

JAMES P. PHILLIPS JR., ESQUIRE

321 SPRUCE STREET
BANK TOWERS 3RD FLOOR
SCRANTON, PENNSYLVANIA 18503
VOICE: (570) 342-4343

RECEIVED
FEB 20 2001
SAFETY

731 CLIFF DRIVE
LAKE ARIEL, PENNSYLVANIA 18436

FAX: (570) 941-3633

FEBRUARY 12, 2001

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
ATTENTION: DAVID EHRHART
PO BOX 3265
HARRISBURG PA 17105-3265

A- 117612

**RE: APPLICATION FOR INTRASTATE OPERATING AUTHORITY
KEYSER VALLEY AUTO WRECKERS, INC.**

Dear Mr. Ehrhart:

Enclosed please find the following in response to your correspondence concerning the above dated January 10, 2001.

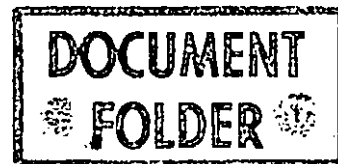
1. Check from my attorney's account in the amount of \$100.00;
2. Time stamped copies of the Articles of Incorporation, Corporate Registry Information for Departments of State and Revenue, and Certificate of Incorporation approving the use of the entity to be known as Keyser Valley Auto Wreckers, Inc.
3. The sole shareholder of the corporation is Michael Milewski, who also serves as President and Secretary-Treasurer, holding ten (10) shares of no par value common stock.
4. Enclosed is a copy of the corporation's financial responsibility identification card.

Thank you for your assistance and attention to this matter.

Sincerely,


JAMES P. PHILLIPS, JR., ESQUIRE

JPPJR/ns



cc: Michael Milewski

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

TRANSPORTATION SAFETY
UNITED 20 AM 9:51

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only
Docket No. _____
Folder No. _____

1. Keyser Valley Auto Wreckers, Inc.
(Full and correct name in which you intend to operate)

2. _____
(Trade name, if any)

The trade name, if fictitious, Has been registered with the Secretary of
(has or has not)

the Commonwealth on JUNE 24, 1988 (attach copy of date-stamped registration
(Date) form).

3. 2300 Washburn St. 570-347-6062
(Physical Address) (Telephone No.)

Scranton Lackawanna Pa. 18504
(City) (County) (State) (Zip)



4. same
(Mailing Address; if different)

(City) (County) (State) (Zip)

DOCKETED

MAR 13 2001

A-00117612

25
BIPP-NO
CARGO-NO

5. Applicant does not hold ICC authority under Docket No. _____
(does or does not)

6. Applicant does not have a current safety rating issued by _____
(does or does not)

(attach copy).

7. Approximate number of commercial vehicles to be operated intrastate:
owned 5 leased _____

8. Applicant is (check one):

Individual

Partnership. Attach copy of partnership agreement and list names and addresses of all partners below (use additional sheet if necessary).

(Name)	(Address)

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 June 24, 1988 (Attach date-stamped copy of application for Certificate of Incorporation or Authority). Include as an attachment a list of corporate officers and their titles and the names, addresses and number of shares held by each stockholder.

9. Attach the following, as appropriate (check those attached):

Partnership Agreement.

Date-stamped copy of Fictitious Trade Name registration certificate.

Date-stamped copy of Application for Certificate of Incorporation or Certificate of Authority.

Copy of a current safety rating issued by a state or federal agency.

List of corporate officers and stockholders and distribution of shares.

Proof of Insurance.

ARTICLES OF INCORPORATION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE - CORPORATION BUREAU
308 NORTH OFFICE BUILDING, HARRISBURG, PA 17120

PLEASE INDICATE (CHECK ONE) TYPE CORPORATION:

- DOMESTIC BUSINESS CORPORATION
- DOMESTIC BUSINESS CORPORATION
A CLOSE CORPORATION - COMPLETE BACK
- DOMESTIC PROFESSIONAL CORPORATION
ENTER BOARD LICENSE NO.

FEE
\$75.00

010 NAME OF CORPORATION (MUST CONTAIN A CORPORATE INDICATOR UNLESS EXEMPT UNDER 15 P.S. 2908 B)

KEYSER VALLEY AUTO WRECKERS, INC.

011 ADDRESS OF REGISTERED OFFICE IN PENNSYLVANIA (P.O. BOX NUMBER NOT ACCEPTABLE)

2300 Washburn Street

012 CITY: Scranton 033 COUNTY: Lackawanna 013 STATE: PA 004 ZIP CODE: 18504 (35)

060 EXPLAIN THE PURPOSE OR PURPOSES OF THE CORPORATION

To engage in and do any lawful acts concerning any or all lawful business for which corporations may be incorporated under the Business Corporation Law of 1933, P.L. 364, as amended; and all other things incidental to the carrying out and performing the aforesaid purposes.

(ATTACH 8 1/2 x 11 SHEET IF NECESSARY)

The Aggregate Number of Shares, Classes of Shares and Par Value of Shares Which the Corporation Shall have Authority to Issue:

040 Number and Class of Shares	041 Stated Par Value Per Share if Any	042 Total Authorized Capital	043 Term of Existence
100 common	no par value	\$1,000.00	perpetual

The Name and Address of Each Incorporator, and the Number and Class of Shares Subscribed to by each Incorporator

060 Name	081, 062 083, 064 Address (Street, City, State, Zip Code)	Number & Class of Shares
MICHAEL MILEWSKI	R.D.#3 Box 451F Lake Ariel, PA 18436	10 common
(ATTACH 8 1/2 x 11 SHEET IF NECESSARY)		

IN TESTIMONY WHEREOF, THE INCORPORATOR(S) HAS (HAVE) SIGNED AND SEALED THE ARTICLES OF INCORPORATION
THIS 23rd DAY OF July, 19 88.

Michael Milewski
MICHAEL MILEWSKI

- FOR OFFICE USE ONLY -

030 FILED	002 CODE	003 REV BOX	SEQUENTIAL NO.	100 MICROFILM NUMBER
JUN 24 1988	REVIEWED BY	004 SIC	2748	88451294
	DATE APPROVED		AMOUNT.	001 CORPORATION NUMBER
			\$ 75	1042544
	DATE REJECTED	CERTIFY TO	INPUT BY	LOG IN
		<input type="checkbox"/> REV.		
	MAILED BY DATE	<input type="checkbox"/> L & I	VERIFIED BY	LOG OUT
				LOG OUT

James J. Hoyt
Secretary of the Commonwealth
Department of State

88451295

DSCB:BCL-200 (Rev. 81)

Filing Fee: None

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
308 NORTH OFFICE BUILDING
HARRISBURG, PA. 17120

**CORPORATE
REGISTRY INFORMATION
FOR
DEPARTMENTS OF STATE
AND REVENUE
(FILE IN TRIPLICATE)**

BUREAU USE ONLY (7/7/63)	
Department of State Number	
Box Number	
Filing Period	Inc. Date 3 4 5
Standard Industrial Code	Report Code

BUSINESS CORPORATION NON-PROFIT CORPORATION MOTOR VEHICLE FOR REG.

1	Name of Corporation/Business KEYSER VALLEY AUTO WRECKERS, INC.	2	Federal E.I.N. Applied For
3	Location of Initial Registered Office in Pennsylvania (Street/Route, City, County, State, Zip Code) 2300 Washburn Street (Street and Number or R.D. Number and Box) Scranton, PA 18504 (City or Town) (County) (State) (Zip Code)		
4	Mailing Address if different than #3 (location where correspondence, tax report forms, etc. are to be sent) SAME AS #3 (Street and Number/or R.D. Number and Box) (City or Town) (County) (State) (Zip Code)		
5A	Foreign corporations: Location of proposed registered office (Street and Number, Post Office, State)	5B	Date Business Started
6	Principal Officers (President, Vice President, Secretary, Treasurer)		
	A. Name MICHAEL MILEWSKI	Title Pres/Sec/Treasurer	
	Home Address R.D.#3 Box 451F Lake Ariel, PA 18436		
	B. Name	Title	Social Security Number
	Home Address		
	C. Name	Title	Social Security Number
	Home Address		
	D. Name	Title	Social Security Number
	Home Address		
7	Date and State of Incorporation or Organization Date: State:		
8	Applicant is Operating as: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> An Individual <input type="checkbox"/> Co-Partnership <input type="checkbox"/> Joint Stock Association <input type="checkbox"/> Association of Individuals <input type="checkbox"/> Other		
9	Provide the Act of General Assembly or authority under which you are organized or incorporated (full citation of statute or status - attach separate sheet if more space is required) Business Corporation Law of 1933, P.L. 364, as amended		
10A	Is the corporation authorized to issue capital stock? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	10B	Amount of Capital paid in and Date Amount: \$100.00 Date: April 1, 1988
	If yes, amount authorized? 100 common - no par		
11	Is the Corporation part of a system operating in Pennsylvania? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide parent's box number, name and subsidiary corporation. (Attach a separate sheet listing subsidiary corporation). Box Number: Name:		
12	Corporation's fiscal year ends: December 31st	13.	Standard Industrial Classification Code
14	Describe principal Pa. business activity to be engaged in, within one year of this application date (attach separate sheet if necessary) For Motor Vehicles: include routes to be traveled. Sale of used truck and auto parts		
15	For Foreign Corporations Only - provide text of purpose as stated in articles.		

88451296

Commonwealth of Pennsylvania
Department of State



CERTIFICATE OF INCORPORATION

Office of the Secretary of the Commonwealth

To All to Whom These Presents Shall Come, Greeting:

Whereas, Under the provisions of the Laws of the Commonwealth, the Secretary of the Commonwealth is authorized and required to issue a "Certificate of Incorporation" evidencing the incorporation of an entity.

Whereas, The stipulations and conditions of the Law have been fully complied with by

KEYSER VALLEY AUTO WRECKERS, INC.

Therefore, Know Ye, That subject to the Constitution of this Commonwealth, and under the authority of the Laws thereof, I do by these presents, which I have caused to be sealed with the Great Seal of the Commonwealth, declare and certify the creation, erection and incorporation of the above in deed and in law by the name chosen hereinbefore specified.

Such corporation shall have and enjoy and shall be subject to all the powers, duties, requirements, and restrictions, specified and enjoined in and by the applicable laws of this Commonwealth.



Given under my Hand and the Great Seal of the Commonwealth,
at the City of Harrisburg, this 24th day
of June in the year of our
Lord one thousand nine hundred and eighty-eight
and of the Commonwealth the two hundred twelfth

James J. Blaylock
Secretary of the Commonwealth

1042544

FRANK J MURACA ESQ
235 MAIN ST
DICKSON CITY, PA 18512

KEYSER VALLEY AUTO WRECKERS, INC
2300 WASHBURN STREET
SCRANTON PA 18504

CORPORATE OFFICER/SHARHOLDER LIST

<u>OFFICE</u>	<u>NAME</u>	<u>NO. SHARES</u>
President/Secretary-Treasurer	Michael Milescki	10



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
REFER TO OUR FILE

January 10, 2001

KEYSER VALLEY AUTO WRECKERS INC
2300 WASHBURN ST
SCRANTON PA 18504

In Re: Application for Intrastate Operating Authority

To Whom It May Concern:

I am returning herewith the submitted application along with check #16721 in the amount of \$100.00 representing the filing fee. The application is unacceptable for filing at the present time. There are a number of corrections/deficiencies that require your attention.

1. The filing fee must be in the form of a cashier's check, money order, certified check or attorney's check.
2. You need to submit a copy of the date stamped document showing that the PA Dept of State has approved the corporation.
3. You need to submit a copy of the date stamped document showing that the PA Dept of State has approved the use of the fictitious name by the corporation.
4. You need to submit a list of the corporate officers and the number of shares owned by each.
5. The submitted financial responsibility identification card is not acceptable because it is in the wrong name. The name of the insured should be the same as the name on the PUC application.

If you have questions, please call me (717) 783-5945.

Sincerely,

David Ehrhart, App Spec
Bureau of Transportation and Safety

PENNSYLVANIA PUBLIC UTILITY COMMISSION
PO BOX 3265
HARRISBURG, PA 17105-3265

3/15/01

A-00117612

RE: *Keyser Valley Auto Wreckers*
Subject: Temporary Proofs of Insurance

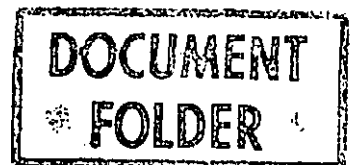
To: JAMES P PHILLIPS JR ESQ
321 SPRUCE ST
BANK TOWERS 3RD FLOOR
SCRANTON PA 18503

From: David Ehrhart - Compliance Office - Technical Unit
Bureau of Transportation and Safety

The temporary insurance filings submitted with your application have been found to be deficient for the following reason(s):

- Incorrect name. Name on insurance must be exactly as shown on application and/or certificate.
- Incorrect address. Address on insurance must be exactly as shown on application and/or certificate.
- Incorrect form issued. Certificate of insurance not one of the four acceptable temporary proofs of insurance.
- No cargo coverage shown. Must have cargo insurance in the minimum of \$5,000.00 or submit a cargo insurance waiver form.
- Form has not been signed by insurance company representative.
- No amount of coverage shown.
- Amount of coverage does not meet the required minimum.
- No effective dates shown.
- Insurance Expired.

OTHER:



PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

JAMES P PHILLIPS JR ESQ
321 SPRUCE ST
BANK TOWERS 3RD FL
SCRANTON, PA 18503

DATE 3/16/01
RECEIPT # 198210

Application fees for KEYSER VALLEY AUTO WRECKERS INC

Docket Number A-00117612..... \$100.00

100
FC

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: 3855
CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCKETED
MAR 20 2001

SRB