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PUC 189 (Revised 12/98)

2001 OCT 29 AM 9:20

Before the Pennsylvania Public Utility Commission

SECRETARY'S BUREAU

APPLICATION MOTOR COMMON CARRIER OF PROPERTY

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, PA 18444 (570) 689-3430
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)

4. Same
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

5. Michelle Thoman, Esq. (570) 689-3321
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.)

RR 8 Box 8779 Moscow, PA 18444
ATTORNEY'S ADDRESS

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 PUBLIC UTILITY PUC OR OTHER STATE REGULATORY
AGENCY. ATTACH COPY

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8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED 1 LEASED 0

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 _____ 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 10/26/01
(PRINT NAME) (SIGNATURE) (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.

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.

DOCKETING STATEMENT DSCB:15-134A (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
308 NORTH OFFICE BUILDING
HARRISBURG, PA 17120-0029

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-nonstock |
| <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 Mele Enterprises, Inc.

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

(a) RR8 Box 8779, Moscow, PA 18444

Number and Street/RD number and Box	City	State	Zip code	County
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(b) c/o: _____
Name of commercial registered office provider _____ County _____

3. State or Country of Incorporation: PA 4. Specified effective date, if applicable: 6-13-2001

5. Federal Identification Number: to be provided

6. Describe principal Pennsylvania activity to be engaged in, within one year of this application date: General construction; general hauling; carrier of mobile, modular and double-wide homes

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

Name	Address	Title	Social Security #
<u>Ralph Mele</u>	<u>RR8 Box 8779, Moscow</u>	<u>CEO</u>	<u>[REDACTED]</u>

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

TN315311

A-00118116

Form H
UNIFORM MOTOR CARRIER CARGO
CERTIFICATE OF INSURANCE

(Executed in Triplicate)

Filed with PENNSYLVANIA Public Utility Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the NORTHLAND INSURANCE COMPANY
(Name of Company)

(hereinafter called Company) of 1295 Northland Drive, Mendota Heights, MN 55120
(Home Office Address of Company)

has issued to Mele Enterprises Inc
(Name of Motor Carrier)

of Rd #5 Box 5282 Moscow PA 18444
(Address of Motor Carrier)

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a policy or policies of insurance effective from 10/11/2001 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Cargo Insurance Endorsement, has or have been amended to provide cargo insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 1295 Northland Drive, Mendota Heights, MN 55120 this 30th day of October 01
(Address)

Insurance Company File No. TN315311
(Policy Number)

Betty Mattson
Authorized Company Representative

MC2443 (Ed. 4-68)

TN315311

A-00118116

Form E
UNIFORM MOTOR CARRIER BODILY-INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with PENNSYLVANIA Public Utility Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the NORTHLAND INSURANCE COMPANY
(Name of Company)

(hereinafter called Company) of 1295 Northland Drive, Mendota Heights, MN 55120
(Home Office Address of Company)

has issued to Mele Enterprises Inc
(Name of Motor Carrier)

of Rd #5 Box 5282 Moscow PA 18444
(Address of Motor Carrier)

a policy or policies of insurance effective from 10/11/2001 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 1295 Northland Drive, Mendota Heights, MN 55120 this 11th day of October 2001
(Address)

Insurance Company File No. TN315311
(Policy Number)

[Signature]
Authorized Company Representative

MC1633 (Ed. 6-71)

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on file*

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THE ROBERTS GROUP • (651) 633-1800 FAX: (651) 633-4411
ROBERTS BUSINESS FORMS
10/11/01

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

DOCKETED

NOV 15 2001

DATE 11/14/01
RECEIPT # 199146

MELE ENTERPRISES, INC.
RR #5, BOX 5282
MOSCOW PA 18444

REP
FOLDER

IN RE: Application fees for MELE ENTERPRISES, INC.

Docket Number A-00118116F0002..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: US PMO 86962523973 011026 184270

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)