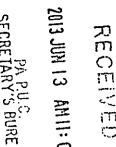
Secret July 13 AM 14 AM 14 AM 15 BURE PARTY'S BURE **Pennsylvania Public Utility Commission** PO Box 3265 Harrisburg, PA 17105-3265 (717) 787-1227



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

Trade Name (if using a fictition	us trade na	me, it must	be registered with the De	pt. of State)
Fictitious name and Regis	stration i	number (i	f applicable)	
Physical Address (do not us				
Street Address Hones dale	PA	18431		
City, State and Zip Code 570 - 470 - 759			W4yne County	
Telephone Number			County	
Mailing Address (if different	from Physi	cal Address	s)	
City, State and Zip Code				
Attorney (if applicable)	,			

If ye	es, PUC NO. A-	
Wha	t type of commodity do you in	
	STONE, (1177, USPNA)	<u> </u>
Are y	you one of the following? If ye	es, check below.
[]	Individual	
[]	Partnership	
_		
Are y	ou a business entity register	ed with the PA Department of State?
		e of business that applies to this Application iven to you by the PA Department of State:
[]	Limited Partnership	
	·	Corporation Bureau Entity ID Number
[]	Limited Liability Partnership	
		Corporation Bureau Entity ID Number
ĺΧΙ	Limited Liability Company	45 - 47 43 048
		Corporation Bureau Entity ID Number
[]	Corporation – For Profit	Corporation Bureau Entity ID Number
гı	Corneration Nonrestit	
[]	Corporation – Nonprofit	Corporation Bureau Entity ID Number
[]	Fictitious Name (if applicable)	
	, temporal training (in approache)	
	D, contact the PA Department on ness in PA:	of State and apply according to how you will
	Corporations (Profit or - -Profit)	File for Articles of Incorporation
	ign Corporations -	File for a Certificate of Authority

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.

Paul Kennedy Jr	(President)				
(Print Name) Taul K		61	10/13		
(Signature)		(Date)	SECRETARY'S BUREAU	2013 JUN 13 AH11:0	RECEIVED

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Pennsylvania Public Utility Commission
Bureau of Technical Utility Services
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834 or FAX (717) 787-3114

Exemption from PUC Cargo Insurance Regulations

This is to advise that	Watt	5 Hill 1700	King, LLC				
			of applicant/carrie	r)			
Holding PUC autho	rity at Applicati	ion Docket No	. A		is exempt		
J	• • • • • • • • • • • • • • • • • • • •		(if availab	le)			
From Cargo Insura	nce Regulation	s for the follow	ving reasons (Cl	neck all that	apply):		
g			•		,,,,		
M All transports	ation will be nro	ovided in dumi	o trucks.				
	All transportation will be provided in dump trucks. All transportation will be limited to farm products, garbage, ashes, rubbish, coal,						
debris earth			d similar constru				
			ted will not be m				
//	-	-					
(Signature of Individu	Kenns 1		(Pres)				
(Signature of Individu	ial applicant aut	horized partner	or corporate pres	sident or secre	etary)		
(Olginataro of Intalviat	iai applicant, aut	nonzou purmo	or corporate proc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	210.77		
Vanifiantif.f	Name						
Verification of F							
The undersigned de							
for the above caption							
make this verification			ein are true and	correct to the	e best of		
his/her knowledge,	information and	d belief.					
The undersigned ur	nderstands that	t false stateme	ents herein are n	nade subject	to the		
penalties of 18 Pag	C.S. § 4904 rel	lating to unswe	orn falsification t	o authorities			
This					6/10/15		
(Signature)	Kennedy			-	<u>6/10/13</u> (Date)		
D.	ly ((2 \				
Faul	Kennedy	J(-	(480)				
(Print Name)							
•							
Please return to:							
		nnical Utility Ser	vices – Complian	ce Office – Ins	surance		
	PO Box 3265						
	Harrisburg, PA	17105-3265					

This form is used to waive the Commission's requirement for PA PUC certificated carriers to maintain a minimum of \$5,000 insurance for loss or damage to cargo being transported. You must meet at least one of the three criteria above. If none of the three criteria for exemption apply to you, you must submit evidence of cargo insurance.

P.O. Box 258

Clarks Summit, PA 18411 Phone (570) 586-1471

No. CTO1384243

Previous No.

INSURANCE MARKETS, INC. Fax (570) 586-3694 Wats (800) 982-4047 COVERAGE IS NOT EFFECTED BY THIS OCCUMENT AND MAY BE RENDERED ONLY BY AN AUTHORIZED REPRESENTATIVE OF THE INSURER

Named Insured:

WATTS HILL TRUCKING LLC

BINDER

501 WATTS HILL ROAD HONESDALE PA 18431

WILL III

C C YOUNG INSURANCE AGENCY 1331 WYOMING AVENUE SCRANTON PA 185,09

Fax: (570) 342-8487

Binder Effective: 05-23-13 to 07-22-13 Policy Effective: 05-23-13 to 05-23-14 12:01 A.M. Standard Time Name of Insurer(s) NATIONAL CASUALTY COMPANY

100%

INFORMATION:

ANY ACTIVITY ON MVR & PRICE WILL CHANGE AFTER BINDING.

COVERAGE:

PRIMARY AUTO LIABILITY-SCHEDULED / COMPREHENSIVE & COLLISION STATED AMOUNT

LIMITS: \$1,000,000 LIABILITY 10,000 MEDICAL. 1000/5000 WORK LOSS FUNERAL EXPENSE 0 ACCIDENTAL DEATH 0

UNINSURED/UNDERINSURED 35,000 NON-STACKED

48,000 STATED AMT. PHYSICAL DAMAGE:

DEDUCTIBLE: 1000 COMP 1000 COLL

VEHICLE SCHEDULE: 06 WESTERN STAR TRIAXLE TRK

(continued on page 2)

PREMIUM \$4,754.00 Policy Fee \$75.00 MVR Fee \$10.00 -

TOTAL' \$4,839.00

CONDITIONS: This proposal is based on the underwriting and rating information in your application or provided by you. The coverage and terms being offered may not be the same or as broad as requested in your application. Please review carefully and advise us immediately if you have any questions.

[] Only applicable if checked: In accordance with Act 178 - The insurer which has issued this insurance is not licensed by the PA Insurance Dept is subject to limited regulation. This insurance is NOT covered by the PA Property & Casualty Insurance Guaranty Association. Placed by: Insurance Markets Agency Inc. 261 East Grove Street Clarks Summit PA. 18411. Date May 23, 2013 Authorized Representative:

HIGHER LMITS NOT AVAIL

Vatts Hill Trucking,LLC 501 Watts Hill Rd Honesdale Pa 18431



Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265