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GARVIN LIGHT HANSON & FEARY

The full service transportation law firm

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ANDREW K. LIGHT
alight@scopelitis.com

January 11, 2017

VIA FEDERAL EXPRESS

Pennsylvania Public Utility Commission
Bureau of Transportation and Safety
400 North Street
Harrisburg, PA 17120

Re: KeHE Enterprises, LLC
Pennsylvania Intrastate Authority

To Whom It May Concern:

This Firm represents KeHE Enterprises, LLC, an interstate motor carrier intending to transport intrastate freight in Pennsylvania. Enclosed for filing are the following documents required to be filed in order to obtain Pennsylvania intrastate motor carrier authority:

1. The original and one copy of the Application for Motor Common Carrier of Property;
2. A copy of the Pennsylvania Department of State approved Foreign Registration Statement;
3. A cashier's check in the amount of \$100.00 made payable to Commonwealth of Pennsylvania to cover the required application filing fee; and,
4. A list of the members of KeHE Enterprises, LLC.

Please return to me in the enclosed self-addressed, stamped envelope a file-stamped copy of the documents evidencing receipt of the application. Should you have any questions regarding the application, please feel free to contact my paralegal, Sue

Indianapolis ■ Chicago ■ Washington, D.C. ■ Los Angeles ■ Chattanooga
Detroit ■ Spokane ■ Dallas/Fort Worth ■ Milwaukee ■ Philadelphia/Mt. Ephraim

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SECRETARY'S BUREAU
PUBLIC UTILITY COMMISSION

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BUREAU OF
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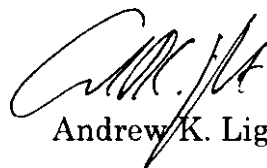
Pa Public Utility Commission

January 11, 2017

Page 2

Madden, or me at the above telephone number. Thank you for your prompt attention to processing of the attached Application.

Very truly yours,



Andrew K. Light

AKL/smm

Enclosures

cc: Mr. Bryan Aldridge, via e-mail

H:\Users\smadden\WPDOCS\KeHE Enterprises, LLC\PA Intrastate Application Submittal Ltr.docx

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PA P.U.C
SMALL BUSINESS BUREAU
Application for Motor Common Carrier of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

KeHE Enterprises, LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PA PUC Authority?** **NO** **Previous Authority?** **NO**

If yes, at PUC No. A- _____

4. **Are you a business entity registered with the PA Department of State?** **NO**

If No, you must first register (see checklist)

If Yes, provide your PA Corporation Bureau Entity ID Number 6411961

(see checklist and indicate type of business entity registered)

PA
PUBLIC UTILITY COMMISSION

JAN 12 2017

BUREAU OF
TECHNICAL UTILITY SERVICES

5. **Physical Address** (do not use post office box)

1245 E. Diehl Road Suite 200

Street Address

Naperville, IL 60563

City, State and Zip Code

(904)823-3854

Telephone Number

DuPage

County

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

6. **Mailing Address** (if different from Physical Address)

4055 Deer Park Blvd

Street Address

Elkton, FL 32033

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

7. **Attorney** (if applicable)

Andrew K. Light/Tele. No. (317) 637-1777

Attorney's Name & Telephone Number for this Filing

10 W. Market Street, Suite 1500, Indianapolis, IN 46204

Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

8. **Do you hold interstate operating authority?**

 No X Yes, at No. MC-167130

9. **What type of commodities do you intend to transport?**

General freight, fresh produce, intermodal containers, meat, refrigerated food,
Beverages, and specialty foods

10. Certification:

Applicant certifies that it is not now engaged in unauthorized intrastate transportation 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 statement(s) 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.

Joel Jorgensen

(Print Name)



(Signature)

14-2017

(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, a member (if a limited liability company), or by the President or Secretary (if a corporation).

Entity# : 6411961
Date Filed : 05/31/2016
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: 994227 SOPA4 Name: cls-ctharrisburgfulfillment Address: @workerskfuwer.com City: State: Zip Code: Return document by email to:	Foreign Registration Statement TCO160531JD0392
--	--

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$250

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 412 (relating to foreign registration statement), the undersigned foreign association hereby states that:

1. The type of association is (check only one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | |

2. The full and proper name of the foreign association as registered in its jurisdiction of formation is:

Kehe Enterprises, LLC.

2A. If the name in 2 does not contain a required designator or if the name in 2 is not available for use in the Commonwealth, the alternate name under which the association is registering in this Commonwealth is:

A resolution of the governors adopting the name in 2A for use in registering to do business in this Commonwealth must be attached.

3. The jurisdiction of formation is: Delaware

4. The street and mailing address of the association's principal office.

<u>1245 E. Diehl Rd., Suite 200</u>	<u>Naperville</u>	<u>IL</u>	<u>60563</u>
Number and street	City	State	Zip

4A. The street and mailing address of the office, if any, required to be maintained by the law of the association's jurisdiction of formation in that jurisdiction:

Number and street	City	State	Zip
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5. The (a) address of the association's proposed registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) OR (b) - not both:

(a) _____
Number and street City State Zip County
OR

(b) c/o: C.T. Corporation System Lehigh
Name of Commercial Registered Office Provider County

6. Check one of the following:

- The association may not have series.
- The association may have one or more series.

7. Effective date of registration of foreign association (check, and if appropriate complete, one of the following):

- The Foreign Registration Statement shall be effective upon filing in the Department of State.
- The Foreign Registration Statement shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

8. To be completed by Limited Liability Companies only. Check, and if appropriate complete, one of the following:

The association is a limited liability company which is not organized to render any of the below professional service(s).

The association is a restricted professional limited liability company organized to render one or more of the following professional service(s): (If this box is checked, one or more of the fields below must be checked.)

- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Dentistry | <input type="checkbox"/> Law | <input type="checkbox"/> Medicine and surgery |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Osteopathic medicine and surgery | <input type="checkbox"/> Podiatric medicine | <input type="checkbox"/> Public accounting |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Veterinary medicine | | |

IN TESTIMONY WHEREOF, the undersigned association has caused this Foreign Registration Statement to be signed by a duly authorized representative thereof this 25th day of May, 2016.

Kehe Enterprises, LLC

Name of Association


Signature

Brandon K. Barnholt, Manager

Title

KEHE ENTERPRISES, LLC
MEMBER LIST

<u>Member Name</u>	<u>Title</u>
KeHE Distributors, LLC	Member

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SECRETARY'S BUREAU

ORIGIN ID: GSHA (317) 637-1777
ANNE MESSER
SCOPELITIS, GARVIN, ET AL.
10 W. MARKET STREET
SUITE 1500
INDIANAPOLIS, IN 46204
UNITED STATES US

SHIP DATE: 11 JAN 17
ACTWGT: 0.25 LB
CAD: 4816128/NET3790

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TO PENNSYLVANIA PUBLIC UTILITY COMM.
BUREAU OF TRANSPORTATION AND SAFETY
400 NORTH ST

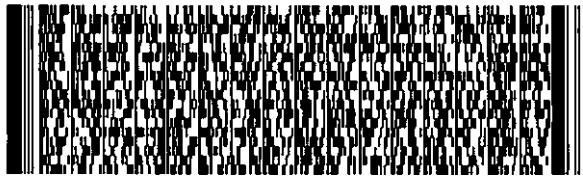
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HARRISBURG PA 17120

(717) 787-3834
INV.
PO

REF KEHE ENTERPRISES 15769 3

DEPT:

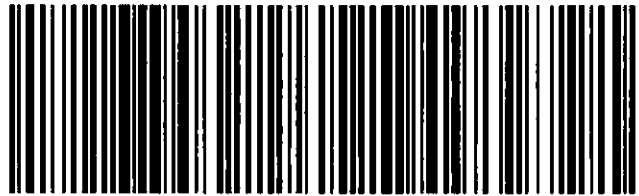


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