



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

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).

A-00118219

TRADE OR CORPORATE NAME OF UTILITY: MID ATLANTIC AUTO RECOVERY SERVICE INC	UTILITY CODE: 705247
CONTACT NAME: COURTNEY SPIGELMYER	EMAIL:
ADDRESS 1: 5510 ALLENTOWN BLVD	ADDRESS 2 (Floor, Suite, etc.):
CITY, STATE, ZIP: HARRISBURG PA 17112	PHONE NO.: 717-909-3276

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
1. PA INTRASTATE OPERATING REVENUE	N/A			
PA EXEMPT INTRASTATE REVENUE	N/A			
A. #			<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">FEB 21 2019</p> <p style="text-align: center;">PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU</p>	
B. #				
C. #				
D. #				
2. TOTAL Exempt Revenue				
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	N/A			

UCR REGISTRATION INFORMATION

2018 UCR Registered YES NO US DOT #: _____

Internal Use Only

A-1

C-1

A

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:

AW
AW

TELEPHONE NO.:

Office () _____

Other () _____

Other () _____

AW

NOTARIZATION

(Required)

Subscribed and sworn to before me this

_____ day of _____ 2018

NOTARY SIGNATURE

OFFICIAL TITLE

OFFICIAL SEAL

(Date My Commission Expires)



Mid Atlantic Automotive Recovery Services LLC

5510 Allentown Blvd. Harrisburg PA 17112

Office: 717-909-3276

Fax: 717-909-3278

Email: midatlanticauto@comcast.net

February 27, 2018

Re: Mid Atlantic Auto Recovery Service Inc.
PUC# A-00118219
Utility Code: 705247

705247 - Cancel

To Whom It May Concern:

This letter is to inform you of some business changes that took effect January 1st, 2017. Mid Atlantic Auto Recovery Service Inc, owned by Mr. Robert & Cindy Berger, is in the process of dissolving. Since January 1st 2017, Mid Atlantic Auto Recovery Service Inc. has not operated or created revenue under PUC# A-00118219.

Mid Atlantic Automotive Recovery Services LLC, solely owned and operated by Mr. Robert Berger obtained its own, PUC# MC# and DOT#. Mid Atlantic Automotive Recovery Services LLC received all of the appropriate documents needed for the 2017 Assessment Report – Motor Carriers, which were completed and sent out the same day as this letter.

8919625-OK

If there are any questions or concerns please feel free to contact me at the information provided above.

Thank you,

Courtney Spigelmyer
Office Manager