Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
(717) 772-7777
www.puc.pa.gov

## RECEIVED

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## Application for Manager Acomp The Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

1.	Legal	Name of	Applicant (Inc	lividual, Partnersh	ip or Corporation)
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KR Transportation Solutions, L	.L(	3
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- If you are an individual who has not formed any type of corporate entity, you should enter your name as it will appear on your insurance documents.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing iointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), even if you are the sole shareholder member, you must enter the name exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State.
- 2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

This is any name which you will be operating under which differs from the LEGAL NAME OF APPLICANT. A TRADE NAME is considered a FICTITIOUS NAME if the identity of the applicant cannot be readily determined. EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.

3.	Do you currently hold PA PUC Authority?	_X_NO	<b>Previous Authority?</b> X_NO
	If yes, at PUC No. A-		

4. Are you a business entity registered with the PA Department of State? \_\_\_NO If No, you must first register (see checklist)

If Yes, provide your PA Corporation Bureau Entity ID Number \_461358836 (see checklist and indicate type of business entity registered)

	iship, Pa 18433	
City, State an	d Zip Code	
570-851-85	20	Lackawanna
Telephone No		County
	entered here should reflect the actual lo on needs in order to dispatch Enforcem	ocation of the business. This is the addres nent Officers to inspect equipment.
Mailing Ad	dress (if different from Physical Addre	ess)
Street Addres	S	
City, State an	1 Zip Code	
This is the a	ddress to which the Commission will If left blank, it will be assumed that the	
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## 10. Certification:

Applicant certifies that it is not now engaged in unauthorized intrastate transportation 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.

## **Verification of Application**

I/We hereby state that the statement(s) 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.

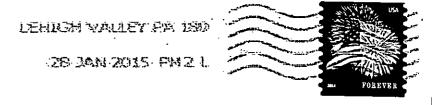
limited liability company), or by the President or Secretary (if a corporation).

\_\_\_Kevin Ryczak - Sous Menser (Print Name)

(Signature)

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, a member (if a

KR Transportation Solutions 1332 Heart Lake Road Scott Township, PA 18433



SECRETARY, PA PUBLIC UTILITY COMMISSION 400 NORTH STROKET, ZND FLOOR WARRISBURG, PENNSYLVANIA 17120

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