

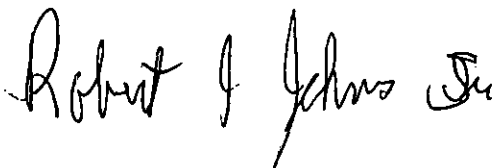
Stagecoach Transport & Crushing LLC

3605 Old Stagecoach Road

Wyalusing, PA 18853

I, Robert J Johnson Sr, am the Sole member of Stagecoach Transport and Crushing LLC. I am authorizing James R Belcher to sign for all business documents including, but not limited to, vehicle titles and registrations, insurances, and Equipment purchases. If there are any questions you can contact me at 570-721-2609.

Robert J Johnson Sr



Sole Member

Date: 12/10/2018

RECEIVED

JAN 07 2019

PA PUBLIC UTILITY COMMISSION
SECRETARY'S 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.

RECEIVED

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

JAN 07 2019

Stagecoach Transport + Crushing LLC

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

- 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 6697887
(see checklist and indicate type of business entity registered)

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

Robert J Johnson Sr Sole member

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

3605 Old Stagecoach Road
Street Address
Wyalusing PA 18853
City, State and Zip Code
570-721-2606 Bradford
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)

Street Address

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 X Yes, at No. 3164117

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

Aggregate, Asphalt, Heavy Equipment, Oil Field Equipment, Machinery,
General Freight,

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.

James Belcher Operations Manager
(Print Name)

James Belcher Operations Manager 1/7/18
(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).

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

RECEIVED APR 20 2017

Griffin, Dawsey, Depaola & Jones, P.C.
101 Main Street
Towanda PA 18848

RECEIVED

JAN 07 2019

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Stagecoach Transport & Crushing, LLC

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WE WOULD LIKE TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEBSITE AT www.dos.pa.gov/BusinessCharities OR YOU MAY CONTACT US BY TELEPHONE AT (717)787-1057. INFORMATION REGARDING BUSINESS AND UCC FILINGS CAN BE FOUND ON OUR SEARCHABLE DATABASE AT www.corporations.pa.gov/Search/CorpSearch.

ENTITY NUMBER : 6697887

Date of this notice: 04-25-2018

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 G

STAGECOACH TRANSPORT & CRUSHING LLC
ROBERT J JOHNSON SOLE MBR
3658 OLD STAGECOACH RD
WYALUSING, PA 18853

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-5308147. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is STAG. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to:
Ray DePaola, Esquire
Name
101 Main Street
Address
Towanda, Pennsylvania 18848
City State Zip Code
 Return document by email to:

Certificate of Organization
Domestic Limited Liability Company
NSCR-15-0071 / rev. 3/2017
TML180412DB1260

Read all instructions prior to completing. This form may be submitted online at www.pasporalivis.pa.gov/.

Fee: \$125 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (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 is: Stagecoach Transport & Crushing, LLC
(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)

2. Complete part (a) or (b) – not both:

(a) The address of this limited liability company's registered office in this Commonwealth is:
(post office box alone is not acceptable)
3605 Old Stagecoach Road, Wyalusing, Bradford County, Pennsylvania 18853
Number and Street City State Zip County

(b) The name of this limited liability company's commercial registered office provider and county of venue is:
c/o:
Name of Commercial Registered Office Provider County

3. The name of each organizer is (all organizers must sign on page 2):
Robert James Johnson

4. Effective date of Certificate of Organization (check, and if appropriate complete, one of the following):
 The Certificate of Organization shall be effective upon filing in the Department of State.
 The Certificate of Organization shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

PA DEPT. OF STATE
APR 06 2018

5. **Restricted professional companies only.** N/A

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

6. **Benefit companies only.** N/A

Check the box immediately below if the limited liability company is organized as a benefit company:

This limited liability company shall have the purpose of creating general public benefit.

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

3rd day of April, 2018.

Robert J Johnson
Robert James Johnson Signature

Signature

Signature

LIMITED LIABILITY COMPANY OPERATING AGREEMENT

THIS OPERATING AGREEMENT, dated the _____ day of _____, 2018, by and between **ROBERT J. JOHNSON** and **STAGECOACH TRANSPORT & CRUSHING, LLC**, to serve as the Operating Agreement under the Act, Pennsylvania Limited Liability Company Law of 1994 15 Pa.C.S. §8901, et.seq., for the single member Limited Liability Company specified herein.

The Limited Liability Company will be organized and operated in accordance with the terms of, and subject to the conditions set forth in this Agreement.

NOW, THEREFORE, the single member Limited Liability Company shall be operated by Robert J. Johnson, as follows:

NAME AND PLACE OF BUSINESS

1. The name of the Limited Liability Company shall be Stagecoach Transport & Crushing, LLC.
2. The principal place of business of the Limited Liability Company shall be at 3605 Old Stagecoach Road, Wyalusing, Bradford County, Pennsylvania 18853, and at such other localities within or without the Commonwealth of Pennsylvania as set forth by the Member.
3. The Limited Liability Company shall engage in the business of trucking and stone crushing and in such other business of a similar nature or related thereto as set forth by the Member.
4. The Limited Liability Company shall be governed by the laws of the Commonwealth of Pennsylvania.

GDDJ

GRIFFIN
DAWSEY
DEPAOLA
JONES, PC

LAW OFFICES
TOWANDA, PA

INTEREST IN STAGECOACH TRANSPORT & CRUSHING, LLC

5. The Member shall have the following interest in all of the Limited Liability Company's capital, profits, losses, expenses, real property and personal property:

(a) Robert J. Johnson's interest shall be 100%

CAPITAL

6. The capital of the Limited Liability Company shall consist of personal property, including equipment and fixtures, used in the business
7. A capital account shall be maintained.
8. The capital contribution shall be subject to withdrawal as determined by the Member.

PROFITS AND LOSSES

9. The single Member will be responsible for 100% of all expenses for the business.
10. The single Member will be entitled to 100% of all profits of the business.
11. The single Member shall maintain liability insurance on the business premises and pay for said insurance.

MANAGEMENT

12. The management and conduct of the Limited Liability Company shall be under the control of the single Member, Robert J. Johnson.

GDDJ

**GRIFFIN
DAWSEY
DEPAOLA
JONES, PC**

**LAW OFFICES
TOWANDA, PA**

DISSOLUTION BY RETIREMENT, DEATH OR INSANITY

13. The single Member may retire from the Limited Liability Company at his direction.
14. Retirement, death or insanity of the Member shall work an immediate dissolution of the Limited Liability Company.
15. Upon dissolution of the Limited Liability Company, the retiring Member or his administrators, executors, trustees or assigns, shall have the right to remove his property from the business premises.

POWERS AND LIMITATIONS

16. Checks shall be drawn on the Limited Liability Company bank account for Limited Liability Company purposes only.

MISCELLANEOUS

17. The Limited Liability Company shall maintain a bank account or bank accounts separate from any personal accounts of Robert J. Johnson.
18. Proper and complete books of account shall be kept at all times. The books of account shall be examined and reviewed at of the close of each fiscal year by an independent certified public accountant.

IN WITNESS WHEREOF, I, Robert J. Johnson, have hereunto set my hand and seal the day and year first above written.

Witness:

Jan Bob

Robert J. Johnson (SEAL)
Robert J. Johnson

GDDJ

GRIFFIN
DAWSEY
DEPAOLA
JONES, PC

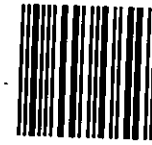
LAW OFFICES
TOWANDA, PA

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PRESS FIRMLY TO SEAL



1007



17120

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LABEL MAY BE REQUIRED



EP13F July 2013 OD: 12.5



PS 10001000006

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE ()
Stacyconch 3100pp 410uship
3605 Old Streetport rd
WYSOX, PA 18953

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available*)
 10:30 AM Delivery Required (additional fee, where available*)
*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT) PHONE ()
Cecilia PUC
400 10th St
2nd Floor
Pine 1 Day
WYSOX, PA 18954

ZIP + 4® (U.S. ADDRESSES ONLY)

17120

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EM079043

**INTERNATIONAL
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ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day

PO ZIP Code Scheduled Delivery Date (MM/DD/YY)
18854 1/5/19

Date Accepted (MM/DD/YY) Scheduled Delivery Time
1/7/19 10:30 AM 3:00 PM
 12 NOON

Time Accepted 10:30 AM Delivery Fee
 AM PM \$

Special Handling/Fragile Sunday/Holiday Prem
\$ \$

Weight Flat Rate Acceptance Employee
lbs. ozs.

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) Time
 AM PM

Delivery Attempt (MM/DD/YY) Time Employee Signature
 AM PM

LABEL 11-B, OCTOBER 2016 PSN 7690-02-000-9996

CMPC

To: PUC MASTER

Agency: PUC

Floor:

External Carrier: EXPRESS

1/8/2019 10:22:11 AM



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UNITED STATES
POSTAL SERVICE

Secretary, PA Public Utilities Commission
400 North Street, 2nd Floor
Harrisburg, PA 17120