

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 December 14 1999. 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.

Brad Nowotarski  7/3/01
(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.

SPECIALTY RIGGING COMPANY
CORPORATE OFFICERS

Brad Nowotarski - President

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE



REV-1789 CI AFP (07-99)

JAN 10 2000

SPECIALTY RIGGING
COMPANY
336 NICHOLAS LN
COLLEGEVILLE PA 19426

*(this is our old address.
It has been updated with
the state as shown on attached)*

File Number	4226-840
Fiscal Year End	DEC
Federal ID #	23-3027194
Incorporation- Authority Date	12-14-1999
Std. Industry Code	7389
Taxes Subject	DF
CAPITAL STOCK	
LOANS	
CORPORATE NET INCOME	

DEAR TAXPAYER,

Welcome to Pennsylvania's business community. The Department of Revenue has been advised that you are authorized to conduct business within the Commonwealth of Pennsylvania.

An account (file number) has been assigned for tax reporting purposes and is listed above. Please reference this number on all correspondence. The types of taxes that you are subject to report annually are also listed. Carefully review this information and make sure that your name, address and other tax information is complete and accurate. If no Federal Identification number is indicated above, please provide this number as soon as it is available to you from the Federal Government. If there are changes or additions, make the appropriate adjustments on a copy of this letter and return it promptly to:

PA Department of Revenue
Processing Division-Registry Unit
Dept. 280705
Harrisburg, PA 17128-0705

Pay particular attention to the month your business or fiscal year ends. This month determines when the department will automatically mail to you current tax forms and instructions. For most taxes, the annual report must be filed within 105 days after the close of your tax year.

For Capital Stock, Foreign Franchise, Corporate Net Income, and Mutual Thrift Taxes, your first quarterly estimated payments are due within 75 days following the incorporation/authority date. Likewise, form REV-1640 (attached for your convenience) requesting Subchapter S status for Pennsylvania must be filed within 75 days in addition to such election for the Federal Government.

Tax reports must be timely filed annually even if your first year is less than 12 months long and regardless of the extent of business activity. Until you formally dissolve your corporate charter, file an out of existence affidavit or cancel a (PUC) license of authorization, you legally are obligated to pay timely and file all appropriate tax returns. Failure to maintain a current filing status can result in penalties and liens.

The Department of Revenue appreciates your cooperation and wishes your business much success in Pennsylvania. If you have any questions please call the Telephone Unit at (717) 787-1064.

Sincerely,

Bureau of Corporation Taxes
PA Department of Revenue



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE

FILE ELECTRONICALLY
SEE PAGE 8 FOR DETAILS

etides
www.etides.state.pa.us

MAIL SEQ #

SPECIALITY RIGGING COMPANY
1057 RICK RD
READING PA 19605-9301

▶ ▶ ▶ ▶ ▶ **IMMEDIATELY**

FORWARD THIS COUPON BOOK TO YOUR
TAX PREPARER OR PAYROLL TAX SERVICE

**EMPLOYER'S WITHHOLDING
OF PERSONAL INCOME TAX**
2001 MONTHLY FILER

IMPORTANT CONTENTS:

9	DEPOSIT STATEMENTS
3	QUARTERLY RETURNS
1	W-2 TRANSMITTAL AND MAILING LABEL
1	CHANGE/CORRECTION FORM
1	CANCELLATION FORM

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

823

SPECIALTY RIGGING 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: 2913255

MICROFILM NUMBER: 09989

1542-1542

CSC NETWORKS
COUNTER

DEC 14 1999

Microfilm Number 9989-1542

Filed with the Department of State on

Entity Number 2913255

Kevin Fitzgerald
Secretary of the Commonwealth *ox*

CERTIFICATE OF ORGANIZATION-DOMESTIC LIMITED LIABILITY COMPANY
DSCB:15-8913 (Rev 93)

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned, desiring to organize a limited liability company, hereby state(s) that:

1. The name of the limited liability company is: Specialty Rigging Company

2. The (a) address of this limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) 338 Nicholson Lane Trappe PA 19428 Montgomery
Number and Street: City State Zip County

(b) c/o _____
Name of Commercial Registered Office Provider County

For a limited liability company represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the limited liability company is located for venue and official publication purposes.

3. The name and address, including street and number, if any, of each organizer are:

NAME ADDRESS
Kenneth O. Spang III, Esquire, 484 Norristown Road, Suite 100, Blue Bell, PA 19422

4. ~~(Strike out if inapplicable): A member's interest in the company is to be evidenced by a certificate of membership interest.~~

5. ~~(Strike out if inapplicable): Management of the company is vested in a manager or managers.~~

6. The specified effective date, if any is, _____
month day year hour, if any

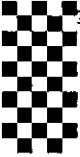
7. ~~(Strike out if inapplicable): The company is a restricted-professional company organized to render the following restricted professional service(s):~~

8. For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

IN TESTIMONY WHEREOF the organizer(s) has (have) signed this Certificate of Organization this 14th day of December, 19 99

Kenneth O. Spang III
Kenneth O Spang III, Organizer

DEC 14 99
PA Dept. of State



SPECIALTY RIGGING CO.

1057 Rick Rd.
Reading, PA 19605
(610)916-5875 fax (610)916-7587

FAX

Date: 8/20/01

To: Gail

Company Name: PUC

From: Shelly

FAX# 717-787-3114

Phone# 717-787-5513

No. of Pages Incl. Cover Sheet: 2

Message:

Please call me if this is not what you will need.

POLICY NUMBER
C 2026074468

INSURED NAME AND ADDRESS
SPECIALTY RIGGING CO
336 NICHOLAS RD
TRAPPE, PA 19426

and #1 1057 Rick Rd.
Reading, PA 19605

LIMITS OF INSURANCE

<u>DESCRIPTION</u>	<u>LIMIT</u>
Each Occurrence	\$1,000,000
Personal & Advertising Injury	\$1,000,000
Medical Expense - Any One Person	\$5,000
Fire Damage - Any One Fire	\$50,000
Products/Completed Operations Aggregate	\$1,000,000
General Aggregate	\$1,000,000

SCHEDULE OF LOCATIONS AND COVERAGES

<u>COVERAGE/HAZARD DESCRIPTION</u>	<u>EXPOSURE</u>	<u>PREMIUM BASIS</u>	<u>RATE</u>	<u>ESTIMATED PREMIUM</u>
<u>POLICY LEVEL COVERAGES</u>				
Contractors General Liability Extension Endorsement		(SL)	2%	\$100
Contractors Blanket Additional Insured		(SL)	8%	\$286
Contractors Limited Pollution		FLAT CHARGE		\$500
Location 1				
336 Nicholas Rd 1057 Rick Rd. Trappe, PA 19426 Reading, PA 19605				
Class Code 97222				
Machinery or Equipment - industrial - installation, servicing or repair				
Premises & Operations	48,000	(P)	42.850	\$2,057
Products & Completed Operations	48,000	(P)	31.590	\$1,516
LOCATION SUB-TOTAL				\$3,573



Millwright and Rigging Speciality

General Liability - Occurrence

New Business Declaration

POLICY NUMBER 2026074468	COVERAGE PROVIDED BY CONTINENTAL CASUALTY COMPANY CNA PLAZA CHICAGO, ILLINOIS 60685	FROM - POLICY PERIOD - TO 10/16/2000 10/16/2001
	INSURED NAME AND ADDRESS SPECIALTY RIGGING CO 336 NICHOLAS RD TRAPPE, PA 19426	
AGENCY NUMBER 060554	AGENCY NAME AND ADDRESS RDEHRS & COMPANY INC 736 SPRINGDALE DR P O BOX 100 EXTON, PA 19341 Phone Number: (610)363-7999	
BRANCH NUMBER 470	BRANCH NAME AND ADDRESS READING BRANCH 401 PENN ST READING, PA 19601 Phone Number: (215)320-4000	

This policy becomes effective and expires at 12:01 A.M. standard time at your mailing address on the dates shown above.

The Named Insured is a Corporation.

Your policy is composed of this Declarations, with the attached Common Policy Conditions, Coverage Forms, and Endorsements, if any. The Policy Forms and Endorsement Schedule shows all forms applicable to this policy at the time of policy issuance.

The Estimated Policy Premium is \$4,459.00

Audit Period is Annual

In return for the payment of the premium, and subject to all the terms and conditions contained here-in, we agree to provide the insurance as stated.

POLICY NUMBER

C 2026074468

INSURED NAME AND ADDRESS

SPECIALTY RIGGING CO

~~936 NICHOLAS RD~~

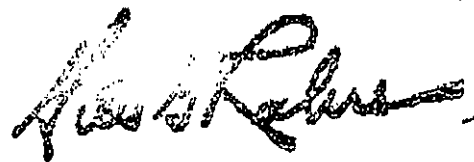
TRAPPE, PA 19426

1057 Rick Rd.
Reading PA 19605**FORMS AND ENDORSEMENTS SCHEDULE**

Form Number		Form Title
CG0001	07/1998	Commercial General Liability Coverage Form
CG2147	07/1998	Employment-Related Practices Exclusion
G129935A	04/1998	Excl. - Year 2000 And Other Date Related Problems
G132263A	08/1998	Amendatory Endorsement - Pollution Exclusion
G132279A	08/1998	Limited Pollution Coverage - Work Sites
G134814A	07/1999	Important Information
G136080A	02/2000	Amdt of Ins Agree-Known or Continuing Inj or Damg
G17957F	04/1998	Contractors Blanket Additional Insured Endorsement
G18652C	09/1997	Contractors General Liability Extension Endt
G43316C	06/1998	Exclusion - Asbestos
G55157B	02/1988	Premium Bases
IL0003	04/1998	Calculation of Premium
IL0017	11/1998	Common Policy Conditions
IL0021	04/1998	Nuclear Energy Liab Exclusion Endt (Broad Form)
IL0246	04/1998	Pennsylvania Changes - Cancellation And Nonrenewal
IL0910	01/1981	Pennsylvania Notice

***** PLEASE READ THE ENCLOSED IMPORTANT NOTICES CONCERNING YOUR POLICY *****

Form Number		Form Title
G129960A	06/1998	Important Information
G134809A	05/1999	Important Information



Countersignature

Bernard L. Hingsburg
Chairman of the Board

Jonathan Keaton
Secretary

MAILING INSTRUCTIONS: MAIL FIRST THREE PARTS TO THE STATE COMMISSION. RETAIN FOURTH PART FOR YOUR FILE.

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(Executed in Triplicate)

RECEIVED BUREAU OF TRANSPORTATION & SAFETY 2001 JUL 12 AM 10:57

Filed with PENNSYLVANIA PUBLIC UTILITIES COMMISSION (hereinafter called Commission)

This is to certify, that the CONTINENTAL CASUALTY COMPANY (Name of Company)

(hereinafter called Company) of CNA COMMERCIAL INSURANCE, CNA PLAZA CHICAGO, IL 60685 (Home Office Address of Company)

has issued to SPECIALTY RIGGING, CO. of 1057 RICK ROAD READING, PA 19605 (Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 10/16/00 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 cancelled 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 2405 LUCIEN WAY MAITLAND FL 32751 (Street Address) (City) (State) (Zip Code)

this 6 TH day of JULY 20 01

Insurance Company File No. 2026074468 (Policy Number)

Annette Agnew-Bentz (Authorized Company Representative)

MAILING INSTRUCTIONS: MAIL FIRST THREE PARTS TO THE STATE COMMISSION. RETAIN FOURTH PART FOR YOUR FILE.

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(Executed in Triplicate)

RECEIVED BUREAU OF TRANSPORTATION & SAFETY 2001 JUN 25 AM 10:26

Filed with PENNSYLVANIA PUBLIC UTILITY COMMISSION (hereinafter called Commission)

This is to certify, that the AMERICAN CASUALTY CO. OF READING, PA (Name of Company)

(hereinafter called Company) of CNA PLAZA CHICAGO, IL 60685 (Home Office Address of Company)

has issued to SPECIALTY RIGGING, CO. of 1057 RICK ROAD READING, PA 19605 (Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 10/16/00 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 cancelled 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 2405 LUCIEN WAY MAITLAND FL 32751 (Street Address) (City) (State) (Zip Code)

this 19TH day of JUNE 20 01

Insurance Company File No. 2026074454 (Policy Number)

Annette Agnew-Bentz (Authorized Company Representative)

ACORD INSURANCE BINDER				DATE 07/02/2001																									
THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.																													
PRODUCER Roehrs & Company Inc. P.O. Box 100 736 Springdale Drive Exton, PA 19341-0100		PHONE (610) 363-7999 FAX (610) 363-5231		COMPANY Continental Casualty Company																									
CODE: 470060554		SUB CODE		BINDER # B01070201520																									
AGENCY CUSTOMER ID 00003405		INSURED Specialty Rigging Co. 1057 Rick Rd. Reading, PA 19605		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">DATE</th> <th colspan="2">EFFECTIVE TIME</th> <th colspan="2">EXPIRATION DATE</th> <th colspan="2">TIME</th> </tr> <tr> <td>06/26/2001</td> <td>12:01</td> <td>X</td> <td>AM</td> <td>08/31/2001</td> <td>X</td> <td>12:01</td> <td>AM</td> </tr> <tr> <td></td> <td></td> <td></td> <td>PM</td> <td></td> <td></td> <td></td> <td>NOON</td> </tr> </table>		DATE		EFFECTIVE TIME		EXPIRATION DATE		TIME		06/26/2001	12:01	X	AM	08/31/2001	X	12:01	AM				PM				NOON
DATE		EFFECTIVE TIME		EXPIRATION DATE		TIME																							
06/26/2001	12:01	X	AM	08/31/2001	X	12:01	AM																						
			PM				NOON																						
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)																													

COVERAGES	LIMITS	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 checked="" type="checkbox"/> OCCUR RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADJ INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$			
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$			
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COLL: _____ <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT \$ 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 Motor Truck Cargo Insurance is added to CNA Ins. Package Policy TCP202674468 effective 6/26/01. \$25,000 Limit/ Conveyance	FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$			

NAME & ADDRESS		MORTGAGEE		ADDITIONAL INSURED	
		LOSS PAYEE			
		LOAN #			
		AUTHORIZED REPRESENTATIVE			
		Giles B. Roehrs/PAM			

Handwritten signature/initials

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

SPECIALTY RIGGING COMPANY
1057 RICK ROAD
READING PA 19605

DATE 8/23/01
RECEIPT # 198819

IN RE: Application fees for SPECIALTY RIGGING COMPANY

DOCKETED

Docket Number A-00118179..... \$100.00

AUG 30 2001

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: TECI MO 9649825112

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

PA P.U.C.
SECRETARY'S BUREAU

2001 AUG 29 PM 3:20

RECEIVED