3/4/13 Original to Compliance - assignments     Copy to assessments     Copy to assessments     Commonwealth of Pennsylvania Received     PUBLIC UTILITY COMMISSION     PO BOX 3265     PO BOX 3265     HARRISBURG, PA 17105-3265 2015 MAR - 2 AM 10: 25     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:     MORRIS, C.J.				
MORRIS, C.J.	•		960 A-C	
ADDRESS 1: ADDRESS 2 (Floor, Suite, etc.):				
CITY, STATE, ZIP: BRADFORD, PA 16701-9701				
OPERATING REVENUE FOR CALENDAR YEAR 2014 (January 1, 2014-December 31, 2014) (All amounts shall be rounded to the nearest dollar.) PROPERTY HOUSEHOLD GOODS Group and Party 16 or Passenger 15 and Under more more more passenger 15 and Under				
1. PA INTRASTATE OPERATING REVENUE	\$523,113	\$	\$	\$
2. PA EXEMPT INTRASTATE REVENUE	\$ 0	\$	\$	\$
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$523,113	\$	\$	\$
PA EXEMPT INTRASTATE REVENUE Enter a number from enclosed Exempt Revenue list as applicable. (Attach additional sheets as needed)	PROPERTY	amounts shall be rou HOUSEHOLD GOODS		dollar.) ENGER Other
	\$	\$	\$	\$ N/A
C. ARIONWEATH OF PEN-65 YLVAUH				
1-OTARIAL SEAL CHRISTEAR L KAPER			 1 1	2015
OTTY OF BRADFORD, NOREAN COUNTY MY COMMISSION EXPIRES November 30, 2015	<u> </u>			FP HAR
TOTAL (Enter on Line 2 above)	\$	\$	\$ 0	<b>`</b>
TOTAL (Enter on Line 2 above) \$				
2014 UCR Registered: XYES INO BUSINESS CEQSED 6/30/14				
IF YES:     US DOT #:				

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. : 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. <u>C. Morris & Sons, Inc.</u> Utility Name **X** <u>Marin</u> <u>Signature</u> <u>Steven C. Morris</u> <u>Secretary</u> Title Date: 2-25-15 **AFFIDAVIT** I affirm that the information reported herein is complete, true and correct. Steven C. Monio 3-35-15 (Signature of Individual or Officer) (Date) NOTARIZATION (Required) READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE: Subscribed and sworn to before me Steven C. Morris D day of February 2015 TRADE NAME OR CORPORATE NAME OF UTILITY: C. Monris & Sons, Inc. FEDERAL ID: 33-2940382 Office (814) 362-6423Ext. COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL CHRISTENE L KAPER Cell ( ) NOTARY PUBLIC CRPSPARADCADY NEXCERN COUNTY MY COMMISSION EXPIRES November 30, 2015 Name of person to be contacted for additional information: Name: Martha L Momis (printed) Ext. 814.368.6493

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