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

## **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.

FRONTENAC PARTNERS LLC	
Trade Name (if using a fictitious trade name, it must be registered wit	,
FRONTENAC PARTNERS LLC dba Baseline	- Transportation
Fictitious name and Registration number (if applicable)	
Baseline Transportation (Entity #	4193789), PADO
Physical Address (do not use PO Box) 1628 North 18th Street	
Street Address Allow town PA 1810-1	<u> </u>
City, State and Zip Code	
City, State and Zip Code  610 433 - 7113 Leh Sh  Telephone Number County	201
Mailing Address (if different from Physical Address) <u>ας αγονε</u> Street Address	2013 JUL 24 AM 10: 25 SECRETARY'S BUREAU
City, State and Zip Code	Y'S BUS
Attorney (if applicable)	AH IO: 25

6.		s applicant currently hold or has (circle one)	ever held PA PUC authority?					
	If ye	es, PUC NO. A-	<del></del> _					
7.	Wha	t type of commodity do you inten 'y goods, food grade, b	od to transport? offled water, paper					
	-							
8.	Are y	Are you one of the following? If yes, check below.						
	[]	Individual						
	[]	Partnership						
9.	Are v	νου a business entity registered y	with the PA Department of State?					
•	lf YI	ES, please check below the type of	business that applies to this Application to you by the PA Department of State:					
	[]	Limited Partnership	Corporation Bureau Entity ID Number					
	[]	Limited Liability Partnership	Corporation Bureau Entity ID Number					
	M	Limited Liability Company	45 5606658 Corporation Bureau Entity ID Number					
	[]	Corporation – For Profit	· · · · · · · · · · · · · · · · · · ·					
	[ ] Corporation – Nonprofit		Corporation Bureau Entity ID Number  Corporation Bureau Entity ID Number					
	[]	Fictitious Name (if applicable)						
		<b>O,</b> contact the PA Department of St ness in PA:	ate and apply according to how you will do					
		Corporations (Profit or - F -Profit)	ile for Articles of Incorporation					
	Fore	eign Corporations - F	ile 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	[]	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
1	Company:	[J	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) (NIA - New Company)
	Corporation – For Profit:	[]	Corporation Bureau Entity Number as entered above in #9
	i or rome.	[]	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
	Non Tone.	[]	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.

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#### **List of All Members**

Christa E. Campbell, President, 5 Steeple Top Road Norwalk CT 06853

Jason B. Rhodes, CEO, 5 Steeple Top Road Norwalk CT 06853

2013 JUL 24 AMII: 27
SECRETARY: SPINS

Date of this notice: 07-02-2012

Employer Identification Number:

45-5606658

Form: SS-4

Number of this notice: CP 575 G

FRONTENAC PARTNERS LLC JASON RHODES SOLE MBR 5 STEEPLE TOP RD NORWALK, CT 06853

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-5606658. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

REV-IS 10001 (03-13) DOCEXEC ZR05

BUREAU OF CORPORATION TAXES PO BOX 280705 HARRISBURG PA 17128-0705



NOTICE OF CORPORATE REGISTRATION

FRONTENAC PARTNERS LLC 1628 N 18TH ST ALLENTOWN PA 18104-1500

REVENUE ID:	1000703308
FEIN:	Not Available
DOCUMENT ID:	BU1000214131
MAIL DATE:	05/22/2013
FISCAL YR END:	12/31
INCORPORATION DATE:	04/12/2013

TAXES SUBJECT:

Corporate Net Income Loans Capital Stock

Welcome to Pennsylvania's business community. The Department of Revenue has been advised that you are authorized to conduct business in Pennsylvania. The above Revenue ID number has been assigned to your business for tax reporting purposes. Please reference this number on all correspondence with the department.

Carefully review your name, address and tax information above for accuracy. If no federal employer identification number (FEIN) is indicated, please provide this number to the department as soon as it is available from the federal government. Write the FEIN and other changes or additions in the top, right-hand corner above and return this letter to the PA DEPARTMENT OF REVENUE, PO BOX 280705, HARRISBURG PA 17128-0705.

#### **FILING REQUIREMENTS**

The taxes you are required to report annually are identified above. Tax reports must be filed timely, even if there is no business activity or if the first year in business is less than 12 months. You are obligated to pay timely and file tax returns until you formally dissolve your corporate charter, file an out of existence affidavit or cancel a license or authorization. Failure to file and pay timely may result in penalties and liens. For information on tax due dates, visit the department's website at <a href="https://www.revenue.state.pa.us">www.revenue.state.pa.us</a>.

Pay particular attention to the month your fiscal year ends, identified above, for the following reasons:

- For capital stock/foreign franchise, corporate net income and mutual thrift taxes, the first quarterly estimated payments are due within 75 days following the incorporation/authority date.
- A federal subchapter S corporation desiring not to be taxed as a PA S corporation is required to file Form REV-976 on or before the due date or extended due date of the first tax period for which it is to be in effect. REV-976 is available at <a href="https://www.revenue.state.pa.us">www.revenue.state.pa.us</a>.

#### SUBJECTIVITY TO CORPORATE TAXES FOR LIMITED LIABILITY COMPANIES AND BUSINESS TRUSTS

- According to Section 601 of the Tax Reform Code, limited liability companies and business trusts are considered corporations for purposes of capital stock/foreign franchise tax, regardless of how they file with the Internal Revenue Service (IRS).
- Under Section 401, any entity that files as a corporation with the IRS is subject to PA corporate net income tax.
   A limited liability company or business trust that does not file as a corporation with the IRS is not subject to the PA corporate net income tax.

#### **ELECTRONIC FILING**

Payments of \$10,000 or more must be remitted electronically. Register online through the department's e-Services Center at <a href="https://www.revenue.state.pa.us">www.revenue.state.pa.us</a> to send tax payments to the department online using e-TIDES.

The Department of Revenue appreciates your cooperation and wishes your business success in Pennsylvania. If you have any questions, visit the Online Customer Service Center at <a href="https://www.revenue.state.pa.us">www.revenue.state.pa.us</a> or call the Taxpayer Service & Information Center at 717-787-1064.

#### PENNSYLVANIA DEPARTMENT OF STATE **BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

#### Application for Registration of Fictitious Name 54 Pa.C.S. § 311

Neme Frontena	itenac Partners LLC	c	Document will be returned manus and address you cut the left.
Address 5 Steeple	Top Road		<u></u> Co:
City Norwalk	State CT	Zip Code 06853	
			1   1   1   1   1   1   1   1   1   1

mmonwealth of Pennsylvania

Fee: \$70

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

- 1. The fictitious name is: **Baseline Transportation**
- 2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious turne is: Regional dry van trucking company. Asset purchase of existing Baseline Transportation Inc.
- 3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not 1628 North 18th Street Allentown 18104 PA Lehigh Number and street State Zlo County

4. The name and address, in	iding number and street, if any, of each individual interested in the business is:				
Name	Number and Street	City	State	219	
Christa Campbell	5 Steeple Top Road	Norwalk	СТ	06853	
Jason Rhodes	5 Steeple Top Road	Norwalk	СТ	<u>06853</u>	
PA DEPT	OF STATE	· · · · · · · · · · · · · · · · · · ·	·· <u>·</u>		
	OF STATE				

APR 2 6 2013

PA DEPT. OF STATE MAY 20 2013

Dept. of State JUN 1 0 2013

5. Each entity, other than an individual, in Frontenac Partners LLC	· LLC	PA
Name	Form of Organization	Organizing Jurisdiction
	town, PA 18104	
Principal Office Address		
	own, PA 18104 .	
PA Registered Office, if any		
Name	Form of Organization	. Organizing Jurisdiction
Principal Office Address	<del></del>	<u> </u>
PA Registered Office, if any		<u> </u>
The applicant is familiar with the provisuaderstands that filing under the Fiotitic fictitious name.		
(sre):	·	
N TESTIMONY WHEREOF, the undersit	gned have caused this Application	for Registration of Fictitious
22nd day or April 2013		
Individual Signature	Indi	vidual Signaturo
Individual Signature		
	Indi	vidual Signature
Frontenac Partners LLC	Indi	vidual Signature
Frontenac Partners LLC Entiry Name	<u> </u>	entity Name
Frontenac Partners LLC  Entity Name  Campbell  Signature  Fresi deut	<u> </u>	<u> </u>

# PENNSYLYANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Consent to Appropriation of Name
(13 Pacode) 17.2)

Pursuant to 19 Pa. Code § 17.2 (reinting to appropriation of the name of a senior corporation) the undersigned association, desiring to consent to the appropriation of its name by another association, hereby certifies these

	wider and the cour onn to the records ext	uncut registered offi my of venue is (the I of the Department): (Thy Allenta	D <del>eparane</del> at is Si	hereby authoriza		following
(b) Name of Commo	ercial Registered C				Coun	ν
The date of its incom	coration or other or					
The statute under wi But Giness	ich it was incorpo - Stock	rend or otherwise or (15 Pa . C.S.	panizad is:	·		<u>]</u> .
The association(s) en		t of this Conscot of		C		
					.;	<u> </u>



1200 New Jersey Ave., S.E. Washington, DC 20590

SERVICE DATE July 09, 2013

#### **CERTIFICATE**

MC-817397-C

U.S. DOT No. 2379816
FRONTERAC PARTNERS LLC
D/B/A BASELINE TRANSPORTATION
ALLENTOWN, PA

This Certificate is evidence of the carrier's authority to engage in transportation as a **common carrier of property** (except household goods) by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Jeffrey L. Secrist, Chief

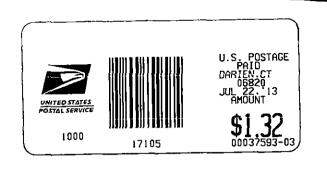
Affry L. Stant

Information Technology Operations Division

**NOTE:** Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

CMO

Baseline Transportation 1628 N. 18th 57. Albertun, PA 18104



Pennsylvania Public Utility Commission PO Box 3265 Harrisburg, PA 17105-3265