

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)

Mark Hostetter

- 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)

MH 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 15244392
(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).**

6. **Mailing Address**

1550 Little Mountain Rd

Street Address

Bethel

City, State and Zip Code

Becks

County

717-675-4155

Telephone Number

markhostettertransport@gmail.com

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.)

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. 3133300

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

Wood Shavings, Logs, Poles, Beams, Lumber

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.

Mark Hofstetter

(Print Name)

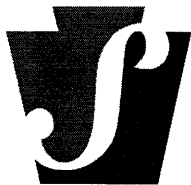
Mark Hofstetter

(Signature)

2-4-26

(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).



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
**FICTITIOUS NAME AMENDMENT / WITHDRAWAL
 OF INTERESTED PARTIES**
 Fee: \$70

Pennsylvania Department of State

-FILED-

Amendment #: 0015244392
 Date Filed: 2/27/2026

DSCB:54-312/313 (rev. 7/2015)

In compliance with the requirements of 54 Pa.C.S. Ch.3 (relating to fictitious names), the undersigned entity or entities, desiring to amend or withdraw owners from a fictitious name registration, hereby state(s) that:

Existing Record Information

File number 0006712073
 Current name MH Transport

Current Principal Place of Business

Current Address 920 Hilltop Road
 Myerstown, PA 17067
 Lebanon

New Principal Place of Business

New Address 1550 LITTLE MOUNTAIN RD
 BETHEL, PA 19507-9573
 Lebanon

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: transportation / trucking business

The last preceding filing with respect to this fictitious name was made in the Department on 02/27/2026

This amendment, without reference to any other filing, sets forth all information with respect to the fictitious name which would be required in an original filing under the Fictitious Names Act.

Agents (Optional)

Full Name
None Entered

Interested Parties

Any interested party(ies)/owners added to the business or withdrawn from the business must be indicated below and their signature(s) or the signature of a previously designated agent must appear(s) at the end of this amendment.

Individuals interested in the business

Full Name	Address
<input checked="" type="checkbox"/> Mark Hostetter	1550 LITTLE MOUNTAIN RD BETHEL, PA 19507-9573

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
None Entered				

Additional provisions, if any

Electronic Signature

Amendment to be signed by

This application has been executed by owners/interested parties.

IN TESTIMONY WHEREOF, the undersigned have caused this fictitious name amendment to be executed.

Signer Type	Signer's Capacity	On behalf of	Signature	Date
Individual Signer			Mark Hostetter	02/27/2026