

**Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834**

Application for Motor Common Carrier of Property

Please complete all parts of the following application. Incomplete applications will be returned. All questions may be directed to the Bureau of Transportation & Safety at (717) 787-3834.

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

RISHEL LEASING, LLC

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

3. **Physical Address** (do not use PO Box)

6051 CARLTON AVE.

Street Address

SPRING GROVE, PA 17362

City, State and Zip Code

(717) 225-3730

Telephone Number

YORK

County

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

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BUREAU OF
TRANSPORTATION & SAFETY
2008 JUN -4 PM 3:17

RECEIVED
2008 JUN -4 PM 2:36
SECRETARY'S BUREAU
PA PUC

5. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

6. Does applicant currently hold PA PUC authority? Yes **No** (circle one)

If yes, enter current docket number A-00 _____

7. **Form of Organization** (Check one that applies to this application)

Individual

Partnership (Attach a copy of a Partnership Agreement and list the names and addresses of ALL partners)

Corporation, LLC or LLP)

Attach a copy of the Certificate of Incorporation or Certificate of Authority or the foreign corporation registration. Include a list of all officers and titles.

8. **Attachment Checklist**

For Corporations, LLPs and LLCs Only:

Date-stamped copy of Certificate of Incorporation, or Certificate of Authority, or registration as a foreign entity.

List of corporate officers/titles and distribution of shares.

For Partnerships Only:

Copy of Partnership Agreement, list all partners or members.

For ALL Applicants:

Fictitious Trade Name Registration (if applicable).

Copy of Current Safety Rating (if available).

Proof of Insurance (See item 5 on instruction sheet).

Certified check, money order or attorney's check.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
206 NORTH OFFICE BUILDING
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.DOS.STATE.PA.US/CORPS

Rishel Leasing LLC

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. PLEASE NOTE THE FILE DATE AND THE SIGNATURE OF THE SECRETARY OF THE COMMONWEALTH. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.DOS.STATE.PA.US/CORPS OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 564780

STOCK & LEADER
SUSQUEHANNA COMMERCE CENTER EAST, 221 W PHILADELPHIA ST STE 600
YORK, PA 17404

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

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

Entity Number _____

Name

Stock and Leader, Attn: Gayle Ignudo

Address

221 W. Philadelphia St., Suite E600

City

York

State

PA

Zip Code

17401

Document will be returned to the
name and address you enter to
the left.

Fee \$125.00

Filed in the Department of State on _____

Secretary of the Commonwealth

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:

Rishel Leasing, LLC

2. The address of the limited liability company's initial registered office in this Commonwealth and the county of venue:

Number and street	City	State	Zip	County
<u>6051 Carlton Ave., Porters Sideling</u>	<u>Spring Grove</u>	<u>PA</u>	<u>17362</u>	<u>York</u>

3. The name and address, including street and number, if any, of each organizer is

Name	Address
<u>Michael T. Rishel</u>	<u>6051 Carlton Ave., Porters Sideling, Spring Grove PA 17362</u>

<u>Wanda M. Rishel</u>	<u>6051 Carlton Ave., Porters Sideling, Spring Grove PA 17362</u>
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4. The Company shall have perpetual existence.

5. Management of the company is vested in a manager or managers.

Commonwealth of Pennsylvania
Certificate of Organization 3 Page(s)



PA DEPT. OF STATE

DEC 07 2005

6. The certificate of organization and the operating agreement of the Company may be amended in the manner prescribed at the time by statute, and all rights conferred upon members in this certificate of organization or the operating agreement of the Company are granted subject to this reservation.

IN TESTIMONY WHEREOF, the organizer has signed this Certificate of Organization this 25th day of November 2005.

Michael J. Buehl

Signature

Wanda M. Buehl

Signature

PENNSYLVANIA S CORPORATION ELECTION
 AND SHAREHOLDERS' CONSENT



Rishel Leasing, LLC
 6051 Carlton Avenue
 Porters Sideling
 Spring Grove, PA 17362

PA Account ID
Federal ID (EIN) 06-1764853
Pennsylvania S Corporation Election is to be first effective for:
Tax Period beginning: month / day / year 12/07/05
Tax Period ending: month / day / year 12/31/05
Date of Incorporation or Date of First Activity or Date of Issuance of Certificate of Authority. 12/07/05

↑ Please fill in Corporate Name, Address, City, State and Zip Code Above.

Election is for this corporation and its qualified Subchapter S subsidiaries as identified on the attached schedule showing the names and PA Account ID numbers of all subsidiaries.

(A) Name and Address of each shareholder having an interest in the Corporation's stock without regard to the manner in which the stock is owned. If additional space is needed provide a separate sheet and attach to this form. The Department is authorized under federal law, 42 U.S.C. § 405 (c), to use your Social Security number in administering this state tax law. Disclosure of your Social Security number is mandatory and will be used to establish your identity and cross reference with other tax systems.	(B) Social Security Number or Federal Employer Identification number.	(C) Percentage of stock owned.	(D) "We, the undersigned shareholders consent to the election of the corporation to be treated as a PA S Corporation." Signature/Date
Name Michael T. Rishel Street City State Zip Code 6051 Carlton Ave Porters Sideling Spring Grove PA 17362	[REDACTED]	50%	Signature/Date <i>Michael T. Rishel</i> 1/24/06
Name Wanda M. Rishel Street City State Zip Code 6051 Carlton Ave Porters Sideling Spring Grove PA 17362	[REDACTED]	50%	Signature/Date <i>Wanda M. Rishel</i> 1/24/06
Name Street City State Zip Code			Signature/Date
Name Street City State Zip Code			Signature/Date
Name Street City State Zip Code			Signature/Date
Name Street City State Zip Code			Signature/Date
Name Street City State Zip Code			Signature/Date
Name Street City State Zip Code			Signature/Date
Name Street City State Zip Code			Signature/Date
Name Street City State Zip Code			Signature/Date
Total= 100%			

The corporate statement of election of Pennsylvania S Corporation status must be signed by an authorized officer of the corporation. "The above named corporation hereby elects to be treated as a Pennsylvania S Corporation under Section 307 of the Tax Reform Code of 1971."

NAME OF CORPORATE OFFICER Michael T. Rishel	TELEPHONE NUMBER 717-225-3730
SIGNATURE AND TITLE <i>Michael T. Rishel</i>	MANAGER
SOCIAL SECURITY NUMBER [REDACTED]	DATE 1/24/06

Under penalties of perjury, I declare that I have examined this Pennsylvania S Corporation Election and Shareholders' Consent statement, and to the best of my knowledge and belief it is true, correct and complete.

Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834

Application for Motor Common Carrier of Property
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will be returned. All questions may be directed to the Bureau of
Transportation & Safety at (717) 787-3834.

1. Legal Name of Applicant (individual, Partnership or Corporation)
I\SH^L ieAS/^6- LLC _____

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2. Trade Name (Attach a copy of fictitious name registration if applicable)

3. Physical Address (do not use PC Box)

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street Address

City, State and Zip Code " ^

(7/7) ztr-iy^o

yoKM

Telephone Number

County

4. Mailing Address (if different from Physical Address)

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street Address

^^ , ^

City, State and Zip Code

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PUC 189

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(Rsvised 12/05)

5. Attorney (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

6. Does applicant currently hold PA PUC authority? Yes (No) (circle one)

If yes, enter current docket number A-00 _____

7. Form of Organization (Check one that applies to this application)

Individual

Partnership (Attach a copy of a Partnership Agreement and list the names and
addresses of ALL partners)

Corporation, LLC or LLP

Attach a copy of the Certificate of Incorporation or Certificate of Authority or the foreign
corporation registration. Include a list of all officers and titles.

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For ALL Applicants:

Fictitious Trade Name Registration (if applicable).

Copy of Current Safety Rating (if available).

Proof of Insurance (See item 5 on instruction sheet).

Certified check, money order or attorney's check.

PUC 189

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{Revised 12/05}

9. Certification

Applicant certifies that it is not now engaged in any intrastate transportation of
property 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.

You must sign the following application.

Verification of Application

I/we hereby state that the statements 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.

(Print Name)

<r^..Jj ^yj _____ A.^^^< (. A A 8

(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) or by the President or Secretary (if a corporation).

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(Revised 12/05)

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

CORPORATION BUREAU

206 NORTH OFFICE BUILDING

P.O. BOX 8722

HARRISBURG, PA 17105-8722

WWW.DOS.STATE.PA.US/CORPS

Rjahl Leading T.I.C.

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BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED

ON OUR Web SITE.

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ENTITY NUMBER: 564780

STOCK &, LEADER

SUSQUEHANNA COMMERCE CENTER EAST, 221 W PHILADELPHIA ST STE 600

f J YORK, PA 17404

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^ Entity #: 664780

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Padro A. CartAs

Secretary of th* Commonwaalth

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PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU
Certificate of Organization
Domestic Limited Liability Company
(15 Pa. CS. §8913)

Entity Number,
Name

Stock and Leader. Attn: Gavle lenudo _____
Address

Document will be returned to rfc
*— name and

address you enter on

221 W. Philadelphia St., Suite E6QQ

the left.

City State Zip Code

York PA 17401

Filed in the Department of State on _____

Secretary of the Commonwealth

In compliance with the requirements of IS Pa. C.S, §8913 (relating to certificate of organization), the undersigned

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1. The name of the limited liability company:

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2. The address of the limited liability company's initial registered office in this Commonwealth and the county of

venue;

Number and street City State Zip County

6051 Carlton Ave., Porters Sideling Spring Grove PA 17362 York

3. The name and address, including street and number, if any, of each organizer is

Name Address

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Wanda M. Riahel 6051 Carlton Ave., Porters Sideline. Spring Grove PA 17362

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Commonwealth of Pennsylvania

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operating agreement of the Company are granted subject to this reservation.

IN TESTIMONY WHEREOF, the organizer has signed this

Certificate of Organization this 25th day of November 2005,

^J^jT^...:^

Signature

Signature A

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PENNSYLVANIA S CORPORATION ELECTION
AND SHAREHOLDERS' CONSENT

Rishel Leasing, LLC

6051 Carlton Avenue

Porters Sideling

Spring Grove, PA 17362

j Please fill in Corporate Name, Address, City, State and Zip Code Above.
Do not list for this corporation and its qualified subsidiary S subsidiaries as
identified on the attached schedule showing the names and PA Account 10
numbers of all subsidiaries.

PA Account ID
Federal ID (EIN)
06-1764853

Pennsylvania S Corporation
Election is to take effect for:

Tax Period beginning:
month / day / year
12/07/05

Tax Period ending:
month / day / year
12/31/05

Date of Incorporation or Date of First Activity or
Date of Issuance of Certificate of Authority.
12/07/05

(A)

Name and Address of each shareholder having an interest in the Corporation's
stock with regard to the manner in which the stock is owned. If additional
space is needed provide a separate sheet and attach to this form.

The Department is authorized under federal law, 42 U.S.C. § 405 (c), to use
your Social Security number in administering this state tax law. Disclosure of
your Social Security number is mandatory and will be used to establish your
identity and cross reference with other tax systems. _____

(B)

Social Security Number
or Federal Employer
Identification Number.

(C)

Percentage of
of stock
owned.

'We, the undersigned share-
holders consent to the elec-
tion of the corporation to be
treated as a PA S Corporation.'

Name

Signature/Date

M VI
sir... /

Rishel

Street, City State Zip Code
JD51 Carltpn Ave Portera Sideling Spring Grove PA 17363

50%

Name

Wanda M. Rishel

Signature

6p51 Carlton Ave Porters Sideling Spring Grove PA 17362

50%

Signature/Date

Name

Signature/Date

Street

City

State

Name*

Zip Code

