

Before the Pennsylvania Public Utility Commission

OK

APPLICATION
MOTOR COMMON CARRIER OF PROPERTY

STEP

1. HARRY L. LONGENECKER
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. COVE TRUCKING COMPANY
TRADE NAME IF ANY
The trade name, if fictitious, HAS been registered with the
(has or has not)
Secretary of the Commonwealth on 06/15/01. Attach a date
stamped copy of the registration form.

DOCUMENT FOLDER

3. MARTINSBURG (BLAIR) 16662 814-793-4099
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)

4. 705 SUNRISE DRIVE, MARTINSBURG PA 16662
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

5. _____
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 09 2001

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

DE

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
BUPD - NO
CAR60 - NO

A-00118124

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED 2 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 _____ 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

EXEMPTION FROM PUC CARGO INSURANCE REGULATIONS

This is to advise that _____
(Name of applicant/carrier)

holding PUC authority at Application Docket No. A- _____
(If available)

is exempt from Cargo Insurance Regulations for the following reasons
(Check all that apply):



All transportation will be provided in dump trucks.



All transportation will be limited to farm products, garbage, ashes, rubbish, coal, debris, earth, crushed stone, amesite, and similar construction materials.



The value of any one load being transported will not be more than \$500.00 in value.

Signature of Individual, Partner or Corporate Officer.

Verification of Statement

The undersign deposes and says that he/she is the person who signed the statement for the above captioned applicant/application and that he/she is authorized to and does make this verification and the facts setforth therein are true and correct to the best of his/her knowledge, information and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 C.S SEC. 409 relating to unsworn falsification to authorities.

Date 6/12/01

(X) Harry L Longenecker
(Signature)

HARRY LONGENECKER
(Print Name)

Please return to:

Pennsylvania Public Utility Commission.
Bureau of Transportation and Safety
Insurance Unit
PO Box 3265
Harrisburg, PA 17105-3265

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

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COVE TRUCKING COMPANY

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.

ENTITY NUMBER: 3010938

MICROFILM NUMBER: 2001047

0254-0255

HARRY LONGENECKER
705 SUNRISE DR
MARTINSBURG PA 16662

Microfilm Number

000147 - 254

Filed with the Department of State on

JUN 15 2001

Entity Number

3010938

Kim Fitzgerald

Secretary of the Commonwealth

D

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:

1. The fictitious name is: Cove Trucking Company

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:

Sawdust, Bark, mulch, Sand, Gravel, Potatoes,

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):

5 Nicodemus St. Martinsburg Pa. 16662 Blain
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

Harry Longenecker 705 Sunrise Dr. Martinsburg Pa 16662

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):

PA DEPT. OF STATE

JUN 15 2001

200147-255

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this 12 day of June, 192001.

Harry L Longuecher

(Individual Signature)

(Individual Signature)

(Individual Signature)

(Individual Signature)

(Name of Entity)

(Name of Entity)

BY: _____

BY: _____

TITLE: owner

TITLE: _____

STATE OF CALIFORNIA

FOOD & BEVERAGE

PENNSYLVANIA
FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

COMPANY CODE AND NAME

MGA Insurance Company

NAIC Number **40150**

Claim Phone: 1-800-438-4246

Name and Address of Insured

COVE TRUCKING COMPANY
705 SUNRISE DRIVE
MARTINSBURG PA 16662

POLICY NUMBER MPP141052
EFFECTIVE DATE 4/29/01

NOT VALID MORE THAN 1 YEAR
FROM EFFECTIVE DATE

Description of Vehicle: *Unit 4*

<u>1995</u> Year	<u>KENWORTH TRACTOR</u> Make/Model	<u>2XKBD9X85M647726</u> Vehicle Identification Number
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PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

HARRY L. LONGENECKER
COVE TRUCKING COMPANY
705 SUNRISE DRIVE
MARTINSBURG PA 16662

DATE 8/14/01
RECEIPT # 198687

IN RE: Application fees for HARRY L. LONGENECKER

Docket Number A-00118124..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: OC 117573

CHECK AMOUNT: \$100.00

DOCKETED

AUG 15 2001

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

REP