



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
REFER TO OUR FILE

3-19-04

A-00119015

25

RICHARD A OLIVER
T/A OLIVER TRUCKING
1429 INDIAN HILL RD
LEECHBURG PA 15656

Re: **A-00119015** - Request of Richard A. Oliver, t/a Oliver Trucking for an entity change to Oliver Services LLC.

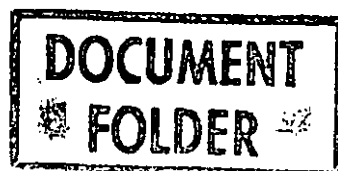
To Whom It May Concern:

Your submitted request for the entity change is not acceptable for filing at the present time. There are a number of deficiencies that require your attention. Please refer to the attached sheet. All items must be included with your request, and a completed verification statement needs to be included with the request.

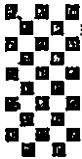
If you have any questions, please call (717) 787-3834.

Sincerely,

David Ehrhart, Compliance Specialist II
Bureau of Transportation and Safety



DOCKETED
MAR 19 2004



RICHARD A. OLLIVER
T/A OLLIVER TRUCKING
1429 INDIAN HILL RD
LEECHBURG, PA 15656
(724)845-8633
DOCKET# A-00119015

COMMONWEALTH OF PA
P.U.C.
P.O. BOX 3265
HARRISBURG, PA 17105-3265
FAX (717)787-5961
February 13, 2004

To Whom It May Concern,

We are writing to inform the Public Commission of a request to change the company name. It is currently under the name of Olliver Trucking. It will be changing to Olliver Services LLC. Our docket number is A-00119015. Our insurance company will have the name change officially by February 23, 2004. They also will be sending Form E as evidence of our liability insurance. We are also adding two more trucks and have hired two more drivers onto our policy. We now have a total of three trucks that will be using our docket number.

Any questions please don't hesitate to call at 724-845-8633.

Richard A. Olliver
Olliver Services LLC

carrier in the new name or new fictitious name, the motor carrier shall effect the name change on its insurance and tariff filings with the Commission.

(7) *Change in entity of motor carrier.*

(i) *Filing of application required.* A change in the entity of a motor carrier, which is accompanied by a change in the ownership or control of the business—for example, through a transfer, merger or addition/deletion of a partner—requires the filing of an application under paragraphs (3) and (4) and § 5.12 (relating to contents of applications). If the Commission approves the application, a new certificate or permit will be issued under a new docket number, upon receipt of insurance and tariff filings reflecting the change in the entity of the motor carrier.

(ii) *Filing of verified letter of notification required.*

(A) A change in the entity of a motor carrier, which is not accompanied by a change in the ownership or control of the business—for example, through incorporation of a sole proprietorship or partnership—requires the submission of a verified letter of notification to the Secretary containing the following information:

(I) The docket number of the motor carrier and the name of the motor carrier as presently shown in Commission records.

(II) A copy of the articles of incorporation or partnership agreement, if applicable.

(III) The names of the owners of the stock and distribution of shares, if applicable.

(IV) The names of the officers and directors of the corporation, if applicable.

(V) A statement that there has been no change in the ownership or control of the business.

(B) Upon submission of the information in clause (A) to the Commission, the Commission will endorse the existing certificate or permit of the motor carrier in the name of the new entity, with no change to the existing docket number. Within 30 days of the Commission's endorsement, the motor carrier shall effect the change in the entity on its insurance and tariff filings with the Commission.

(8) *Change in the name of shipper of a motor carrier of passengers or household goods in use.*

(i) If a shipper named in the existing or proposed operating authority of a motor carrier of passengers or household goods in use changes its name, the motor carrier shall submit a verified letter of notification to the Secretary containing the following information:

(A) The docket number of the motor carrier, specifically identifying the portion of the operating authority involved.

(B) Identification of the name of the shipper as presently specified in the carrier's pertinent operating authority.

VERIFICATION OF LETTER

The undersigned deposes and says that he/she is the person who signed the letter and that the facts set forth 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 PA. C. S. Section 4904 relating to unsworn falsification to authorities.

Dated: _____

(Signature)

(Print Name)

RICHARD A. OLLIVER
T/A OLLIVER TRUCKING
1429 INDIAN HILL RD
LEECHBURG, PA 15656
(724)845-8633
DOCKET# A-00119015

COMMONWEALTH OF PA
P.U.C.
P.O. BOX 3265
HARRISBURG, PA 17105-3265
FAX (717)787-5961
March 22, 2004

RECEIVED

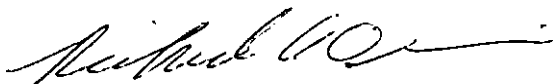
APR - 7 2004

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Mr. David Ehrhart,

I am resubmitting to inform the Public Commission of a request to change the company name. It is currently under the name of Olliver Trucking. My docket number is A-00119015. I wish to change the name to Olliver Services LLC. There will be no change in the ownership or control of the business. I have filed with the state a Certificate of Organization and received the entity # 3191219. I have enclosed a copy for you. I am the sole member of this organization no other owners or officers are involved. My insurance company has changed the name. They have informed me that they have submitted Form E as evidence of my liability insurance with the commission. I have also enclosed a copy of Form E. Please let me know if you need my insurance company to resubmit Form E again upon approval of our entity change.

Any questions please don't hesitate to call at 724-845-8633.
Thank you for your time,


Richard A. Olliver
Olliver Services LLC

DOCKETED
MAR 29 2004

**DOCUMENT
FOLDER**

DE

Form E at PUC 3/17/04 DE

RJP

SECRETARY'S BUREAU

2004 MAR 26 AM 9:21


RECEIVED

VERIFICATION OF LETTER

The undersigned deposes and says that he/she is the person who signed the letter and that the facts set forth 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 PA. C. S. Section 4904 relating to unsworn falsification to authorities.

Dated: 3-22-04


(Signature)

Richard A. Olliver
(Print Name)

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Entity Number

3191219

Certificate of Organization
Domestic Limited Liability Company
(15 Pa.C.S. § 8913)

Name

James R. Silvis, Esquire

Address

131 West Pittsburgh Street

City

State

Zip Code

Greensburg

PA

15601

Document will be returned to the
name and address you enter to
the left.

←

Fee: \$125

Filed in the Department of State on

JAN 05 2004

Perth C. Cortez

Secretary of the Commonwealth

Old

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 certifies that:

1. The name of the limited liability company (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):

OLLIVER SERVICES, LLC

2. The (a) address of the 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) Number and Street

City

State

Zip

County

1429 Indian Hill Road

Leechburg

PA

15656

Armstrong

(b) Name of Commercial Registered Office Provider

County

c/o:

3. The name and address, including street and number, if any, of each organizer is (*all organizers must sign on page 2*):

Name

Address

Richard A. Olliver

1429 Indian Hill Road
Leechburg, PA 15656

4. *Strike out if inapplicable term*
~~XXXXXX~~


5. *Strike out if inapplicable:*
~~XXXXXX~~

6. The specified effective date, if any is: Date of Filing
month date 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 8½ x 11 sheet.
See attached

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this
30th day of December, 2003



Signature

Signature

Signature

**ADDENDUM TO CERTIFICATE OF
ORGANIZATION**

9. This Certificate of Organization and the Operating Agreement of the Company may be amended in the manner prescribed at the time by statute, and all rights conferred upon members in this Certificate of Organization or the Operating Agreement of the Company are granted subject to this reservation.

10. Management of the Company is vested in its members.

Form E

DOCKET # A-00119015

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

(Executed in Triplicate)

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

This is to certify, that the Rockwood Casualty Insurance Company
(Name of Company)

(hereinafter called Company) of 654 Main Street, Rockwood, PA 15557
(Home Office Address of Company)

has issued to Olliver Services, LLC of 1429 Indian Hill Rd., Leechburg, PA 15656
(Name of Motor Carrier) (Address of Motor Carrier)

02-23-2004

a policy or policies of insurance effective from 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 654 Main Street, Rockwood, PA 15557
(Street Address) (City) (State) (Zip Code)

this 13th day of March 2004



Insurance Company File No. TP 9135
(Policy Number)

(Authorized Company Representative)



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
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March 19, 2004

A-00119015

25

OLLIVER
RICHARD A ~~OLIVER~~
T/A OLIVER TRUCKING
1429 INDIAN HILL RD
LEECHBURG PA 15656

Re: *olliver olliver*
A-00119015 - Request of Richard A. ~~Oliver~~, t/a ~~Oliver~~ Trucking for an entity change to
~~Oliver~~ Services LLC.
olliver

To Whom It May Concern:

Your submitted request for the entity change is not acceptable for filing at the present time. There are a number of deficiencies that require your attention. Please refer to the attached sheet. All items must be included with your request, and a completed verification statement needs to be included with the request.

If you have any questions, please call (717) 787-3834.

Sincerely,

David Ehrhart, Compliance Specialist II
Bureau of Transportation and Safety

DOCKETED
MAR 29 2004

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2004 MAR 26 PM 1:47

SECRETARY'S BUREAU

2004 MAR 26 AM 9:21

RECEIVED

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