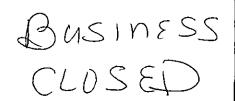
313/15 original to compliance assignment assess ments Copy to assess ments COMMONWEALTH OF PENNSYLVANIA PUBLIC UTILITY COMMISSION PO BOX 3265 HARRISBURG, PA 17105-3265

TRADE OR CORPORATE NAME OF UTILITY:

RICKY A KLINE



APPLICATION #

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).

UTILITY CODE

8914694

CONTACT NAME:			1694 A-201	012-2304980	
CONTINUE.					
ADDRESS 1: 4371 IRISH CREEK ROAD	ADDRESS	2 (Floor, Suite, etc.):			
CITY, STATE, ZIP:				.	
BERNVILLE, PA 19506					
OPERATING REVENUE FOR					
	(A	(All amounts shall be rounded to the nearest dollar.) PASSENGER			
	PROPERTY	HOUSEHOLD GOODS	Group and Party 16 or more	Passenger 15 and Unde	
1. PA INTRASTATE OPERATING REVENUE	\$	\$	\$	\$	
2. PA EXEMPT INTRASTATE REVENUE	\$	\$	\$	\$	
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$	\$	\$	·\$	
	(A	ll amounts shall be rou	nded 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	PASS Group and Party 16 or more	ENGER 2015 FEB 2	
	\$	\$	\$		
				AH E SE	
				9: 48	
				S30	
			·		
TOTAL (Enter on Line 2 above)	\$	\$	\$	201, 201, S <u>E</u> C	
		-		S MAR	
UCR RE	GISTRATION	INFORMATION		RA O	
2014 UCR Registered: ☐ YES ☐ NO				AH S S	
IF YES:				H 7:	
US DOT #:INTERST	ATE OPER	ATING REVE	NUE: \$	₹ 5	
MC Number:					
AR-14-MC Page	1 of 2	-	(o	ver)	

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. (Signature of Individual or Officer) (Date) NOTARIZATION (Required) READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE: Subscribed and sworn to before me this_____ day of _____ 2015

Ext.

NOTARY SIGNATURE

(Date My Commission Expires)

(Official Title)

TELEPHONE NO.:

Office (

Cell (

TRADE NAME OR CORPORATE NAME OF UTILITY:

Name of person to be contacted for additional information:

(printed)

FEDERAL ID;

Telephone:

PENNSYLVANIA PUBLIC UTILITY COMMISSION MOTOR CARRIER SERVICES AND ENFORCEMENT

To Whom It May Concern:

Motor Common Carriers of Property, adopted December 15, 1994 and entered December 20, 1994:				
A-00_39	14694	ny Certificate of Public Co , be canceled, and that eby cease and terminate.	all rights, powers	
certificate	will require the ref	equest and subsequent ca filing of an application an nitiate common carrier se	d payment of a filing	
Rio	CKY A. Klin	٠		
		r Road, Bernvil	le PA 1950/0	
CARRIER A	DORESS A. While		,	
AUTHORIZE PRINT NAM	D SIGNATURE A Kline	Ocone C	2/16/15	