

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
(717) 772-7777
www.puc.pa.gov

Revised 6/12/17

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)

Erik R miller

- 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)

CH Hauling & Excavating, LLC

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- 8912075

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 _____

(see checklist and indicate type of business entity registered)

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SECRETARY'S BUREAU

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5. If either a corporation or limited liability company please list members (LLC) or shareholders and officers (corporation).

Erik R Miller

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

113 West 3rd street
Street Address
Mifflinville, PA 18631
City, State and Zip Code
570-336-7755 Columbia
Telephone Number 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.

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

PO Box 417
Street Address
Mifflinville, PA 18631
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**.

8. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

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.

9. **Do you have a USDOT Number?**

 No Yes, at No. 2099520

10. What type of commodities do you intend to transport?

stone, asphalt, sand, coal

11. 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.

Eric R. Miller
(Print Name)

Eric R. Miller 12-4-17
(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, a member (if a limited liability company), or by the President or Secretary (if a corporation).

C.H. Hauling & Excavating LLC

Limited Liability Corporation Subchapter S

Erik R miller owner / president

100% share holder

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**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

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

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SECRETARY'S OFFICE

Name Peter G. Fahey, Esquire		
Address c/o Esquire Assist - Counter Pick-Up		
City	State	Zip Code

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Commonwealth of Pennsylvania
CERTIFICATE OF ORGANIZATION 4 Page(s)



T1026847050

Fee: \$125

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*):
C.H. Hauling & Excavating, 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
113 West Third Street	Mifflinville	PA	18631	Columbia

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

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

Name	Address
Erik R. Miller	113 West Third Street, P.O. Box 417, Mifflinville, Pennsylvania 18631

2010 SEP 13 PM 3:30

PA. DEPT. OF STATE

4. *Strike out if inapplicable term*
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: September 15, 2010
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.

IN TESTIMONY WHEREOF, the organizer(s) has (have)
signed this Certificate of Organization this
7th day of September, 2010



Erik R. Miller Signature

Signature

Signature

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Consent to Appropriation of Name
(19 Pa.Code § 17.2)

Pursuant to 19 Pa. Code § 17.2 (relating to appropriation of the name of a senior corporation) the undersigned association, desiring to consent to the appropriation of its name by another association, hereby certifies that:

1. The name of the association executing this Consent of Name is:

C H Hauling & Excavation LLC

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
<u>240 B Legion Road</u>	<u>Milville</u>	<u>PA</u>	<u>17846</u>	<u>Columbia</u>

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

3. The date of its incorporation or other organization is: 03/11/08

4. The statute under which it was incorporated or otherwise organized is:
The Limited Liability Company Law of 1994

5. The association(s) entitled to the benefit of this Consent of Name is(are):
C.H. Hauling & Excavating, LLC

6. The consenting association is about to (check one):

Change its name Cease to do business Withdraw from doing business in PA Is being wound up

IN TESTIMONY WHEREOF, the undersigned association has caused this consent to be signed by a duly authorized officer thereof

this 09/08/10 day of September, 2010

David R. Miller

Signature

President

Title

OWNER

Erik R Miller
PO Box 417
Mifflinville, PA 18631

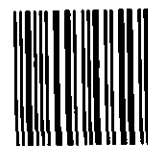
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Harrisburg, PA 17120

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FROM:

Erik R miller
PO Box 417
mifflinville, PA 18631

TO:

Secretary, PA Public Utility Commission
400 North Street, 2nd floor
Harrisburg, PA 17120

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