

COMMERCIAL TRANSPORTATION CONSULTANTS

RR #1, Box 169 -H
Rome, PA 18837-9801

570-247-7177

Fax 570-247-2474

From the office of: **Marlene Morgan, General Manager**

July 3, 2001

Pennsylvania Public Utility Commission
400 North Street
Harrisburg, PA 17120

RECEIVED

JUL 03 2001

Re: **NANCY J. HARDING, D/B/A
M & N FARMS
HCR 34, BOX 1 C
LeRAYSVILLE, PA 18829 [county: BRADFORD]**

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Subject: APPLICATION

Dear Sir/Madam,

Above carrier's application for Carrier of Property is enclosed, along with our check for the filing fee, proof of insurance, and carrier's Registration of Trade Name Certificate.

As carrier's representative, I am requesting all correspondence or questions be directed to our office at the above address and telephone/fax number. Your cooperation is greatly appreciated.

Thank you and have a good day!
Sincerely,



Marlene Morgan
Representative of Carrier

Enc. 4



RECEIVED
TRAFFIC CONTROL
2001 JUL -5
12:04
SAFETY

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 in value.

RECEIVED

JUL 03 2001

Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834 or FAX (717) 787-5961

PA PUBLIC UTILITY COMMISSION
 SECRETARY'S BUREAU

Application for Motor Common Carrier of Property

Please complete all parts of the following application. Incomplete applications will be returned. All questions may be directed to the Bureau of Transportation & Safety at (717) 787-3834.

1. Nancy J. Harding
 Full Name of Applicant (Individual, Partnership or Corporation)

2. M & N Farms
 Trade Name if Any

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

Secretary of the Commonwealth on June 13, 2001. Attach a date
 (Date)

stamped copy of the registration form.

3. _____

HCR 34 Box 1 C LeRaysville, PA 18829 570-744-2679
 Physical Address (Street, City, County and Zip Code) Telephone Number
 (Required)

4. _____
 Mailing Address if Different from Physical Address

5. _____

DOCKETED

DOCUMENT FOLDER

AUG 09 2001

JA *A-118135*

Attorney's Name & Telephone Number for this Filing

(Do not supply Attorney's name if you want all correspondence & notice of process mailed directly to you.)

Attorney's Address

6. Applicant Does hold interstate operating authority at docket
(Does or does not)
number 408704.
7. Applicant does not have a current safety rating issued by the US
(Does or does not)
DOT, PA PUC or other state regulatory agency. (Attach Copy)
8. Approximate number of commercial vehicles to be operated in Pennsylvania:
Owned _____ Leased 1.
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 _____
qualified to do business in Pennsylvania by registering with the Secretary of the
Commonwealth on _____
(Date)

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 corporate officers/titles and distribution of shares.
- For Partnerships Only:**
 Copy of Partnership Agreement.

For ALL Applicants:

- [] Previous Title 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.

You must sign the following application.

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.

Nancy Harding
(Print Name)

Nancy Harding (Signature) 6-10-01 (Date)

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).

PUC 189
Revised 10/00

Microfilm Number _____

200146 - 227

Filed with the Department of State on _____

JUN 13 2001

Entity Number 3010451

Kim D'Amico

Secretary of the Commonwealth

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

DSCB:54-311 (Rev 90)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

M & N Farms

1. The fictitious name is: _____

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:

Motor Carrier of General Commodities

3. The address, including number and street, if any, of the principal place of business of the business or other activity to be carried on under or through the fictitious name is (P.O. Box alone is not acceptable):

HCR 34, Box 1 C	LeRaysville	PA	18829	Bradford
Number and Street	City	State	Zip	County

4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State	Zip
Nancy J. Harding	HCR 34, Box 1 C	LeRaysville	PA	18829

5. Each entity, other than an individual, interested in such business is (are):

Name	Form of Organization	Organizing Jurisdiction	Principal Office Address	Pa. Registered Office, if any

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

Marlene Morgan

PA. DEPT. OF STATE

2001 JUN 13 AM 9:07

200146 - 228

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this 12th day of June, ~~XX~~ 2001.

Nancy J Harding
(Individual Signature)

(Individual Signature)

(Individual Signature)

(Individual Signature)

M & N Farms
(Name of Entity)

(Name of Entity)

BY: Nancy J Harding
Owner

BY: _____

TITLE: _____

TITLE: _____

INSURANCE IDENTIFICATION CARD

OP ID

STATE PA

COMPANY NUMBER

COMPANY

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

COMMERCE PROTECTIVE INS CO

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

BINDER 300PS

05/22/01

05/22/02

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

94 Volvo

4V1WDBCH1RN680598

AGENCY/COMPANY ISSUING CARD

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

Sholley Agency Inc.

Paul E. Sholley

570-523-3251

INSURED

1. Name and address of each driver, passenger and witness.

M & N Farms
Nancy Harding dba
HCR 34 Box 1C
Leraysville PA 18829

2. Name of Insurance Company and policy number for each vehicle involved.

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

ACORD 50 WM(2/95)

Handwritten signature

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

HARDING, NANCY J.
M & N FARMS
HCR 34 BOX 1 C
LERAYSVILLE PA 18829

DOCUMENT
FOLDER

DATE 8/13/01
RECEIPT # 198664

IN RE: Application fees for HARDING, NANCY J.

Docket Number A-00118135..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: PMO 519737

CHECK AMOUNT: \$100.00

DOCKETED

AUG 15 2001

C. Joseph Meisinger
(for Department of Revenue)

REP