

Carrier Compliance Services
PO Box 794
Saxonburg, PA 16056
Voice (800)369-8951 Fax (800)443-6792

RECEIVED

2001 SEP 19 11:22

SECRETARY'S BUREAU

September 14, 2001

Re: Spagnolo Excavating, Inc.

Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, PA 17105-3265

Gentlemen:

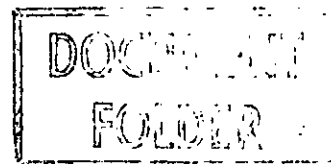
Subject: New Authority

We enclose for filing the original and one copy of the application on behalf of Spagnolo Excavating. Also enclosed is the filing fee in the amount of \$100.

Please acknowledge receipt of the enclosures on the duplicate of this letter of transmittal and return it in the stamped, self addressed envelope provided. If you require any further information in order to process this application, please advise the undersigned.

Respectfully,

Diane L. Hutter-Stewart
Carrier Compliance Services



Enclosures (2)

DLHS

Cc: Frank J. Spagnolo, Spagnolo Excavating, Inc.

2001 SEP 19 11:19:19

24

PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834 or FAX (717) 787-5961

2001 SEP 19 4:14:19 PM

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.

RECEIVED
2001 SEP 19 4:14:19 PM
SECRETARY'S BUREAU

1. Spagnolo Excavating, Inc.
Full Name of Applicant (Individual, Partnership or Corporation)
2. Company
Trade Name if Any
The trade name, if fictitious, has not been registered with the
(Has or has not)
Secretary of the Commonwealth on _____ Attach a date
(Date)
stamped copy of the registration form.
3. 109 Gateway Avenue, Suite 202
Wexford, PA, Allegheny, 15090 724-935-
7010
Physical Address (Street, City, County and Zip Code) Telephone Number (Required)
4. _____
Mailing Address if Different from Physical Address
5. Diane L Hutter-Stewart, Carrier Compliance Services 800-369-8951
Representative's name and telephone Number for this Filing
(Do not supply Attorney's name if you want all correspondence & notice of process mailed directly to you.)
PO Box 794, Saxonburg, PA 16056
Representative's Address
6. Applicant does not hold interstate operating authority at docket
(Does or does not)
number _____
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)

DOCKETED

OCT 25 2001

8

A-118370

DOCUMENT FOLDER

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 Pennsylvania
qualified to do business in Pennsylvania by registering with the Secretary
of the Commonwealth on December 12, 1988
(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:

- 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.

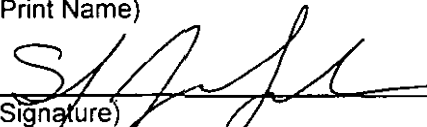
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the Certificate.

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.

Frank J. Spagnolo
(Print Name)

(Signature) September 10, 2001
(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

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

SMALNUO EXCAVATING COMPANY, 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 12th day of December in the year of our Lord one thousand nine hundred and eighty-eight and of the Commonwealth the two hundred thirty-ninth

James J. Abney
Secretary of the Commonwealth

1068873

ARTICLES OF INCORPORATION
(PREPARE IN TRIPLICATE)

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

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

T-224 P.03/03 F-954
FEE
\$75.00

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

011 ADDRESS OF REGISTERED OFFICE IN PENNSYLVANIA (P.O. BOX NUMBER NOT ACCEPTABLE)
 5500 Corporate Drive, Suite 226

012 CITY Pittsburgh, 033 COUNTY Allegheny, 013 STATE PA, 054 ZIP CODE 15237

050 EXPLAIN THE PURPOSE OR PURPOSES OF THE CORPORATION

The corporation shall have unlimited power to engage in and to do any lawful act concerning any or all lawful business for which corporations may be incorporated under the Business Corporation Law, and for these purposes to have, possess and enjoy all the rights, benefits and privileges of said Act of Assembly.

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

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

040 Number and Class of Shares 10,000 shares common	041 Stated Par Value Per Share if Any No par	042 Total Authorized Capital	031 Term of Existence Perpetual
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The Name and Address of Each Incorporator, and the Number and Class of Shares Subscribed to by each Incorporator

060 Name	061, 062 063, 064 Address (Street, City, State, Zip Code)	Number & Class of Shares
Carl J. Spagnolo	102 DeAngelo Dr., Pittsburgh, PA 15209	1 share comm
(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 9th DAY OF December 1988

Carl J. Spagnolo
 Carl J. Spagnolo

- FOR OFFICE USE ONLY -

030 FILED DEC 12 1988	002 CODE	003 REV BOX	SEQUENTIAL NO.	100 MICROFILM NUMBER 3893 518
	REVIEWED BY	004 SIC	AMOUNT	001 CORPORATION NUMBER 106887
	DATE APPROVED	CERTIFY TO <input type="checkbox"/> REV. <input type="checkbox"/> L & I <input type="checkbox"/> OTHER	INPUT BY	LOG IN
	DATE REJECTED		VERIFIED BY	LOG IN (REFIL)
	MAILED BY DATE			LOG OUT

Secretary of the Commonwealth
 Department of State
 Commonwealth of Pennsylvania
 P. O. Neb. Co., 427 Fourth Ave., Phila. PA 19119

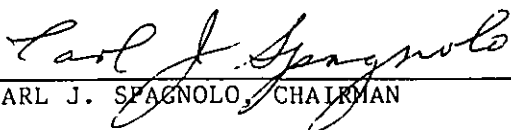


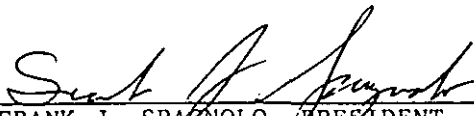
109 GATEWAY AVENUE SUITE 202 WENFORD PA. 15090
TEL 412.935.7010 FAX 412.935.3672 • FAX 412.935.1155

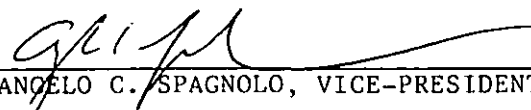
January 11, 1999

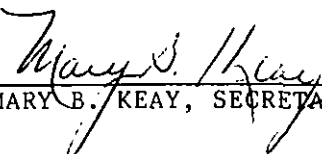
RESOLUTION

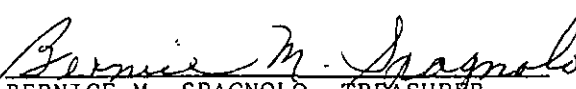
It is in agreement by all of the directors of SPAGNOLO EXCAVATING COMPANY, INC. at this meeting, January 11, 1999, held in the office of the company, that any one of the following corporate officers, Carl J. Spagnolo, Chairman or Frank J. Spagnolo, President or Angelo C. Spagnolo, Vice-President or Mary B. Keay, Secretary or Bernice M. Spagnolo, Treasurer, may execute and sign any company or legal documents necessary to complete the transfer and/or business dealings from the corporation of SPAGNOLO EXCAVATING COMPANY, INC.


CARL J. SPAGNOLO, CHAIRMAN


FRANK J. SPAGNOLO, PRESIDENT


ANGELO C. SPAGNOLO, VICE-PRESIDENT


MARY B. KEAY, SECRETARY


BERNICE M. SPAGNOLO, TREASURER

FEDERAL I.D. # 25-1629988

THESE DECLARATIONS PAGES CONTAIN THE POLICY
 ITEM ONE- FOR THE PERIOD INDICATED UPON VALID PAYMENT OF THE
 PREMIUM WHEN DUE.

POLICY NUMBER BAP 9609291	FROM 10/01/00	POLICY PERIOD TO 10/01/01	COVERAGE IS PROVIDED IN THE STATE AUTO PROP. & CAS.	AGENCY 6614	PRCD 00
NAMED INSURED AND ADDRESS SPAGNOLO BUILDERS INC; 109 GATEWAY AVENUE SUITE 202 WEXFORD, PA 15090			AGENT RODGERS INSURANCE AGENCY FOSTER PLAZA V 651 HOLIDAY DR PITTSBURGH, PA 15220 TELEPHONE 412/922-1651		
NAMED INSURED AS SHOWN IN ITEM ONE (OR AS SHOWN ABOVE) IS EXTENDED TO THE FOLLOWING PERSONS AND/OR ENTITIES:					
SPAGNOLO CUSTOM HOMES INC; GATEWAY LAND LLC SPAGNOLO EXCAVATING CO INC;					
<p>RENTAL CAR COLLISION COVERAGE NOTICE (PA ACT 63 OF 1990)</p> <p>YOUR POLICY WILL PROVIDE COLLISION COVERAGE FOR "AUTOS" YOU RENT ONLY IF THE DECLARATIONS OR SUPPLEMENTARY SCHEDULES INDICATE THAT COLLISION COVERAGE FOR HIRED "AUTOS" AS COVERED "AUTOS" IS INCLUDED. HIRED "AUTOS" DOES NOT INCLUDE ANY "AUTO" YOU LEASE, HIRE, RENT OR BORROW FROM ANY OF YOUR EMPLOYEES OR PARTNERS OR MEMBERS OF THEIR HOUSEHOLDS.</p> <p>PURSUANT TO PENNSYLVANIA LAW, WE ARE REQUIRED TO NOTIFY YOU THAT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.</p> <p>THESE DECLARATIONS PAGES REPLACE ALL PRIOR DECLARATIONS - PLEASE ATTACH TO YOUR POLICY CA 00 02 (06/92)</p>					
*****PAGE 7 (LAST PAGE)					

POLICY NUMBER BAP 9609291	FROM 10/01/00	POLICY PERIOD TO 10/01/01	COVERAGE IS PROVIDED IN THE STATE AUTO PROP. & CAS.	AGENCY 6614	FRGD 00
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NAMED INSURED AND ADDRESS SPAGNOLO BUILDERS INC; 109 GATEWAY AVENUE SUITE 202 WEXFORD, PA 15090	AGENT RODGERS INSURANCE AGENCY FOSTER PLAZA V 651 HOLIDAY DR PITTSBURGH, PA 15220 TELEPHONE 412/922-1651
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POLICY PERIOD-12:01 AM STANDARD TIME AT THE NAMED INSURED'S ADDRESS STATED ABOVE.
 FORM OF NAMED INSURED'S BUSINESS - CORPORATION
 OCCUPATION - CONTRACTOR

NOTICE TO PENNSYLVANIA INSURED'S: SEE RENTAL CAR COVERAGE INFORMATION ON THE LAST PAGE OF YOUR POLICY DECLARATIONS.

ITEM TWO- SCHEDULE OF COVERAGES AND COVERED AUTOS

THIS POLICY PROVIDES ONLY THOSE COVERAGES WHERE A CHARGE IS SHOWN IN THE PREMIUM COLUMN BELOW. EACH OF THESE COVERAGES WILL APPLY ONLY TO THOSE AUTOS SHOWN AS COVERED AUTOS. AUTOS ARE SHOWN AS COVERED AUTOS FOR A PARTICULAR COVERAGE BY THE ENTRY OF ONE OR MORE OF THE SYMBOLS FROM THE COVERED AUTO SECTION OF THE BUSINESS AUTO FORM NEXT TO THE COVERAGE.

COVERAGES	COVERED AUTOS	LIMIT - THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY INSURANCE 01		\$1,000,000 EACH ACCIDENT	3236.00
1ST PARTY BENEFITS 07		SEE ENDORSEMENT	987.00
COMBINATION COV			INCL
UNINSURED MOTORISTS			
BODILY INJURY 07		\$1,000,000 EACH ACCIDENT	244.00
UNDERINSURED MOTORISTS			
BODILY INJURY 07		\$1,000,000 EACH ACCIDENT	800.00
PHYSICAL DAMAGE			
		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE SHOWN	
COMPREHENSIVE 07		SEE SCHEDULE OF COVERED AUTOS	341.00
COLLISION 07		SEE SCHEDULE OF COVERED AUTOS	1010.00
TOWING AND LABOR		\$50 PER DISABLEMENT OF A PRIV. PASS. AUTO	42.00

PLEASE REVIEW THIS LIST OF DRIVERS AND NOTIFY YOUR AGENT IMMEDIATELY OF ANY ADDITIONAL DRIVERS OR CORRECTIONS. ALL DRIVERS, BOTH PRINCIPAL AND OCCASIONAL, SHOULD BE LISTED.

DRIVER ID	DRIVER NAME	LICENSE NUMBER	BIRTH DATE
01	BERNICE SPAGNOLO	15268435	09/02/26
02	ANGELO SPAGNOLO	16845816	07/23/55
03	FRANK SPAGNOLO	19297333	05/18/61

Billed 9-2

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

SPAGNOLO EXCAVATING COMPANY INC
109 GATEWAY AVENUE, SUITE 202
WEXFORD PA 15090

DATE 11/2/01
RECEIPT # 199066

IN RE: Application fees for SPAGNOLO EXCAVATING COMPANY INC

Docket Number A-00118370..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: US PMO 86770941412 010906 156100

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

DOCKETED
NOV 05 2001