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FEB 25 2019

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

Revised 8/12/17

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.

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

SNZ Hauling 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**
(see checklist and indicate type of business entity registered)

6827636

2/23/19


Exhibit A

Correction shall take place in section 1 of application.

Correction shall read SNZ Hauling LLC

Thank you,
Steve Longenecker

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

| | |
|--|--|
| <input type="checkbox"/> Return document by mail to: Name _____ Address _____ City _____ State _____ Zip Code _____ <input checked="" type="checkbox"/> Return document by email to: <u>snzhauling@gmail.com</u> | <p>Statement of Correction DSCB:15-138 (rev. 7/1/2015)</p>  138 |
|--|--|

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

Fee: \$70

In compliance with the requirements of 15 Pa.C.S. § 138 (relating to statement of correction), the undersigned association or other person, desiring to correct an inaccurate, defective or erroneous record, hereby states that:

1. The name of the association or other person is: SNZ Hauling LLC

2. The current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:
 - (a) 2070 S. Forge Rd Palmyra PA 17078 Lebanon
 Number and street City State Zip County

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

3. The statute by or under which the association was formed (or the preceding filing was made, in the case of a filing that does not constitute a part of the public organic record of an association) is: Law of 1994

4. The inaccuracy or defect to be corrected is (include Department of State form name and date filed):
Articles of Incorporation for profit

Date filed 01/27/2019

5. Check one of the following:
 - The portion of the document requiring correction in corrected form is set forth in Exhibit A attached hereto.
 - The original document to which this statement relates shall be deemed re-executed.
 - The original document to which this statement relates shall be deemed stricken from the records of the Department.

IN TESTIMONY WHEREOF, the undersigned association or other person has caused this Statement of Correction to be signed by a duly authorized officer thereof or otherwise in its name this 23 day of February, 2019.

SNZ Hauling LLC

 Name of Association

Steve A. Longenecker

 Signature

Owner

 Title



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TO: Melissa Maloney FROM: Steve Longenecker
FAX: 717-787-0974 FAX: N/A
PHONE: 717-425-7015 PHONE: 717-773-5214
SUBJECT: Application Correction DATE: 2/25/19
COMMENTS:

Any questions or concerns please
email at above email address

Thank you

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