

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

C-2020-3021416

**2019 ASSESSMENT REPORT-MOTOR CARRIERS**

This Report **MUST BE FILED** no later than **March 31, 2020**. Failure to file may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301), revocation of your Certificate of Public Convenience, and PennDOT will place registration suspensions on your vehicles.

TRADE OR CORPORATE NAME OF UTILITY: <b>HEIMBACH ENTERPRISES INC</b>	UTILITY CODE: <b>8922299</b>
CONTACT NAME: <b>BLANE HEIMBACH</b>	EMAIL:
ADDRESS 1: <b>1212 MILL ROAD</b>	ADDRESS 2 (Floor, Suite, etc.):
CITY, STATE, ZIP: <b>SELINGSGROVE PA 17870</b>	PHONE NO.: <b>570-274-2035</b>

**OPERATING REVENUE FOR CALENDAR YEAR 2019 (January 1, 2019-December 31, 2019)**  
 (Enter **WHOLE** dollars only)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Passenger 15 and Under
<b>1. PA INTRASTATE OPERATING REVENUE</b>	13,078. <sup>9</sup> <del>80</del>			
<b>PA EXEMPT INTRASTATE REVENUE</b>				
Exemption #				
Exemption #				
Exemption #				
Exemption #				
<b>2. TOTAL Exempt Revenue</b>				
<b>3. PA NET INTRASTATE OPERATING REVENUE ( Subtract Line 2 from Line 1)</b>	13,078. <sup>9</sup> <del>80</del>			

**UCR REGISTRATION INFORMATION**

2020 UCR Registered  YES  NO US DOT #: \_\_\_\_\_

**Internal Use Only**

A-1  C-1  AB-1

**AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS**

In accordance with Sections 505 and 506 of the Public Utility Code, 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 regarding the below-listed utility and/or individual.

Heimbach Enterprises Inc  
Utility Name

Blane M Heimbach  
Signature

Date \_\_\_\_\_ Blane M Heimbach owner  
Name (Printed) Title

**AUTHORIZATION FOR ABANDONMENT**

Approval of the abandonment is necessary or proper for the following reasons:

lack of work  
Reason(s)

Blane M Heimbach  
Signature

**AFFIDAVIT**

I affirm that the information reported herein is complete, true and correct.

Blane M Heimbach  
(Signature of Individual or Officer)

3/27/2020  
(Date)

Blane M Heimbach

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:

570 - 274 - 2035

TELEPHONE NO.:

Office ( )

Other ( )

Other ( )

**NOTARIZATION**

(Required)

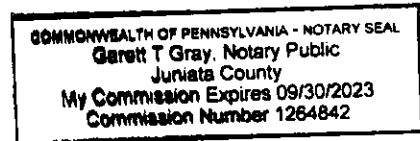
Subscribed and sworn to before me this

27<sup>th</sup> MARCH 2020  
day of

Garrett T Gray  
NOTARY SIGNATURE

NOTARY PUBLIC  
OFFICIAL TITLE

OFFICIAL SEAL



(Date My Commission Expires)