

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)

Barnes and Tinkey Transport 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)

BNT Transport

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 0003624663

(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).**

Steven Barnes
Brandon Tinkey

6. **Mailing Address**

331 Mendon Rd
Street Address
Smithton, PA 15479 Westmoreland
City, State and Zip Code County
724-689-5582 contact@BNTtransportation.com
Telephone Number E-mail Address

This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.

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

n/a
Street Address

City, State and Zip Code County

Telephone Number E-mail Address

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)

n/a
Attorney's Name & Telephone Number for this Filing

Attorney's Address E-mail Address

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 X Yes, at No. 4023703

10. **What type of commodities do you intend to transport other than your own? Please note applicable exemptions on pages 4-5.**

Property, equipment, raw materials, machinery, miscellaneous use, etc.

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.

Steven Barnes
(Print Name)


(Signature) 4/15/23
(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).



Dear steven barnes,

Congratulations on starting your new business!

We're excited to help you take this big step. Attached are your filed articles and supporting documents for your new company. Please review these carefully for accuracy. If you ordered a Corporate Kit and Seal, you should receive it in about a week.

Below is your Federal Tax ID (or Electronic Identification Number). Please note, you will receive an official letter from the IRS regarding your EIN in the next 2-4 weeks.

92-2087845

Rocket Lawyer can help you run and grow your business. Imagine having your own lawyer on retainer 24-7, that's kind of what Rocket Lawyer is like.

A Rocket Lawyer membership gives you affordable access to legal services, including unlimited documents such as bylaws, operating agreements, trademark applications and more. Our simple-to-use, step-by-step interview process allows you to create legal documents that are ready to print, sign and share within minutes. We can also connect you with local, independent attorneys in person, online, or by phone. And because your documents are protected by Document Defense®, you don't have to worry about contract enforcement.

If you don't already have a membership and would like to give us a try, or have questions about Rocket Lawyer, please call us at 800-518-8976 or visit us at www.rocketlawyer.com.

Thanks for choosing Rocket Lawyer! We look forward to helping you as your business grows.

Your Rocket Lawyer Incorporation Team



0003624663



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
**CERTIFICATE OF ORGANIZATION -
 LIMITED LIABILITY COMPANY**
 Fee: \$125

Pennsylvania Department of State

-FILED-

File #: 0003624663
Date Filed: 1/24/2023

B0517-1978 01/24/2023 8:00 AM Received by Pennsylvania Department of State

DSCB:15-8821 (rev. 2/2017)

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:

Limited Liability Company Type
 Filing type Domestic Limited Liability Company
 Limited liability company subtype Limited Liability Company

Limited Liability Company Name
 Entity name Barnes and tinkey transport LLC

Effective Date
 The filing shall be effective when filed with the Department of State

Registered Office
 The address of this limited liability company's proposed registered office in this Commonwealth is
 331 MENDON RD
 SMITHTON, PA 15479-8742
 WESTMORELAND

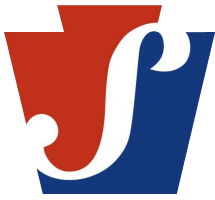
| Organizers | |
|------------------------------------|---|
| Name of individual or organization | Address |
| steven barnes | 331 MENDON RD SMITHTON, PA 15479-8742 |
| brandon tinkey | 194 RESERVOIR RD ROCKWOOD, PA 15557-6311 |

Additional provisions, if any
 Additional provisions

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

steven barnes _____ 01/23/2023
 steven barnes _____ Date

brandon tinkey _____ 01/23/2023
 brandon tinkey _____ Date



Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717.787.1057
dos.pa.gov/BusinessCharities

January 24, 2023

Barnes and tinkey transport LLC
331 MENDON RD
SMITHTON, PA 15479-8742

Entity Name: Barnes and tinkey transport LLC
Entity File Date: January 24, 2023
Entity Number: 0003624663
Filing Type: Domestic Limited Liability Company

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

Thank you for registering with the Department of State to do business in Pennsylvania. Like many other businesses, you may have employees, sell taxable products, or provide a taxable service to consumers in Pennsylvania. Please visit www.pa100.state.pa.us to register for business taxes with the Department of Revenue and the Department of Labor and Industry. You may also visit www.Business.pa.gov to find resources for businesses through all stages of development.



EIN Assistant

Your Progress: 1. Identity ✓ 2. Authenticate ✓ 3. Addresses ✓ 4. Details ✓ 5. EIN Confirmation

Congratulations! The EIN has been successfully assigned.

EIN Assigned: **92-2087845**

Legal Name: **BARNES AND TINKEY TRANSPORT LLC**

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using the new EIN.

Continue >>

Help Topics

[? Can the EIN be used before the confirmation letter is received?](#)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

| | | | | | | | | |
|--|---|--|--------------|-----------|-------|----------|----------|----------|
| | 1 Legal name of entity (or individual) for whom the EIN is being requested Barnes and tinkey transport LLC | | | | | | | |
| Type or print clearly. | 2 Trade name of business (if different from name on line 1) BNT transport | 3 Executor, administrator, trustee, "care of" name Steven Barnes and Brandon Tinkey | | | | | | |
| | 4a Mailing address (room, apt., suite no. and street, or P.O. box) Same as 5a | 5a Street address (if different) (Do not enter a P.O. box.) 331 mendon road | | | | | | |
| | 4b City, state, and ZIP code (if foreign, see instructions) Same as 5b | 5b City, state, and ZIP code (if foreign, see instructions) smithton pa 15479 | | | | | | |
| | 6 County and state where principal business is located westmoreland PA | | | | | | | |
| | 7a Name of responsible party steven barnes | 7b SSN, ITIN, or EIN | | | | | | |
| 8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 8b If 8a is "Yes," enter the number of LLC members 2 | | | | | | | |
| 8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| 9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check. | | | | | | | | |
| <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises _____ <input checked="" type="checkbox"/> Other (specify) ▶ Limited Liability Company (LLC) Group Exemption Number (GEN) if any ▶ _____ | | | | | | | | |
| 9b If a corporation, name the state or foreign country (if applicable) where incorporated | State PA | Foreign country | | | | | | |
| 10 Reason for applying (check only one box) | | | | | | | | |
| <input checked="" type="checkbox"/> Started new business (specify type) ▶ TransportationLogistics <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ | | | | | | | | |
| 11 Date business started or acquired (month, day, year). See instructions. 01/25/2023 | 12 Closing month of accounting year February | | | | | | | |
| 13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. | 14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/> | | | | | | | |
| 15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) na | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">Agricultural</td> <td style="width:33%; text-align:center;">Household</td> <td style="width:33%; text-align:center;">Other</td> </tr> <tr> <td style="text-align:center;">0</td> <td style="text-align:center;">0</td> <td style="text-align:center;">0</td> </tr> </table> | | Agricultural | Household | Other | 0 | 0 | 0 |
| Agricultural | Household | Other | | | | | | |
| 0 | 0 | 0 | | | | | | |
| 16 Check one box that best describes the principal activity of your business. | | | | | | | | |
| <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ▶ TransportationLogistics <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail | | | | | | | | |
| 17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. hauling freight | | | | | | | | |
| 18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ | | | | | | | | |
| Third Party Designee | Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. | | | | | | | |
| | Designee's name Rocket Lawyer Corporate Services LLC | Designee's telephone number (include area code) 888-628-6759 | | | | | | |
| | Address and ZIP code 182 Howard St #830 San Francisco, CA 94105-1611 | Designee's fax number (include area code) | | | | | | |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | | Applicant's telephone number (include area code) | | | | | | |
| Name and title (type or print clearly) ▶ Steven Barnes Brandon tinkey | | 724-689-5582 or 72 | | | | | | |
| Signature ▶ <i>Steven barnes</i> | | Applicant's fax number (include area code) stevenbarnes122@ | | | | | | |
| Date ▶ 01/25/2023 | | | | | | | | |

Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document.¹ See also the separate instructions for each line on Form SS-4.

| IF the applicant... | AND... | THEN... |
|--|---|--|
| Started a new business | Does not currently have (nor expect to have) employees | Complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-14 and 16-18. |
| Hired (or will hire) employees, including household employees | Does not already have an EIN | Complete lines 1, 2, 4a-6, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-18. |
| Opened a bank account | Needs an EIN for banking purposes only | Complete lines 1-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18. |
| Changed type of organization | Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) ² | Complete lines 1-18 (as applicable). |
| Purchased a going business ³ | Does not already have an EIN | Complete lines 1-18 (as applicable). |
| Created a trust | The trust is other than a grantor trust or an IRA trust ⁴ | Complete lines 1-18 (as applicable). |
| Created a pension plan as a plan administrator ⁵ | Needs an EIN for reporting purposes | Complete lines 1, 3, 4a-5b, 9a, 10, and 18. |
| Is a foreign person needing an EIN to comply with IRS withholding regulations | Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶ | Complete lines 1-5b, 7a-b (SSN or ITIN optional), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18. |
| Is administering an estate | Needs an EIN to report estate income on Form 1041 | Complete lines 1-6, 9a, 10-12, 13-17 (if applicable), and 18. |
| Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.) | Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons | Complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18. |
| Is a state or local agency | Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷ | Complete lines 1, 2, 4a-5b, 9a, 10, and 18. |
| Is a single-member LLC (or similar single-member entity) | Needs an EIN to file Form 8832, Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸ , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business (Under Sections 6038A and 6038C of the Internal Revenue Code) | Complete lines 1-18 (as applicable). |
| Is an S corporation | Needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹ | Complete lines 1-18 (as applicable). |

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

² However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

³ Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

⁷ See also *Household employer* on page 4 of the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.

⁸ See *Disregarded entities* on page 4 of the instructions for details on completing Form SS-4 for an LLC.

⁹ An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.



Dear steven barnes,

Congratulations on starting your new business!

We're excited to help you take this big step. Attached are your filed articles and supporting documents for your new company. Please review these carefully for accuracy. If you ordered a Corporate Kit and Seal, you should receive it in about a week.

Below is your Federal Tax ID (or Electronic Identification Number). Please note, you will receive an official letter from the IRS regarding your EIN in the next 2-4 weeks.

92-2087845

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Thanks for choosing Rocket Lawyer! We look forward to helping you as your business grows.

Your Rocket Lawyer Incorporation Team



0012927114



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
REGISTRATION OF FICTITIOUS NAME
 Fee: \$70

Pennsylvania Department of State

-FILED-

File #: 0012927114
Date Filed: 3/28/2023

B0547-5312 03/28/2023 4:54 PM Received by Pennsylvania Department of State

DSCB: 54-311 (rev. 2/2017)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

| | | |
|-----------------|-----------------|---------------|
| Fictitious Name | Fictitious name | BNT Transport |
|-----------------|-----------------|---------------|

| | | |
|----------------------|---------------------|-------------------------------------|
| Supporting Documents | Name Consent Upload | Barnes and tinkey transport LLC.pdf |
|----------------------|---------------------|-------------------------------------|

Additional Information

A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:

owner operator transportation services

The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

Address

331 MENDON RD
SMITHTON, PA 15479-8742

WESTMORELAND

| Individuals interested in the business | |
|--|---|
| Full Name | Address |
| Steven Barnes | 331 MENDON RD SMITHTON, PA 15479-8742 |
| Brandon Tinkey | 194 RESERVOIR RD ROCKWOOD, PA 15557-6311 |

| Associations interested in the business | | | | |
|---|----------------------|------------------|------------------|---------------------------|
| Name of organization | Form of Organization | Formation Locale | Principal Office | Registered Office Address |
| None Entered | | | | |

| Agents | |
|--------|---------------|
| | Full Name |
| | Kelsey Barnes |

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

Steven Barnes

03/28/2023

Steven Barnes

Date

Brandon Tinkey

03/28/2023

Brandon Tinkey

Date



Dear steven barnes,

Congratulations on starting your new business!

We're excited to help you take this big step. Attached are your filed articles and supporting documents for your new company. Please review these carefully for accuracy. If you ordered a Corporate Kit and Seal, you should receive it in about a week.

Below is your Federal Tax ID (or Electronic Identification Number). Please note, you will receive an official letter from the IRS regarding your EIN in the next 2-4 weeks.

92-2087845

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A Rocket Lawyer membership gives you affordable access to legal services, including unlimited documents such as bylaws, operating agreements, trademark applications and more. Our simple-to-use, step-by-step interview process allows you to create legal documents that are ready to print, sign and share within minutes. We can also connect you with local, independent attorneys in person, online, or by phone. And because your documents are protected by Document Defense®, you don't have to worry about contract enforcement.

If you don't already have a membership and would like to give us a try, or have questions about Rocket Lawyer, please call us at 800-518-8976 or visit us at www.rocketlawyer.com.

Thanks for choosing Rocket Lawyer! We look forward to helping you as your business grows.

Your Rocket Lawyer Incorporation Team



0003624663



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
CERTIFICATE OF ORGANIZATION -
LIMITED LIABILITY COMPANY
 Fee: \$125

Pennsylvania Department of State

-FILED-

File #: 0003624663
Date Filed: 1/24/2023

DSCB:15-8821 (rev. 2/2017)

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:

Limited Liability Company Type
 Filing type Domestic Limited Liability Company
 Limited liability company subtype Limited Liability Company

Limited Liability Company Name
 Entity name Barnes and tinkey transport LLC

Effective Date
 The filing shall be effective when filed with the Department of State

Registered Office
 The address of this limited liability company's proposed registered office in this Commonwealth is
 331 MENDON RD
 SMITHTON, PA 15479-8742
 WESTMORELAND

| Organizers | |
|------------------------------------|---|
| Name of individual or organization | Address |
| steven barnes | 331 MENDON RD SMITHTON, PA 15479-8742 |
| brandon tinkey | 194 RESERVOIR RD ROCKWOOD, PA 15557-6311 |

Additional provisions, if any
 Additional provisions

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

steven barnes _____ 01/23/2023
 steven barnes _____ Date

brandon tinkey _____ 01/23/2023
 brandon tinkey _____ Date

B05147-1937 B5 0 0 3 2 2 0 2 0 2 3 : 4 0 5 AM PM created via e-filing system by marylar depa r Depar tment of State



Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717.787.1057
dos.pa.gov/BusinessCharities

January 24, 2023

Barnes and tinkey transport LLC
331 MENDON RD
SMITHTON, PA 15479-8742

Entity Name: Barnes and tinkey transport LLC
Entity File Date: January 24, 2023
Entity Number: 0003624663
Filing Type: Domestic Limited Liability Company

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

Thank you for registering with the Department of State to do business in Pennsylvania. Like many other businesses, you may have employees, sell taxable products, or provide a taxable service to consumers in Pennsylvania. Please visit www.pa100.state.pa.us to register for business taxes with the Department of Revenue and the Department of Labor and Industry. You may also visit www.Business.pa.gov to find resources for businesses through all stages of development.



EIN Assistant

Your Progress: 1. Identity ✓ 2. Authenticate ✓ 3. Addresses ✓ 4. Details ✓ 5. EIN Confirmation

Congratulations! The EIN has been successfully assigned.

EIN Assigned: **92-2087845**

Legal Name: **BARNES AND TINKEY TRANSPORT LLC**

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using the new EIN.

Continue >>

Help Topics

[Can the EIN be used before the confirmation letter is received?](#)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

| | | | | |
|--|---|-----------------------|-------------------|---|
| 1 Legal name of entity (or individual) for whom the EIN is being requested Barnes and tinkey transport LLC | | | | |
| 2 Trade name of business (if different from name on line 1) BNT transport | 3 Executor, administrator, trustee, "care of" name Steven Barnes and Brandon Tinkey | | | |
| 4a Mailing address (room, apt., suite no. and street, or P.O. box) Same as 5a | 5a Street address (if different) (Do not enter a P.O. box.) 331 mendon road | | | |
| 4b City, state, and ZIP code (if foreign, see instructions) Same as 5b | 5b City, state, and ZIP code (if foreign, see instructions) smithton pa 15479 | | | |
| 6 County and state where principal business is located westmoreland PA | | | | |
| 7a Name of responsible party steven barnes | 7b SSN, ITIN, or EIN | | | |
| 8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 8b If 8a is "Yes," enter the number of LLC members 2 | | | |
| 8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check. <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ Limited Liability Company (LLC) <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Military/National Guard _____ <input type="checkbox"/> Farmers' cooperative _____ <input type="checkbox"/> REMIC _____ <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Federal government _____ <input type="checkbox"/> Indian tribal governments/enterprises _____ Group Exemption Number (GEN) if any ▶ _____ | | | | |
| 9b If a corporation, name the state or foreign country (if applicable) where incorporated | State: PA Foreign country: _____ | | | |
| 10 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ TransportationLogistics <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ | | | | |
| 11 Date business started or acquired (month, day, year). See instructions. 01/25/2023 | 12 Closing month of accounting year February | | | |
| 13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">Agricultural 0</td> <td style="width:33%; text-align:center;">Household 0</td> <td style="width:33%; text-align:center;">Other 0</td> </tr> </table> | Agricultural 0 | Household 0 | Other 0 | 14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/> |
| Agricultural 0 | Household 0 | Other 0 | | |
| 15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ na | | | | |
| 16 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ▶ TransportationLogistics <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail | | | | |
| 17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. hauling freight | | | | |
| 18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ | | | | |
| Third Party Designee | Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. Designee's name Rocket Lawyer Corporate Services LLC Address and ZIP code 182 Howard St #830 San Francisco, CA 94105-1611 | | | |
| | Designee's telephone number (include area code) 888-628-6759 Designee's fax number (include area code) | | | |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | | | | |
| Name and title (type or print clearly) ▶ Steven Barnes | Brandon tinkey | | | |
| Signature ▶ <i>Steven barnes</i> | Date ▶ 01/25/2023 | | | |
| Applicant's telephone number (include area code) 724-689-5582 or 72 | | | | |
| Applicant's fax number (include area code) stevenbarnes122@ | | | | |

Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document.¹ See also the separate instructions for each line on Form SS-4.

| IF the applicant... | AND... | THEN... |
|--|---|--|
| Started a new business | Does not currently have (nor expect to have) employees | Complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-14 and 16-18. |
| Hired (or will hire) employees, including household employees | Does not already have an EIN | Complete lines 1, 2, 4a-6, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-18. |
| Opened a bank account | Needs an EIN for banking purposes only | Complete lines 1-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18. |
| Changed type of organization | Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) ² | Complete lines 1-18 (as applicable). |
| Purchased a going business ³ | Does not already have an EIN | Complete lines 1-18 (as applicable). |
| Created a trust | The trust is other than a grantor trust or an IRA trust ⁴ | Complete lines 1-18 (as applicable). |
| Created a pension plan as a plan administrator ⁵ | Needs an EIN for reporting purposes | Complete lines 1, 3, 4a-5b, 9a, 10, and 18. |
| Is a foreign person needing an EIN to comply with IRS withholding regulations | Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶ | Complete lines 1-5b, 7a-b (SSN or ITIN optional), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18. |
| Is administering an estate | Needs an EIN to report estate income on Form 1041 | Complete lines 1-6, 9a, 10-12, 13-17 (if applicable), and 18. |
| Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.) | Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons | Complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18. |
| Is a state or local agency | Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷ | Complete lines 1, 2, 4a-5b, 9a, 10, and 18. |
| Is a single-member LLC (or similar single-member entity) | Needs an EIN to file Form 8832, Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸ , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business (Under Sections 6038A and 6038C of the Internal Revenue Code) | Complete lines 1-18 (as applicable). |
| Is an S corporation | Needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹ | Complete lines 1-18 (as applicable). |

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

² However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

³ Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

⁷ See also *Household employer* on page 4 of the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.

⁸ See *Disregarded entities* on page 4 of the instructions for details on completing Form SS-4 for an LLC.

⁹ An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.