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MAY 16 2013

Pennsylvania Public Utility Commission PO Box 3265 Harrisburg, PA 17105-3265 (717) 787-1227

PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

Application for Motor Common Carrier of Property

Please complete all parts of the following application. For questions, please call the Commission at (717) 787-3834.

Le	egal Name of Applicant (Individual, Partnership, LP, LLP, Corporation, or LLC)
U	DRIO DECOSMO Jr
Tr	rade Name (if using a fictitious trade name, it must be registered with the Dept. of State)
\mathcal{L}	nario DeCamak Dra MODTHUCK
Fi	ctitious name and Registration number (if applicable)
0	NOTHICKATIONIES ENTITUALOGA
PI	nysical Address (do not use PO Box)
Sti	reet Address NUCCO 5100 C PO 18040
Çil	ty, State and Zip Code
Te	lephone Number County
	- 18 Company of the c
IVI	ailing Address (if different from Physical Address)
Sti	reet Address
Cit	y, State and Zip Code
A	ttorney (if applicable)
Att	orney's Name & Telephone Number for this Filing
Att	orney's Address

6.	Does applicant currently hold or has ever held PA PUC authority? Yes (No) (circle one)					
	lf ye	es, PUC NO. A-				
7.	What type of commodity do you intend to transport? SPECIAL TECHNOLOGY, TECHNO					
8.	Are you one of the following? If yes, check below.					
	KI	Individual				
	[]	Partnership				
9.	Are you a business entity registered with the PA Department of State? If YES, please check below the type of business that applies to this Application and provide the Entity ID Number given to you by the PA Department of State:					
	[]	Limited Partnership	Corporation Bureau Entity ID Number			
	[]	Limited Liability Partnership	Corporation Bureau Entity ID Number			
	[]	Limited Liability Company	Corporation Bureau Entity ID Number			
	[]	Corporation – For Profit	Corporation Bureau Entity ID Number			
	[]	Corporation - Nonprofit	Corporation Bureau Entity ID Number			
	腁	Fictitious Name (if applicable)	Entitu# 40/04/19			
		O, contact the PA Department of S iness in PA:	tate and apply according to how you will do			
		Corporations (Profit or -	File for Articles of Incorporation			
	Foreign Cornorations - F		File for a Certificate of Authority			

PA Limited Partnerships, Limited Liability Partnerships, Limited Liability Companies File for an Application of Registration

Fictitious Name Registration

File **only if** Trade Name will be different than the business name you register with the Department of State

10. Attachment Checklist

Attachment Checkinst				
Individual:	Certified Check, money order, or check from attorney [] Copy of Current Safety Rating (if available)			
Partnership:	 Certified Check, money order, or check from attorney List of names and addresses of ALL Partners Copy of Current Safety Rating (if available) 			
Limited	[] Corporation Bureau Entity Number as entered above in #9			
Partnership:	 [] Certified Check, money order, or check from attorney [] List of names and addresses of ALL Partners [] Copy of Current Safety Rating (if available) 			
Limited Liability	[] Corporation Bureau Entity Number as entered above in #9			
Partnership:	 Certified Check, money order, or check from attorney List of names and addresses of ALL Partners Copy of Current Safety Rating (if available) 			
Limited Liability	[] Corporation Bureau Entity Number as entered above in #9			
Company:	 [] Certified Check, money order, or check from attorney [] List of names and addresses of ALL Members and Title of each Member (even if only one member) [] Copy of Current Safety Rating (if available) 			
Corporation –	[] Corporation Bureau Entity Number as entered above in #9			
For Profit:	 Certified Check, money order, or check from attorney List of ALL Corporate Officers and Titles, name of each Shareholder and distribution of shares Copy of Current Safety Rating (if available) 			
	5 Purpou Entity Number as entered above in #9			
Corporation Non-Profit:	Certified Check, money order, or check from attorney List of ALL Corporate Officers and Titles and those serving on			
	[] Copy of Current Safety Rating (if available)			

11. Certification

Applicant certifies that it is not now engaged in intrastate transportation of property for compensation between points in Pennsylvania without Pennsylvania Public Utility Commission authorization and will not engage in any transportation not previously authorized by the Pennsylvania Public Utility Commission unless and until such authorization is obtained.

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.

You must sign the following Verification of Application.

Verification of Application

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, LP, or LLP), a member (if LLC), or by any officer (if a corporation).

I/we hereby state that the statements made in this application 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.

Mario De	Cosmo dr.	
(Print Name)	7	4 5
morio De	Como V.	5-19-13
(Signature)		(Date)

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Harrisburg, Da.

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