

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)

Joseph Burkholder & Sons

- 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- _____

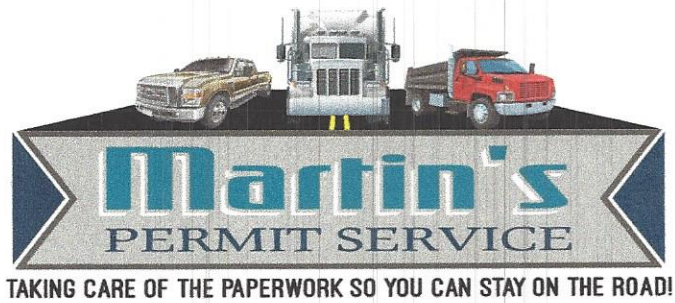
4. **Are you a business entity registered with the PA Department of State?** NO

If No, you must first register (see checklist)

If Yes, provide your PA Corporation Bureau Entity ID Number 6484868

(see checklist and indicate type of business entity registered)

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



Joseph Burkholder & Sons

1440 Division Highway

Ephrata, PA 17522

Partners:

Joseph S. Burkholder, managing partner

1440 Division Highway

Ephrata, PA 17522

Stephen Burkholder, partner

1440 Division Highway

Ephrata, PA 17522

Nathan R. Burkholder, partner

1440 Division Highway

Ephrata, PA 17522

PENNSYLVANIA DEPARTMENT OF STATE
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Limited Partnership
 (15 Pa.C.S. § 8511)

Name Geoff LaSala		
Address 58 Copperfield Cir,		
City Lititz	State PA	Zip Code 17543

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

Fee: \$125.00

In compliance with the requirements of 15 Pa.C.S. § 8511 (relating to certificate of limited partnership), the undersigned, desiring to form a limited partnership, hereby certifies that:

1. The name of the limited partnership:
Joseph Burkholder & Sons

2. The (a) address of the limited partnership'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
1440 Division Highway,	Ephrata	PA	17522	Lancaster

(b) Name of Commercial Registered Office Provider _____ County _____

c/o: _____

3. The name and business address of each general partner of the partnership is:

Name	Address
Joseph S Burkholder	1440 Division Highway , Ephrata , Lancaster , PA , United States , 17522

4. The specified effective date, if any is:
12/09/2016 3:31 PM

month	day	year	hour, if any
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IN TESTIMONY WHEREOF, the undersigned
general partner(s) of the limited partnership has (have)
executed this Certificate of Limited Partnership this
09 day of December , 2016 .

Joseph S Burkholder

Signature