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

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BUREAU OF
TECHNICAL UTILITY SERVICES

2013 JUL 1 1 AM 10: 08

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.

HIGHJUMP LLC				
Trade Name (if using a fictitious trade name, it must be registered with the Dept. of State)				
Fictitious name and Registration number (if applicable)				
Physical Address (do not use	PO Box)			
320 Cline St.				
Street Address				
Pittsburgh, PA, 15112 City, State and Zip Code				
	Allacham			
224-659-0693 Telephone Number	Alleghany County			
Mailing Address (if different fr	om Physical Address)			
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Discontinuos de la constantinuo				
Street Address		CR.		
Street Address City, State and Zip Code		PA.I		
		PA.P.U.C. BUREAU		

	general freight, motor vehicles	f v.a	a abaak balaw
[]	you one of the following? If Individual	ı ye	s, check below.
[]	Partnership		
and	provide the Entity ID Numbe	• •	of business that applies to this Application ven to you by the PA Department of State:
[]	Limited Partnership		Corporation Bureau Entity ID Number
[]	Limited Liability Partnership)	Corporation Bureau Entity ID Number
[x]	Limited Liability Company		Entity # 4132261 09/05/ Corporation Bureau Entity ID Number
[]	Corporation – For Profit		Corporation Bureau Entity ID Number
[]	Corporation – Nonprofit		Corporation Bureau Entity ID Number
[]	Fictitious Name (if applicable	e)	
	O, contact the PA Departmer iness in PA:	nt of	State and apply according to how you will
	Corporations (Profit or n-Profit)	-	File for Articles of Incorporation
		_	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

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 Partnership:	[]	Corporation Bureau Entity Number as entered above in #9	
raitileisiip.	[] [] []	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	[x]	Corporation Bureau Entity Number as entered above in #9	
[x] List		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 – For Profit:	[]	Corporation Bureau Entity Number as entered above in #9	
TOFFICIE.	[]	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)	
Corporation – Non-Profit:	[]	Corporation Bureau Entity Number as entered above in #9	
TTOIL.	[]	Certified Check, money order, or check from attorney List of ALL Corporate Officers and Titles and those serving on Board of Directors	
	[]	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.

Alexey Voy		
(Print Name)	Voursenhovies	02/03/2013
(Signature)	7.50	(Date)

Date Filed: 09/05/2012
Carol Aichele
Secretary of the Commonwealth

Entity# 4/32261

PENNSYLVANIA DEPARTMENT OF STATE CORPORATION BUREAU

Certificate of Organization Domestic Limited Liability Company (15 Pa.C.S. § 8913)

PENNCORP SERVICEGROUP, INC. c/o Legalzoom.com Inc. P.O. Box 1210 AU394 Harrisburg, PA 17108-1210	Document will be returned to the name and address you enter to the left. Commonwealth of Pennsylvania CERTIFICATE OF ORGANIZATION 3 Page(
e; \$ 125	71225067083
In compliance with the requirements of 15 Pa.C.S. § iring to organize a limited liability company, hereby certifications.	8913 (relating to certificate of organization), the undersign fies that:
The name of the limited liability company (designator is reliability company" or abbreviation): HighJump LLC	equired, i.e., "company", "limited" or "limited
The (a) address of the limited liability company's initial relationship lits commercial registered office provider and the county of the	
(a) Number and Street City 320 Cline St., Pittsburgh, Pennsylvania 15112	State Zip County 2, Allegheny
(b) Name of Commercial Registered Office Provider c/o:	County
	y, of each organizer is (all organizers must sign on

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From:/Expéditeur:



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From ALEXEY VOYTSERHOVICH
HighJump LLC
320 CLine SX Easa Pittsburgh
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TO PA Public Utility

Bureau of Transportation and Safety po Box 3265

Harrisburgh, PA 17105-3265