

717-783-8052 Nancy

2/18/15 original to compliance--assignments
copy to assessments

COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION
P.O. BOX 3265
HARRISBURG, PA 17105-3265

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ADMINISTRATIVE SERVICES

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2014 ASSESSMENT REPORT-MOTOR CARRIERS

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).

TRADE OR CORPORATE NAME OF UTILITY: SYLVITE INVESTMENTS (USA) INC.&		UTILITY CODE 701429	APPLICATION # A-00112253
CONTACT NAME: SYLCO SERVICE & TERMINAL CO			
ADDRESS 1: 6395 SR 103 NORTH		ADDRESS 2 (Floor, Suite, etc.):	
CITY, STATE, ZIP: LEWISTOWN, PA 17044			

*** Business - No longer in Business**

OPERATING REVENUE FOR CALENDAR YEAR 2014 (January 1, 2014-December 31, 2014)

(All amounts shall be rounded to the nearest dollar.)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Passenger 15 and Under
1. PA INTRASTATE OPERATING REVENUE	\$	\$	\$	\$
2. PA EXEMPT INTRASTATE REVENUE	\$	\$	\$	\$
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$	\$	\$	\$

(All amounts shall be rounded to the nearest dollar.)

PA EXEMPT INTRASTATE REVENUE Enter a number from enclosed Exempt Revenue list as applicable. (Attach additional sheets as needed)	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Other
	\$	\$	\$	\$
TOTAL (Enter on Line 2 above)	\$	\$	\$	\$

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PA PUC

UCR REGISTRATION INFORMATION

2014 UCR Registered: YES NO

IF YES:

US DOT #: _____ INTERSTATE OPERATING REVENUE: \$ _____

MC Number: _____

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

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.

Utility Name _____

X _____

Signature

Date: _____

Name (Printed) _____

Title _____

AFFIDAVIT

I affirm that the information reported herein is complete, true and correct.

[Handwritten Signature] 2/18/15
(Signature of Individual or Officer) (Date)

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:

NOTARIZATION (Required)

Subscribed and sworn to before me

this _____ day of _____ 2015

TRADE NAME OR CORPORATE NAME OF UTILITY:

NOTARY SIGNATURE

FEDERAL ID:

TELEPHONE NO.:

Office ()

Ext.

Cell ()

OFFICIAL SEAL

(Official Title)

Name of person to be contacted for additional information:

(Date My Commission Expires)

Name: _____ (printed)

Telephone: _____ Ext.

* Contact - 302.424.2837