

COMMONWEALTH OF PENNSYLVANIA  
 PUBLIC UTILITY COMMISSION  
 PO BOX 3265  
 HARRISBURG, PA 17105-3265

REC'D PA PUC FISCA  
 JUL 19 '18 AM 11:14

BIE Complaint: C-2018-3002228  
 Original App: A-2017-2600505

**2017 ASSESSMENT REPORT-MOTOR CARRIERS**

This Report **MUST BE FILED** not later than **APRIL 2, 2018**. Failure to file may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301).

TRADE OR CORPORATE NAME OF UTILITY: <b>SUNNI BUSES LLC</b>	UTILITY CODE: <b>6419826</b>
CONTACT NAME: <b>CARLISLE A GIBSON</b>	EMAIL:
ADDRESS 1: <b>33 MILL CREEK ROAD</b>	ADDRESS 2 (Floor, Suite, etc.): <b>STE 101</b>
CITY, STATE, ZIP: <b>EAST STROUDSBURG PA 18301</b>	PHONE NO.: <b>718-541-9102</b>

**OUT OF**

RECEIVED  
 2018 JUL 24 PM 3:39  
 PA PUC  
 SECRETARY'S BUREAU

**OPERATING REVENUE FOR CALENDAR YEAR 2017** (January 1, 2017-December 31, 2017)  
 (Enter **WHOLE** dollars only)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Passenger 15 and Under
<b>1. PA INTRASTATE OPERATING REVENUE</b>	<b>Business</b>			
<b>PA EXEMPT INTRASTATE REVENUE</b>				
<b>A. #</b>				
<b>B. #</b>		<b>for year 2018</b>		
<b>C. #</b>				
<b>D. #</b>				<b>Thank you...</b>
<b>2. TOTAL Exempt Revenue</b>				<b>Thanking</b>
<b>3. PA NET INTRASTATE OPERATING REVENUE</b> (Subtract Line 2 from Line 1)				

**UCR REGISTRATION INFORMATION**

2018 UCR Registered  YES  NO US DOT #: \_\_\_\_\_

**Internal Use Only**

A-1  C-1 M

**AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS**

In accordance with Sections 505 and 506 of the Public Utility Code, as a means to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled with regard to the below-listed utility and/or individual.

Utility Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Title \_\_\_\_\_

**AFFIDAVIT**

I affirm that the information reported herein is complete, true and correct.

\_\_\_\_\_  
(Signature of Individual or Officer)

\_\_\_\_\_  
(Date)

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:

TELEPHONE NO.:

Office ( ) \_\_\_\_\_

Other ( ) \_\_\_\_\_

Other ( ) \_\_\_\_\_

**NOTARIZATION**

(Required)

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 2018

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
OFFICIAL TITLE

OFFICIAL SEAL

\_\_\_\_\_  
(Date My Commission Expires)