

**Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834**

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TECHNICAL UTILITY SERVICES
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Application for Motor Common Carrier of Property

Please complete all parts of the following application. Incomplete applications will be returned. All questions may be directed to the Bureau of Transportation & Safety at (717) 787-3834.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

JMS HAULING INC

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

3. **Physical Address** (do not use PO Box)

1029 SOUTH CENTER AVENUE
Street Address

SOMERSET, PA 15501
City, State and Zip Code

(814) 443-3070
Telephone Number

SOMERSET
County

4. **Mailing Address** (if different from Physical Address)

PO Box 591
Street Address

SOMERSET, PA 15501
City, State and Zip Code

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5. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

6. Does applicant currently hold PA PUC authority? Yes **No** (circle one)

If yes, enter current docket number A-00 _____

7. What type of commodity do you intend to transport? general
freight and motor VEHICLES

8. **Form of Organization** (Check one that applies to this application)

Individual

Partnership

Attach a copy of a Partnership Agreement and list the names and addresses of ALL partners.

Corporation

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration. Include a list of all corporate officers/titles and distribution of shares.

LLC or LLP

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or foreign corporation registration. Include a list of all members (even if there is only one member) and title of each member.

9. **Attachment Checklist**

For Corporations:

Copy of Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration.

List of all corporate officers/titles, names of shareholders and distribution of shares.

For LLPs and LLCs Only:

Copy of Certificate of Incorporation, Certificate of Authority, or foreign corporation registration.

List of all members (even if there is only one member) and title of each member.

For Partnerships Only:

Copy of Partnership Agreement.

List the names and addresses of ALL partners.

For ALL Applicants:

- Fictitious Trade Name Registration (if applicable).
- Copy of Current Safety Rating (if available).
- Proof of Insurance (See item 5 on instruction sheet).
- Certified check, money order or attorney's check.

10. **Certification**

Applicant certifies that it is not now engaged in any intrastate transportation of property for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

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

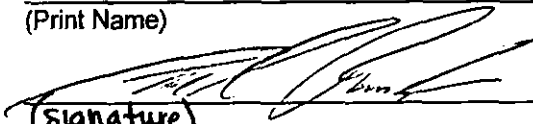
The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners (if a partnership) or by the President or Secretary (if a corporation).

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

JEREMY SIGMUND

(Print Name)


(Signature)

11.4.14
(DATE)

CORPORATE OFFICER:

JEREMY SIGMUND- PRESIDENT, V-PRES, SEC, AND TREASURER. 100% SHAREHOLDER

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

OCTOBER 14, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

J M S Hauling, Inc

I, Carol Aichele, Secretary of the Commonwealth of Pennsylvania
do hereby certify that the foregoing and annexed is a true and correct
copy of

1 ARTICLES OF INCORPORATION filed on November 4, 2010
which appear of record in this department.

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IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Secretary of the Commonwealth

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Articles of Incorporation-For Profit

(15 Pa.C.S.)

- | | |
|---|--|
| <input type="checkbox"/> Business-stock (§ 1306) | <input type="checkbox"/> Management (§ 2703) |
| <input type="checkbox"/> Business-nonstock (§ 2102) | <input type="checkbox"/> Professional (§ 2903) |
| <input checked="" type="checkbox"/> Business-statutory close (§ 2303) | <input type="checkbox"/> Insurance (§ 3101) |
| <input type="checkbox"/> Cooperative (§ 7102) | |

Name Robert I. Boose, II, Esq.		
Address 203 West Union Street, Suite 100		
City Somerset	State Pa	Zip Code 15501

Document will be returned to the name and address you enter to the left.

Commonwealth of Pennsylvania
ARTICLES OF INCORPORATION 3 Page(s)



Fee: \$125

In compliance with the requirements of the applicable provisions (relating to corporations and unincorporated associations), the undersigned, desiring to incorporate a corporation for profit, hereby states that:

1. The name of the corporation (*corporate designator required, i.e., "corporation", "incorporated", "limited" "company" or any abbreviation. "Professional corporation" or "P.C"*):

J M S Hauling, Inc

2. The (a) address of this corporation's current registered office in this Commonwealth (*post office box, alone, is not acceptable*) or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
220 Cannery Road	Somerset	Pa	15501	Somerset County

(b) Name of Commercial Registered Office Provider _____ County _____

c/o: _____

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. The aggregate number of shares authorized: **1000**

5. The name and address, including number and street, if any, of each incorporator (*all incorporators must sign below*):

Name	Address
<u>Jeremy Sigmund</u>	<u>220 Cannery Road, Somerset, Pa 15501</u>

6. The specified effective date, if any: _____
month/day/year hour, if any

7. Additional provisions of the articles, if any, attach an 8½ by 11 sheet.

8. *Statutory close corporation only.* Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. 77a et seq.)

9. *Cooperative corporations only: Complete and strike out inapplicable term:*

The common bond of membership among its members/shareholders is: _____.

IN TESTIMONY WHEREOF, the incorporator(s)
has/have signed these Articles of Incorporation this

29th day of October 2014.



Signature

Signature

Docketing Statement DSCB:15-134A (Rev 2001)
Departments of State and Revenue

One (1) copy required

BUREAU USE ONLY:	
Dept. of State Entity #	_____
Dept. of Rev. Box #	_____
Filing Period _____	Date 3 4 5 _____
SIC/NAICS _____	Report Code _____

Check proper box:

Pennsylvania Entities

<input type="checkbox"/> business stock
<input type="checkbox"/> business non-stock
<input type="checkbox"/> professional
<input type="checkbox"/> nonprofit stock
<input type="checkbox"/> nonprofit non-stock
<input type="checkbox"/> statutory close
<input type="checkbox"/> management
<input type="checkbox"/> cooperative
<input type="checkbox"/> insurance
<input type="checkbox"/> limited liability company
<input type="checkbox"/> restricted professional
<input type="checkbox"/> limited liability company
<input type="checkbox"/> business trust

Foreign Entities

State/Country _____	Date _____
<input type="checkbox"/> business	
<input type="checkbox"/> nonprofit	
<input type="checkbox"/> limited liability company	
<input type="checkbox"/> restricted professional	
<input type="checkbox"/> limited liability company	
<input type="checkbox"/> business trust	

Other

<input type="checkbox"/> domestication
<input type="checkbox"/> division
<input type="checkbox"/> consolidation

1. Entity Name: <u>J M S Hauling Inc</u>

2. Individual name and mailing address responsible for initial tax reports:				
<u>Jeremy Sigmund 220 Cannery Road, Somerset, Pa 15501</u>				
Name	Number and street	City	State	Zip

3. Description of business activity: <u>Trucking Company</u>

4. Specified effective date, if any:
month/day/year _____ hour, if any _____

5. EIN (Employer Identification Number), if any:

6. Fiscal Year End: <u>December 31</u>

7. Fictitious Name (only if foreign corporation is transacting business in PA under a fictitious name): _____
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JMS Hauling Inc
PO Box 591
Somerset, PA 15501

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PA Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
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17105-3265

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Agency: PUC
Floor:
External Carrier: CERTIFIED

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<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/>
PO ZIP Code 15290	Scheduled Delivery Date (MM/DD/YY)	Postage \$
Date Accepted (MM/DD/YY) 11/9/14	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance \$
Time Accepted 11:18 AM	10:30 AM Delivery Fee	Return \$
Weight 0 lbs 7 ozs	Sunday/Holiday Premium Fee \$	Total Postage \$ 1.17
<input type="checkbox"/> Flat Rate	Acceptance Employee Initials CJK	



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Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature



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