



2041 Lawfer Avenue  
Allentown, PA 18104  
484-838-2396  
zipcodetozipcode@gmail.com

## Duplicate Filing Clarification

January 6, 2026

Pennsylvania Public Utility Commission  
Attn: Patricia Davis  
Harrisburg, PA

Re: Duplicate Filing – Filing #2939558 | PUC No. 8927474

Dear Ms. Davis,

I am writing regarding the eFiling rejection notice dated January 5, 2026, indicating a “Duplicate Filing.”

I respectfully explain that I unintentionally submitted two applications because I do not fully understand the PA PUC eFiling system yet, as this is my first year completing this process. I did not realize that my initial filing was already in progress when I submitted the second application.

I want to confirm that I paid the required \$100 filing fee for the application under eFiling Confirmation Number 2939558, submitted on January 5, 2026, at approximately 11:18 AM. This payment was made in good faith for the new application related to Zip Code to Zip Code LLC and PUC No. 8927474.

If the applications have been combined to complete the full application, I fully understand and appreciate your assistance. Please let me know if any additional information or documentation is needed from me at this time.

Thank you for your patience and understanding.

Respectfully,

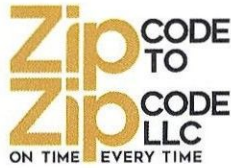
Orchid M. Dominguez  
Owner / Authorized Representative

# Payment For Filing #2939558

Representing	Case Description	Transmission Date	Filed On	eFiling Confirmation Number	Payment Authorization Code	Filing Fee
ZIP CODE TO ZIP CODE LLC	Motor Carrier Application A 8927474	1/5/2026, 11:18:12 AM	1/5/2026, 11:18:12 AM	2939558	084365	\$100.00

## Payment Details

You have successfully authorized a payment in the amount of your Filing Fee. If your submission is Accepted, the amount authorized will be charged to your card at that time.



2041 Lawfer Avenue  
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[zipcodetozipcode@gmail.com](mailto:zipcodetozipcode@gmail.com)  
484-838-2396

December 31, 2025

Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120

Re: PUC No. 8927474 – Statement of Non-Receipt of Correspondence, Insurance Coverage, and Request to Maintain Existing PUC Number

Dear Sir or Madam,

I, Orchid M. Dominguez, am the owner and authorized representative of Zip Code to Zip Code LLC. I respectfully submit this letter to clarify and confirm the following matters regarding PUC Number 8927474.

First, I respectfully state that neither I nor Zip Code to Zip Code LLC received any letters, notices, or correspondence from the Pennsylvania Public Utility Commission regarding this matter. At no time were we made aware of any mailed communications requiring action or response.

Second, I formally confirm that Zip Code to Zip Code LLC has never experienced a lapse in insurance coverage. The company has maintained continuous and active insurance at all times, in full compliance with PUC requirements.

Additionally, we respectfully request that PUC Number 8927474 remain assigned to Zip Code to Zip Code LLC, as changing the PUC number would result in significant additional costs, including but not limited to updating truck markings, registrations, insurance filings, internal documentation, and compliance records.

Please be advised that our insurance coverage is handled through High Street Insurance, with Agent Tina Atiff, who has been notified and will be forwarding official certification directly to the Commission confirming continuous coverage and that insurance has never lapsed.

This letter is submitted in good faith to clarify the record and to respectfully request that these statements be included as part of our official PUC file.

Thank you for your time and consideration.

Respectfully,

Orchid M. Dominguez

Owner / Authorized Representative

## 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)

ZIP Code TO ZIP Code 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- 8927474

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 0013970099  
(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).

Orchid M Dominguez  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

2041 Lawler Ave  
Street Address  
Allentown PA 18104 Lehigh County  
City, State and Zip Code County  
484 838-2396  
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.)

Same as Above  
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)

\_\_\_\_\_  
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  Yes, at No. 4304026

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

General Freight

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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.

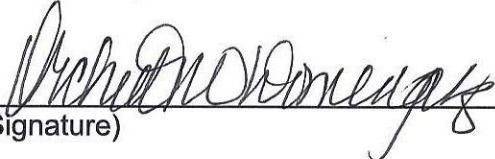
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue 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.

Orchid M Dominguez  
(Print Name)

  
(Signature)

1-5-2025  
(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).