

COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION
400 NORTH STREET
HARRISBURG, PA 17120

*no longer
doing Business*

REC'D PA PUC FISCAL
MAY 20 '25 AM 9:32

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: WILLIAM FE KLINE	UTILITY CODE: 8920414 Original App # A-2017-2633845
CONTACT NAME:	EMAIL:
ADDRESS 1: 1911 RIDGE RD	ADDRESS 2 (Floor, Suite, etc.):
CITY, STATE, ZIP: SELLERSVILLE PA 18960	PHONE NO: 267-228-5517

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				
PA EXEMPT INTRASTATE REVENUE (verifying documentation required for all exempt revenue)				
Exemption #				
Exemption #				
Exemption #				
Exemption #		<i>N/A</i>		
2. TOTAL Exempt Revenue				
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)				

UCR REGISTRATION INFORMATION

*no longer
doing Business*

2026 UCR Registered: YES NO US DOT#: _____

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) _____

Signature

AFFIDAVIT

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

(Signature of Individual or Officer)

(Date)

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

TELEPHONE NO.:

Office ()

Other ()

Other ()

NOTARIZATION

(Required)

Subscribed and sworn to before me this

_____ day of _____ 2026

NOTARY SIGNATURE

OFFICIAL TITLE

OFFICIAL SEAL

(Date My Commission Expires)