PUC 189 (Revised 12/98)

RECEIVED GUREAU OF TRANSPORTATION & SAFETY

Before the Pennsylvania Public Utility Commission AECEIVED

APPLICATION MOTOR COMMON CARRIER OF PROPERTY JAH 2.9 2001

PUBLIC UTILITY COMMIS

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8.		ROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE RATED IN PENNSYLVANIA: OWNED 1 LEASED
9.	CHE	CK 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 in not sufficient.)
	[*]	CORPORATION. ORGANIZED UNDER THE LAWS OF THE STATE OF _Pennsylvania AND QUALIFIED TO DO BUSINESS IN PENNSYLVANIA BY REGISTERING WITH THE SECRETARY OF THE COMMONWEALTH ON _August 16, 1999 . 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.	ATT	ACHMENT CHECKLIST:
	FOR	CORPORATIONS ONLY:
	[x]	DATE STAMPED COPY OF APPLICATION FOR CERTIFICATE OF INCORPORATION OR CERTIFICATE OF AUTHORITY.
	[x]	LIST OF OFFICERS/TITLES AND DISTRIBUTION OF SHARES.
	FOR	A PARTNERSHIPS ONLY:
	[]	COPY OF PARTNERSHIP AGREEMENT.
	<u>FOF</u>	R 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
		2

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.

(PRINT NAME) (SIGNATURE) (DATE)	
Constance M. Buckholder Constance M. Burbholder 1/2	29/01

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.

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KAARR	(42411447)	٠
Bodily	TITI MI A	

\$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).

\$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.

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ntity Number					
			Secreta	ry of the Commonwe	ealth
	ARTICLES OF IN	CORPORATION-F	or profit		
-	Na	packing serviceme of Corporation PORATION INDICAT		CO	P
ndicate type of domestic corporation	on:	1			
XX Business-stock (15 Pa.C.S. §	1306)	Managemer	t (15 Pa.C.S.	§ 2702)	
Business-nonstock (15 Pa.C.S	. § 2102)	Professional	(15 Pa.C.S. §	2903)	•
Business-statutory close (15 P	a.C.S. § 2303)	Insurance (15 Pa.C.S. § 3	101)	
•	Cooperative	(15 Pa.C.S. § 7102)			
, D	SCB:15-1306/2102/	2303/2702/2903/3101/	7102A (Rev 91)	
The name of the corporation is:	daycon na	okios comejeco	l a d		
2. The (a) address of this corporati	ion's initial registere			name of its commer	cial registered
	ion's initial registere of venue is:			name of its commer	
The (a) address of this corporation office provider and the county of the county	ion's initial registere of venue is:	ed office in this Commo			
2. The (a) address of this corporate office provider and the county (a) 115 Chapel Lane	ion's initial registere of venue is: Ephrata, PA ^{City}	ed office in this Commo	onwealth or (b)	· Lancaste	
2. The (a) address of this corporation office provider and the county of (a) 115 Chapel Lane (b) c/o:	ion's initial registered venue is: Ephrata, PA City Tod Office Provider commercial registered	17522 State	onwealth or (b)	- Lancaste County County	er
2. The (a) address of this corporation office provider and the county of	ion's initial registered venue is: Ephrata, PA City Tod Office Provider commercial registered official publication p	17522 State d office provider, the couproses.	Zip	County County County De deemed the county	er
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2. The (a) address of this corporation office provider and the county of the corporation represented by a corporation is located for venue and the corporation is incorporated. The aggregate number of shares. The name and address, including the corporation is considered.	ion's initial registered for venue is: Ephrata, PA City Tod Office Provider commercial registered official publication pub	17522 State d office provider, the couurposes. ns of the Business Co	Zip Tip Inty in (b) shall interpretation Law (other precorporator is:	County County De deemed the county of 1988.	in which the
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Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet,

NONE

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.).

Cooperative corporations only: (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is:

TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this 14th day of August 1999.

(Signature)

Constance M. Bunkholder (Signature)

PARTMENTS OF STATE AND REVENUE	BUREAU USE ONLY: Dept. of State Englumber
NG FEE: NONE	Revenue Box Number
	Filing Period Date 3 4 5
s form (file in triplicate) and all accompanying documents shall be mailed to: IMMONWEALTH OF PENNSYLVANIA PARTMENT OF STATE RPORATION BUREAU). BOX 8722 RRISBURG, PA 17105-8722	SICPeport Code
eck proper box:	
SPa Business-stock — Pa Business-nonstock — Pa	Business-Management Pa. Professional
. Pa. Business-statutory close Pa. Business-cooperative Pa.	Nonprofit-stock Pa_Nonprofit-nonstock
. Foreign-business Foreign-nonprofit Mo	tor Vehicle for Hire Insurance
. Foreign-Certificate of Authority to D/B/A	
rporation registering as a result of (check box):	
Yncorporation (Pa.) Domestication	Consolidation
. Authorization of a foreign corporation Division	Summary of Record
Name of corporation:davco packing services, ltd.	
Location of (a) initial registered office in Pennsylvania or (b) the name and co	ounty of the commercial registered office provider: Lancaster
(8) Number and Street/RD number and Box City	State Zip code County
(b) C/O:	County
State or Country of Incorporation: PENNSYLVANIA 4. Specifie Federal Identification Number: APPLIED FOR	d effective date, if applicable: 8-16-1999
Describe principal Pennsylvania activity to be engaged in, within one year of to moving and relocation companies.	this application date: Packing services
	•

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

Vice Pres

Constance M Burkholder 115 Chapel Lane, Ephrata, PA 17522

umber and Street/RD number and Box	City	State	Zip Code
alling address if different then #8 (Location w	rhere correspondence, ta	ex report form, etc. are to	be sent):
SAME AS #8			
umber and Street/RD number and Box	City	Stato	Zip Code
ate and state of incorporation or organization	(foreign corporation only	/):N/A	
ate and state of incorporation or organization	(foreign corporation only	/):	
ne business started in Pennsylvania (foreign			
the corporation authorized to issue capital st	ock? XX YES	NO	
orporation's fiscal year ends:	ER 31		

Instructions for Completion of Form:

A separate completed set of copies of this form shall be submitted for each entity or registration resulting from the transaction.

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. 280705, Harrisburg, PA 17128-0705.

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 only.

The disclosure of the social security numbers of the corporate officers in Paragraph 7 is voluntary. The numbers are used to assure the proper identification of corporation officers by the Department of Revenue in accordance with the Fiscal Code.

MINY I VALIONAL INSURANCE

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Perso (Microsof Security Insurance Company P.O. Sax 2201 - National PA 15105 C10 2164841

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AGENCY

POLICY PERIOD COVERAGE IS PROVIDED IN THE AGENCY POLICY NUMBER PA NATIONAL MUTUAL CAS INS CO 122153200 AU9 0086139 08/17/00 08/17/01

NAMED INSURED AND ADDRESS

源金属 DAVCON PACKING SERVICES LTD

BROWNSTOWN PA

PO BOX 938

MURRAY INSURANCE ASSOC INC

P 0 BOX 1728

LANCASTER 17608 РΔ

POLICY COVERS FROM: 12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE INSURED STATED HEREIN. POLICY PERIOD: FORM OF NAMED INSURED'S BUSINESS: CORPORATION

17508

IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THAT WO SCHEDULE OF COVERAGES AND COVERED AUTOS.

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply unly to those "autos" shown as covered "autos", "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the same of the opverage.

COVERAGES COVERED LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS		
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	\$	\$
	8	\$
	s	\$
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DAVCOPACK DATE ACORD. INSURANCE BINDER 01/29/01 THIS BINDER IS A TEMPORARY INBURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM. PRODUCER AC. No. Extly 717-397-9600 COMPANY DINDER# PA National Mutual Casua BINDER175451 Murray Insurance Associates PATE P. O. Box 1728 DATE TIME Lancaster, PA 17608-1728 X liziai AM 08/17/01 01/29/01 12:01 THIS BINDER IS IBBUED TO EXTEND COVERAGE IN THE ABINE NAMED COMPANY PER EXPIRING POLICY II: CODE: B++ SUB CODE: AGENCY 20571 DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Loc#1: PO Box 938, Brownstown, PA DERUGAL Daycon Packing Services, Ltd. 17508-0938 PO Box 938 Brownstown, PA 17508-0938 IMITE COVERAGES OOVERAGE/FORMS COINS % AMOUNT DEDUCTIBLE TYPE OF INSURANCE PROPERTY CAUSES OF LOSS BROAD SPEC BASIC QUNERAL LIABILITY EACH OCCURRENCE FIRE DAMAGE (Any one fire) COMMERCIAL GENERAL LIABILITY GLAIMS MADE | OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG RETAD DATE FOR CLAIMS MADE: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT BODILY INJURY (Per person) ANY AUTO BODILY INJURY(Per accident) ALL OWNED AUTOS PROPERTY DAMAGE SCHEDULED AUTOS MEDICAL PAYMENTS HIRED AUTOS PERSONAL INJURY PROT NON-OWNED AUTOS UNINSURED MOTORIST AUTO PHYSICAL DAMAGE DEDUCTIBLE ACTUAL CASH VALUE ALL VEHICLES SCHEOULED VEHICLES STATED AMOUNT COLLISION: OTHER THAN COL OTHER AUTO ONLY - EA ACCIDENT | 8 GARAGE LIABILITY ANY AUTO OTHER THAN AUTO ONLY: EACH ACCIDENT S AGGREGATE EXCESS LIABILITY EACH OCCURRENCE UMBRELLAFORM AGGREGATE SELF-INSURED RETENTION OTHER THAN UMBRELLA FORM | RETRO DATE FOR CLAIMS MADE: WC STATUTORY LIMITS WORKER'S COMPENSATION E.L. EACH ACCIDENT EMPLOYER'S LIABILITY E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT Miscellaneous Coverage - Transportation ONDITIONS MOTOR Truck Cargo - Owners Form - Limit Any One Vakicle COVERAGES Limit #1: 50,000 Ded.#1: \$1,000 ESTIMATED TOTAL PREMIUM \$ NAME & ADDRESS MORTGAGEE ADDITIONAL INSURED LOSS PAYEE AUTHORIZED REPRESENTATIVE

SCORD TE. S (01/08) 1 of 2 #11206 NOTE: IMPORTANT STATE INFORMATION

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The insurance is subject to the terms, conditions and limitations of the policy(les) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title insurance Binder

Applicable in Delaware

The mortgages or Obliges of any mortgage or other instrument given for the purpose of creating a literion real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lander and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000,000 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.



PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

DAVCON PACKING SERVICES LTD

DATE

2/22/01

PO BOX 938

BROWNSTOWN PA 17508

RECEIPT# 198121

IN RE: Application fees for DAVCON PACKING SERVICES LTD

Docket Number A-00117540......\$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: BBNB PMO 114288

CHECK AMOUNT: \$100.00

C. Joseph Meisinger

(for Department of Revenue)

