

COMMONWEALTH OF PENNSYLVANIA REC'D PA PUC FISCAL
 PUBLIC UTILITY COMMISSION FEB 25 '26 AM 9:34
 400 NORTH STREET
 HARRISBURG, PA 17120

2025 ASSESSMENT REPORT-MOTOR CARRIERS

This Report **MUST BE FILED** no later than **March 31, 2026**. 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: TOY TRUCKING COMPANY	UTILITY CODE: 856900 Original App # A-00099448 BP8 1054215
CONTACT NAME: DAVID TOY	EMAIL:
ADDRESS 1: 546 CHERRY STREET	ADDRESS 2 (Floor, Suite, etc.):
CITY, STATE, ZIP: WORTHINGTON PA 16262	PHONE NO.: 724-297-3275

OPERATING REVENUE FOR CALENDAR YEAR 2025 (January 1, 2025-December 31, 2025)
 (Enter **WHOLE** dollars only)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or More	All Other Passenger Transportation
1. PA INTRASTATE OPERATING REVENUE	0	0	0	0
PA EXEMPT INTRASTATE REVENUE (verifying documentation required for all exempt revenue)				
Exemption #				
Exemption #				
Exemption #				
Exemption #				
2. TOTAL Exempt Revenue				
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	0	0	0	0

UCR REGISTRATION INFORMATION

2026 UCR Registered: YES NO US DOT#: 861286

Date 2026 Fee was Paid: _____

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.

Utility Name _____

Signature _____

Date _____

Name (Printed) _____

Title _____

AUTHORIZATION FOR ABANDONMENT

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

Reason(s) RETIRED

Signature [Handwritten Signature]

AFFIDAVIT

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

[Handwritten Signature]
(Signature of Individual or Officer)

02/20/2026
(Date)

NOTARIZATION

(Required)

Subscribed and sworn to before me this

20 day of February 2026

[Handwritten Signature]
NOTARY SIGNATURE
[Handwritten Title]
OFFICIAL TITLE

OFFICIAL SEAL

Commonwealth of Pennsylvania - Notary Seal
MANDY LYNN WRIGHTER, Notary Public
Armstrong County
My Commission Expires 02-09-2028
Commission Number 1295915

(Date My Commission Expires) 02/09/2028

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

TELEPHONE NO.:

Office ()

Other ()

Other ()