State or Country of Incorporation: Pa. 4. Specified effective date, if applicable: 3/1/94

5. Federal Identification Number: Applied for.

6. Describe principal Pennsylvania activity to be engaged in, within one year of this application date:
Trash Removal

7. Names, residences and social security numbers of the chief executive officer, secretary and treasurer:

Name	Address	Title	Social Security #
<u>William Adams</u>	<u>2846 So. 17th St., Phila., PA.</u>	<u>Pres./Sec./Treas/</u>	

If professional corporation, include officer's professional license numbers with the respective Pennsylvania Professional Board.

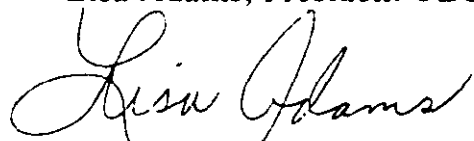
SHAREHOLDERS' AGREEMENT

THIS AGREEMENT is entered into this first day of March 1996
among Lisa and William Adams, 10:00 am @ 2846 South 17th Street in
Philadelphia Pa.

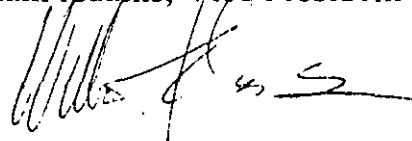
WHEREAS, the shareholders are the sole shareholders of this
corporation, each owning shares in the numbers listed below:

Lisa Adams	SS	President and Secretary	51 Shares
William Adams	SS. . . .	Vice President	49 Shares

Lisa Adams, President CEO


2846 S. 17th St
Phila Pa 19145

William Adams, Vice President


2846 S. 17th St
Phila Pa 19145

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

GOLD MEDAL DISPOSAL INC
2846 S 17TH ST
PHILADELPHIA PA 19145

DATE 6/14/00
RECEIPT # 197214

IN RE: *Application fees for GOLD MEDAL DISPOSAL INC*

Docket Number A-00116952..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: MB PMO 18977165

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCKETED
JUN 15 2000

DOCUMENT
FOLDER