2/12/15 Original to Compliance + assignments Copy Commonwealth of Pennsylvania Public Utility Commission PO BOX 3265 HARRISBURG, PA 17105-3265

RECEIVED ADMINISTRATIVE SERVICES

2015 FEB 12 AM 9: 46

2014 ASSESSMENT REPORT-MOTOR CARRIERS

PA PUC

(over)

This Report MUST BE FILED not later than MARCH 31, 2015. Failure to file may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301). A = 0.01205

TRADE OR CORPORATE NAME OF UTILITY:	 -	ן טזונוזט ן		ATION#
MADISON HOMES GROUP, INC.			5626	
CONTACT NAME:				
ADDRESS 1:	ADDRESS :	! (Floor, Suite, etc.):	· -	
405 BRIDGE STREET				
CITY, STATE, ZIP: NEW CUMBERLAND, PA 17070			•	
THEW COMBERCAND, I'A 17070	<u>.</u>			
OPERATING REVENUE FOR				
	(A	ll amounts shall be ro		t dollar.) SENGER
	PROPERTY	HOUSEHOLD GOODS	S Group and Party 16 o	
i i i i i i i i i i i i i i i i i i i			more	
1. PA INTRASTATE OPERATING REVENUE	\$	\$	\$	\$
2. PA EXEMPT INTRASTATE REVENUE	\$	\$	\$	<u> </u>
3. PA NET INTRASTATE OPERATING	\$	\$	\$	S
REVENUE (Subtract Line 2 from Line 1)	3	3	J	3
D. DVDMDD MED ACT AND DEVENING	(A	l amounts shall be ro		t dollar.) SENGER
PA EXEMPT INTRASTATE REVENUE Enter a number from enclosed Exempt Revenue		HOUSEHOLD		
list as applicable. (Attach additional sheets as	PROPERTY	GOODS	Group and Party 16 or more	Other
needed)				
	\$	\$	\$ \ 1	\$
		1	1 1	· · · · · · · · · · · · · · · · · · ·
			$I \longrightarrow I$	
				7
1	-		 	
٧				
TOTAL (Enter on Line 2 above)	\$	\$	\$	\$
	GISTRATION I	NFORMATION		
2014 UCR Registered: YES NO				
IF YES:				-
US DOT #: INTERST	ATE OPER	ATING REVI	ENUE: s	
MC Number:				
				

Page 1 of 2

AR-14-MC

In accordance with Sections 505 and 506 of the Public Utility Code, as a means to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the 'Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled with regard to the below-listed utility and/or individual. Vitility Name	AI	UTHORIZATION FOR I	RELEASE OF	STATE TAX	RECORDS	
AFFIDAVIT affirm that the information reported herein is complete, true and correct. Signature	In accor accuracy of finan Pennsylvania De	cial information supplied to t partment of Revenue to releas	the Public Utility se to the Public	y Commission, I l Utility Commissi	nereby authorize the on, any tax records f	
AFFIDAVIT affirm that the information reported herein is complete, true and correct. (Signature of Individual or Officer) (Date) ADABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE: ADABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE: ADE NAME OR CORPORATE NAME OF UTILITY: DERAL ID. TELEPHONE NO.: Office () Ext. Cell () Telephone no.: Office () Ext. Cell () Telephone no.: Office () Ext. Cell () Telephone no.: Office () Ext. Cell () Telephone no.: Office () Ext. Cell () Telephone no.: Office () Ext. Cell () Telephone no.: Office () Ext. Cell () Telephone no.: Office () Ext. Cell () Telephone no.: Office () Ext. Cell () Telephone no.: Office () Ext. Cell () Telephone no.: Office () Ext. Cell ()		Utility Na	ime			_
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