

#### COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA PUBLIC UTILITY COMMISSION

Bureau of Administrative Services
Assessment Section
P.O. BOX 3265
HARRISBURG, PA 17105-3265

February 15, 2011

To Whom It May Concern:

The Pennsylvania Public Utility Code requires each utility to pay an annual assessment to the Commission to fund the expenses of the Commission.

In order to determine each utility's appropriate assessment, the Public Utility Code requires every utility to file with the Commission an annual Assessment Report, under oath, showing its gross intrastate operating revenues for the preceding calendar year. This Assessment Report must be filed on or before March 31 of each year. Enclosed is the ASSESSMENT REPORT (Form AR-10-RR) which your company must use to report 2010 calendar year revenues.

If a utility fails to file a timely Assessment Report, the Commission will estimate that utility's revenues. The estimate is binding. Additionally, failure to file an Assessment Report will subject the utility to penalties, which may include cancellation of its certificate of public convenience and civil penalties up to \$1,000 for each day of the violation.

Please read the enclosed instructions carefully. The original report must be signed, notarized, and filed with the Commission at the above address, on or before March 31, 2011.

Sincerely,

Rosemary Chiavetta, Secretary

Enclosures: Form AR-10-RR

(over)

#### PENNSYLVANIA PUBLIC UTILITY COMMISSION

### INSTRUCTIONS FOR PREPARING 2010 ASSESSMENT REPORT FOR RAILROAD COMMON CARRIERS

You must report your gross **intrastate** operating revenue for calendar year 2010 on the 2010 Assessment Report, which is enclosed. You are required to sign, notarize, and file the 2010 Assessment Report with the Commission on or before March 31, 2011. This report form may not be modified. Please use the self-addressed return envelope enclosed. **THE PUC WILL NOT GRANT AN EXTENSION TO FILE THIS REPORT.** 

WHO MUST FILE: All railroad common carriers operating within Pennsylvania.

WHAT YOU MUST FILE: You must complete and file the 2010 Assessment Report.

**WHERE YOU MUST FILE:** You must file the 2010 Assessment report with the Pa. Public Utility Commission, P.O. Box 3265, Harrisburg, PA, 17105-3265. The address for *express* delivery service is 400 North St., Harrisburg, PA, 17120.

WHEN YOU MUST FILE: You must file the completed 2010 Assessment Report on or before March 31, 2011.

**NAME AND ADDRESS:** Verify that the preprinted name and address are correct. If this is not correct, cross out and print the correct information.

#### LINE-BY-LINE INSTRUCTIONS

Line 1. Pennsylvania Intrastate Operating Revenue.

Report Pennsylvania intrastate operating revenue here. Intrastate operating revenue is revenue earned from your public utility operations only <u>within</u> the boundaries of the Commonwealth of Pennsylvania, without deduction of expenses of any kind.

ASSESSMENT INQUIRIES: Ms. Susan Daub-(717)265-7548

Mr. Stanley A. Heintzelman-(717)772-0316

Pa. PUC Assessment Section

P.O. Box 3265

Harrisburg, PA 17105-3265



## COMMONWEALTH OF PENNSYLVANIA PUBLIC UTILITY COMMISSION PO BOX 3265 HARRISBURG, PA 17105-3265



# 2010 ASSESSMENT REPORT-RAILROADS THIS REPORT MUST BE FILED WITH THE COMMISSION ON OR BEFORE MARCH 31, 2011.

TRADE OR CORPORATE NAME OF UTILITY:			UTILITY CODE	APPLICATION #
CONTACT NAME:				
ADDRESS 1:		ADDRESS 2 (Floo	r, Suite, etc.):	
CITY, STATE, ZIP:	<u>'</u>			
OPERATING REV	ENUE FOR CALENDA	AR YEAR 20	10 (January 1, 2010-De	ecember 31, 2010)
				ENUE
			(Round to the	nearest dollar.)
1. PA INTRASTATE OPERATING REVENUE \$				
	٨٢٢	ID AV/IT		
Laffirm that the information		IDAVIT	rue and correct	
I affirm that the information	reported herein is c	ompiete, t	rue and correct.	
_				
_	(Signature of Individual or C	Officer)	(Date)	
READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:			NOTA	RIZATION (Required)
,			Subscribe	ed and sworn to before me
			this day o	of2011
TRADE NAME OR CORPORATE NAME OF UTILITY:				
			NOT	FARY SIGNATURE
			OFFICIAL SEAL (Offi	cial Title)
FEDERAL ID:	TELEPHONE NO.:		SLAL (OIII	ciai Tiue)
	Office ( )	Ext.		
	Cell ( )			
Name of person to be contacted for addition	al information:		(Date M	y Commission Expires)
Name:(printed)				
Telephone:	Ext.			
AUTHO	RIZATION FOR RELE	EASE OF ST	ATE TAX RECOR	DS
In accordance v	with Sections 505 and 506 of	the Public Uti	lity Code, as a means t	o verify the
	formation supplied to the Pub			
	nt of Revenue to release to the below-listed utility and/o		y Commission, any tax	records filed or
complied with regard to	the below-fisted utility and/c	or marviduar.		
	Utility Name			
	•			
	X	G: .	<b>)</b>	
		Signature		
Date:				
	Name (Printed)		Title	