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

### **Application for Motor Common Carrier of 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 (Individual, Partnership or Corporation)  |
|    | Michael J. Sharkuski, Jr.   |
|    | <ul> <li>If you are an individual who has not formed any type of corporate entity, you should<br/>enter your name as it will appear on your insurance documents.</li> </ul>   |
|    | <ul> <li>If you are filing for a partnership, but not a limited liability partnership, the names of<br/>all partners must be entered on this line. Those names should be entered as they will<br/>appear on your insurance documents. This includes husbands and wives filing<br/>jointly.</li> </ul>   |
|    | <ul> <li>If you are filing for a corporate entity (corporation, limited liability company, or limited<br/>liability partnership), even if you are the sole shareholder member, you must enter<br/>the name exactly as it appears on the registration papers from the Corporation<br/>Bureau of the Pennsylvania Department of State.</li> </ul>   |
| 2. | Trade Name (Attach a copy of fictitious name registration if applicable)  |
|    | Sharkuski Trucking  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 Previous Authority?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 4323085 (see checklist and indicate type of business entity registered)   |
|    |   |

| •  | Berwick, PA 18603 City, State and Zip Code   |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
| (570) 441<br>Telephone   |  |  |  |  |  |  |
| The addres   | entered here should reflect the actual location of the business. This is the addresion needs in order to dispatch Enforcement Officers to inspect equipment.   |  |  |  |  |  |
| Mailing Address (if different from Physical Address)   |  |  |  |  |  |  |
| 411 Sun<br>Street Addr   | nerhill Road<br>ss   |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Benwick  | 2A 18603   |  |  |  |  |  |
| Berwick,<br>City, State  | PA 18603<br>nd Zip Code  |  |  |  |  |  |
| City, State of<br>This is the  | nd Zip Code address to which the Commission will send all official documents issued by the land, it will be assumed that the <b>MAILING ADDRESS</b> is the same as the |  |  |  |  |  |
| City, State and This is the Commission PHYSICAL  | nd Zip Code address to which the Commission will send all official documents issued by the land, it will be assumed that the <b>MAILING ADDRESS</b> is the same as the |  |  |  |  |  |
| City, State at This is the Commissio PHYSICAL  | nd Zip Code address to which the Commission will send all official documents issued by the left blank, it will be assumed that the <b>MAILING ADDRESS</b> is the same as the ADDRESS.  |  |  |  |  |  |
| City, State at This is the Commissio PHYSICAL  | address to which the Commission will send all official documents issued by the left blank, it will be assumed that the <b>MAILING ADDRESS</b> is the same as the <b>ADDRESS</b> .  If applicable)  The ame & Telephone Number for this Filing  |  |  |  |  |  |
| City, State at This is the Commission PHYSICAL  Attorney  Attorney's Attorney's Attorney's A   | address to which the Commission will send all official documents issued by the left blank, it will be assumed that the MAILING ADDRESS is the same as the ADDRESS.  If applicable)  The ame & Telephone Number for this Filing  Iddress  |  |  |  |  |  |
| City, State at This is the Commission PHYSICAL  Attorney  Attorney's Attorney's Attorney's Attorney's Attorney applicated applicated at the commission of the applicated at th | address to which the Commission will send all official documents issued by the left blank, it will be assumed that the MAILING ADDRESS is the same as the ADDRESS.  If applicable)  The ame & Telephone Number for this Filing  Iddress  Is name should only be entered if an attorney is filing the application for a client and application for a client and application.  |  |  |  |  |  |

#### 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.

| Michael J. Sharkuski , Jr. |           |
|----------------------------|-----------|
| (Print Name)               |           |
|                            | ,         |
| AM.                        | 3/18/2015 |
| (Signature)                | (Ďate)    |

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

Entity #: 4323085 Date Filed: 01/12/2015 Pedro A. Cortés Acting Secretary of the Commonwealth

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

# Application for Registration of Fictitious Name $54\,\mathrm{Pa.C.S.}$ § 311

| Name<br>Michael I Sha                                   | rka seki   | · · ·   |  | ment will be retu<br>and address you |                             |  |  |  |
|---|--|---|--|--------------------------------------|-----------------------------|--|--|--|
| Michael J Sha<br>Address                                | KUSKI  |   | the le                                 |                                      |                             |  |  |  |
| 411 Summerh   | ill Road,  |   |  |                                      |                             |  |  |  |
| City  | State  | Zíp Code  |  |                                      |                             |  |  |  |
| Berwick   | PA   | 18603   | <del></del>                            |                                      |                             |  |  |  |
|   |  |   |  |                                      |                             |  |  |  |
| : \$70.00   |  |   |  |                                      |                             |  |  |  |
|   |  |   |  |                                      |                             |  |  |  |
|   |  |   |  |                                      |                             |  |  |  |
| umpliance with t  | ne requirements of 5/1   | Po C'S & 311 (relating to                               | ranietration)                          | the undersioned                      | entity(ies) desiring to reg |  |  |  |
|   |  | ea.c.s. § 311 (leading to<br>ating to fictitious names) |  |                                      | entity(les) desiring to reg |  |  |  |
|   |  |   | ,(                                     | ,                                    |                             |  |  |  |
| 1. The fictition  | ous name is:   |   |  |                                      |                             |  |  |  |
| Sharkuski   | i Truckina   |   |  |                                      |                             |  |  |  |
|   |  |   |  |                                      |                             |  |  |  |
|   |  |   |  |                                      |                             |  |  |  |
|   | A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: |   |  |                                      |                             |  |  |  |
| Hauling of  | faggregate materials   | s used in construction                                  |  |                                      |                             |  |  |  |
|   |  |   |  |                                      |                             |  |  |  |
|   |  |   |  |                                      |                             |  |  |  |
|   |  | nd street, if any, of the pr                            | incipal place of                       | business (P.O.)                      | Box alone is not            |  |  |  |
| <ol> <li>The address acceptable)</li> </ol>             | ٠,   |   |  | 18603                                | Columbia                    |  |  |  |
|   |  | Berwick   | PA                                     | 10000                                | Ooldinbid                   |  |  |  |
| acceptable)   | ill Road, E  | Berwick<br>Lity   | PA<br>State                            | Zíp                                  | County                      |  |  |  |
| acceptable)<br>411 Summerhi                             | ill Road, E  |   |  |                                      |                             |  |  |  |
| acceptable)<br>411 Summerhi                             | ill Road, E  |   |  |                                      |                             |  |  |  |
| acceptable)<br>411 Summerhi<br>Number and stre          | ill Road, E  |   | State                                  | Zíp                                  | County                      |  |  |  |
| acceptable)<br>411 Summerhi<br>Number and stre          | ill Road, E  | Lity  | State  y, of each indivi               | Zíp                                  | County                      |  |  |  |
| acceptable) 411 Summerhi Number and stre  4. The name a | ill Road, E  | number and street, if any                               | State  y, of each indivietCityStateZip | Zip<br>dual interested i             | County                      |  |  |  |

PENN File: January 12, 2015