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SECRETARY'S BUREAU

February 29, 2012

Pennsylvania Public Utility Commission  
Bureau of Transportation and Safety  
Commonwealth Keystone Building  
3<sup>rd</sup> floor, East  
P.O. Box 3265  
Harrisburg, Pa 17105-3265

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BUREAU OF  
TECHNICAL UTILITY SERVICES  
2012 MAR 14 PM 2:18

Re: Hot Shotz Delivery, LLC  
FEI No. 45-3837325  
PUC-189 Common Carrier Application

To Whom It May Concern:

Enclosed please find a completed form PUC-189, Application for Motor Carrier of Property, for the above referenced corporation. Also enclosed, as required, is the \$100 filing fee. The underwriting insurance carrier is in the process of transferring/assigning existing coverage to this newly formed entity. Forms E and H will be sent directly to your Bureau as required. In addition, we have only just recently applied for both DOT and MC (formerly ICC) certification. These account numbers will be forwarded to your Bureau as soon as we receive confirmation.

If you have any questions or require any additional information, please do not hesitate to call me at (717) 394-5666.

Sincerely,

Reinsel Kuntz Lesher LLP

Frank J. Tobias  
Principal – Tax Services

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

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## 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)

Hot Shotz Delivery, LLC

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

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

700 Rocky Glen Road  
Street Address

Avoca, Pa 18641  
City, State and Zip Code

(800) 833-5051  
Telephone Number

Lackawanna  
County

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

P.O. Box 3655  
Street Address

Scranton, PA 18505  
City, State and Zip Code

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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.

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.

Mr. Scott Williams - President

(Print Name)



(Signature)

February 29, 2012

(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).

**Attachment to PUC-189 Form**  
**Hot Shotz Delivery, LLC**  
**FEI No. 45-3837325**

**List of Officers/Members:**

<b>President/</b>	<b>Mr. Scott Williams</b>	<b>SSN [REDACTED]</b>
<b>Secretary/Treasurer</b>	<b>Mr. Jason Williams</b>	<b>SSN [REDACTED]</b>

PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU

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

Name	
Address	ESQUIRE ASSIST
City	COUNTERTOP PICKUP

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



Commonwealth of Pennsylvania  
CERTIFICATE OF ORGANIZATION 3 Page(s)



T1130747003

Fee: \$125

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 (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):  
Hot Shotz Delivery, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
15 Public Square, Suite 210	Wilkes-Barre,	PA	18701	Luzerne

(b) Name of Commercial Registered Office Provider  
c/o: \_\_\_\_\_ County \_\_\_\_\_

3. The name and address, including street and number, if any, of each organizer is (*all organizers must sign on page 2*):

Name	Address
Samuel A. Falcone	15 Public Square, Suite 210, Wilkes-Barre, PA 18701

2011 NOV -2 PM 4:43  
PA DEPT OF STATE

4. *Strike out if inapplicable term*  
~~A member's interest in the company is to be evidenced by a certificate of membership interest.~~

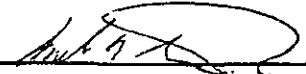
5. *Strike out if inapplicable:*  
~~Management of the company is vested in a manager or managers.~~

6. The specified effective date, if any is: Upon Filing  
month date year hour, if any

7. *Strike out if inapplicable:* ~~The company is a restricted professional company organized to render the following restricted professional service(s):~~  
\_\_\_\_\_  
\_\_\_\_\_

8. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this  
26<sup>th</sup> day of October, 2011.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

4. ~~Strike out if inapplicable term~~

~~A member's interest in the company is to be evidenced by a certificate of membership interest.~~

5. ~~Strike out if inapplicable:~~

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

6. The specified effective date, if any is: Upon Filing

month date year hour, if any

7. ~~Strike out if inapplicable: The company is a restricted professional company organized to render the following restricted professional service(s):~~

8. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

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

20<sup>th</sup> day of October, 2011.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

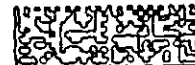
**CERTIFIED MAIL™**

**JACK WILLIAMS TIRE CO., INC.**  
P. O. BOX 3655  
SCRANTON, PA 18505



7004 2890 0000 8761 0844

Master  
03/12/2012  
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**RETURN RECEIPT REQUESTED**

**Pennsylvania Public Utility Commission  
Bureau of Transportation and Safety  
Commonwealth Keystone Building  
3<sup>rd</sup> floor, East  
P.O. Box 3265  
Harrisburg, Pa 17105-3265**