

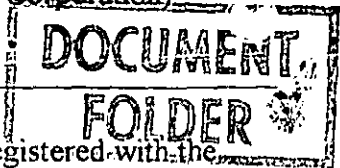
Before the Pennsylvania Public Utility Commission

APPLICATION
MOTOR COMMON CARRIER OF PROPERTY

RECEIVED
2001 JUL 16 AM 9:16
PA PUC BUREAU
SECRETARY'S BUREAU

1. Mele Enterprises, Inc.
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. _____
TRADE NAME IF ANY
The trade name, if fictitious, _____ been registered with the _____
(has or has not)
Secretary of the Commonwealth on _____ Attach a date
stamped copy of the registration form.



3. RR 5 Box 5282, Moscow, Wayne County, PA (570)689-3430
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)

4. _____
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

5. Michelle Thoman, Esq.
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
AUG 8 2001
[Signature]

6. APPLICANT does not HOLD INTERSTATE OPERATING
(does or does not)
AUTHORITY AT DOCKET NUMBER _____

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 - NO
CARGO - NO
PROP MOD

A-00118116

2001 JUL 17 PM 1:29

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED 1 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 Pennsylvania AND QUALIFIED TO DO BUSINESS IN PENNSYLVANIA BY REGISTERING WITH THE SECRETARY OF THE COMMONWEALTH ON 6-22-01. 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.

Mele Enterprises, Inc. Ralph Mele _____
(PRINT NAME) (SIGNATURE) (DATE)
By Ralph Mele, president

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.

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU
ROOM 308 NORTH OFFICE BUILDING
P.O. BOX 8722
HARRISBURG, PA 17105-8722

372

MELE ENTERPRISES, INC.

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT.
PLEASE NOTE THE FILE DATE AND THE SIGNATURE OF THE SECRETARY OF THE
COMMONWEALTH. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS
TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA. IF YOU HAVE ANY
QUESTIONS PERTAINING TO THE CORPORATION BUREAU, CALL (717) 787-1057.

RECEIVED
2001 JUL 16 AM 9:17
PA. ST. BUREAU
SECRETARY'S BUREAU

ENTITY NUMBER: 3012004

MICROFILM NUMBER: 2001048

1236-1237

PENNCORP
COUNTER

200148-1237

DSCB:15-1306/2102/2303/2702/2903/3101/77102A (Rev 91)-2

- 7. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.
- 8. ~~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.).
- 9. ~~Cooperative corporations only:~~ (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: _____

IN TESTIMONY WHEREOF, the Incorporator(s) has (have) signed these Articles of Incorporation this 13 day of June, 2001.

Ralph Male

(Signature)

(Signature)

Officers, Shareholders and Distribution of stock
for Mele Enterprises, Inc.

Ralph Mele- president and secretary
100% shareholder

A handwritten signature in cursive script that reads "Ralph Mele". The signature is written in black ink and is positioned to the left of the typed text. There are some faint, illegible markings to the left of the signature, possibly from a stamp or another document.

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

RE:

Subject: Temporary Proofs of Insurance

To: MELE ENTERPRISES INC
RR#5 BOX 5282
MOSCOW PA 18444

A-0011B116

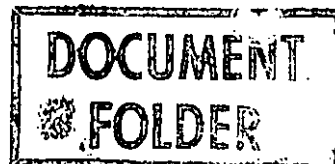
8/8/01

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:



ACORD INSURANCE BINDER

OP ID BR

DATE
06/07/01

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER RMI Group, Inc. 300 Mulberry Str. Scranton PA 18503 Christopher Slezak		PHONE (A/C, No, Ext): 570-342-3302 570-342-4169	COMPANY Northland Insurance Company	BINDER # 571 BINDER 571
CODE: AGENCY CUSTOMER ID: MELE5-1 INSURED Ralph P. Mele - <i>Mpls East, Inc</i> RR #5, Box 5282 Moscow PA 18444	SUB CODE:	EFFECTIVE DATE: 06/07/01 TIME: 12:01 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	EXPIRATION DATE: 07/07/01 TIME: <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) 1985 VOLVO #1WUGBDJE8FN103620				

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$		
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS C				COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$5,000 UNINSURED MOTORIST \$35,000 UNDERINSURED MTR \$35,000
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input checked="" type="checkbox"/> COLLISION: 1000 <input checked="" type="checkbox"/> OTHER THAN COL: 1000	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES			ACTUAL CASH VALUE <input checked="" type="checkbox"/> STATED AMOUNT \$8,000 OTHER
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ WC STATUTORY LIMITS
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
SPECIAL CONDITIONS/ OTHER COVERAGES CARGO \$25,000/\$1000 DED; RENTAL REIMBURSEMENT \$100 PER DAY/30 DAYS				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

RECEIVED

NAME & ADDRESS		MORTGAGEE LOSS PAYEE	ADDITIONAL INSURED
		LOAN #	
		AUTHORIZED REPRESENTATIVE <i>R.E. Malajoli</i>	