

## 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)

HARDWORKINN TRANSPORTS 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 7200181  
(see checklist and indicate type of business entity registered)

5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

ABEL B. NIGUSSIE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

3917 LANCASTER AVE  
Street Address

PHILADELPHIA, PA 19104 PHILADELPHIA  
City, State and Zip Code County

215-824-8537 HARDWORKINNTRANSPORTS@GMAIL.COM  
Telephone Number E-mail Address (**Applicant only – no consultants**)

*This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice. It must be a direct contact for the motor carrier. All others will be rejected)*

7. **Physical Address** (If different than mailing address. Do not use a post office box.)

3917 LANCASTER AVE  
Street Address

PHILADELPHIA, PA 19104 PHILADELPHIA  
City, State and Zip Code County

215-824-8537 HARDWORKINNTRANSPORTS@GMAIL.COM  
Telephone Number E-mail Address (Applicant only)

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

\_\_\_\_\_  
Attorney's Name & Telephone Number for this Filing

\_\_\_\_\_  
Attorney's Address E-mail Address (attorney only)

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Do you have a USDOT Number?**

       No         Yes, at No. 3770882

10. **What type of commodities do you intend to transport other than your own?**

MOTOR VEHICLES

11. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation 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.

**Verification of Application**

I/We hereby state that the statement(s) 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.

ABEL B. NIGUSSIE

(Print Name)

*Abel Nigussie*  
Abel nigussie (Nov 24, 2021 13:57 EST)


(Signature)

Nov 24, 2021

(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, a member (if a limited liability company), or by the President or Secretary (if a corporation).

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

|  |   |
|--|---|
| <input type="checkbox"/> Return document by mail to: <u>125124</u>                             | Certificate of Organization<br>Domestic Limited Liability Company                                     |
| Name _____   |   |
| Address <u>Legalzoom.com, Inc.</u>   | <br>TCO210121JF2176 |
| <u>c/o PennCorp Servicegroup, Inc.</u>   |   |
| City _____ State _____ Zip Code _____  |   |
| <input checked="" type="checkbox"/> Return document by email to: <u>penncorp2@penncorp.net</u> |   |

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

Fee: \$125  I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (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 is: Hardworkinn transports LLC  
(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)

2. Complete part (a) or (b) – not both:

(a) The address of this limited liability company's registered office in this Commonwealth is:  
(post office box alone is not acceptable)

Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

(b) The name of this limited liability company's commercial registered office provider and county of venue is:

c/o: United States Corporation Agents, Inc., County of Lehigh  
Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_

3. The name of each organizer is (all organizers must sign on page 2):

Cheyenne Moseley, Legalzoom.com, Inc.  
\_\_\_\_\_  
\_\_\_\_\_

4. Effective date of Certificate of Organization (check, and if appropriate complete, one of the following):

- The Certificate of Organization shall be effective upon filing in the Department of State.  
 The Certificate of Organization shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
Date (MM/DD/YYYY) Hour (if any)

DEPT OF STATE

JAN 21 2021

**5. Restricted professional companies only.**

*Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).*

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

**6. Benefit companies only.**

*Check the box immediately below if the limited liability company is organized as a benefit company:*

This limited liability company shall have the purpose of creating general public benefit.

*Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.*

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

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7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).

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

19th day of January, 2021.



\_\_\_\_\_  
Cheyenne Moseley, Organizer, Legalzoom.com, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature