314/2015 original to compliance - assignments

COMMONWEALTH OF PENNSYLVANIA CEIVED

PUBLIC UTILITY COMMISSIONISTRATIVE SERVICES

PO BOX 3265

HARRISBURG, PA 17105-3265 MAR -2 AM IO: 28

2014 ASSESSMENT REPORT-MOTOR GARRIERS

viola		tinues (66 Pa		301).		7-00104001
TRADE OR CORPORATE NAME OF UTILITY: WILLIAM D RISINGER				8315	I	PLICATION# 2
CONTACT NAME:				0515		REC IS HAR CRETA
				_		
ADDRESS 1: / / / / / / / / / / / / / / / / / /		ADDRESS 2 (Floor, Suite,	etc.);		र्रेंड के गा
CITY, STATE, ZIP:						S BU
INDIANA, PA 15701						22
						5 .
OPERATING REVENUE FOR	CALE					
G		(All	amounts s	shall be rour	ided to the ne	arest dollar.) PASSENGER
	P P	ROPERTY	HOUSEHO	OLD GOODS	Group and Party more	16 or 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 roun	ded to the ne	arest dollar.)
PA EXEMPT INTRASTATE REVENUE Enter a number from enclosed Exempt Revenue list as applicable. (Attach additional sheets as needed)	P	ROPERTY		SEHOLD DODS	Froup and Party	PASSENGER 16 or Other
	\$		\$		5	\$
				-		
			-			
TOTAL (Enter on Line 2 above)	\$		\$	9	<u> </u>	\$
UCR RE	GISTI	RATION IN	FORM.	ATION		
2014 UCR Registered: YES NO						
IF YES:	<u> </u>					
US DOT #: INTERST	TATE	OPERA	TING	REVE	NUE: s_	
MC Number:						
						

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	AUT	THORIZATION FOR RELEASE (OF STATE TAX	X RECORDS	
Date: Signature Date: Name (Printed) Title AFFIDAVIT Iffirm that the information reported herein is complete, true and correct. (Signature of Individual or Officer) (Date) DABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE: NOTARIZATION (Required) Subscribed and sworn to before me this day of 2015 DE NAME OR CORPORATE NAME OF UTILITY: NOTARY SIGNATURE OFFICIAL OFFICIAL (Official Title) TELEPHONE NO: Office () Ext. (Official Title) The of person to be contacted for additional information: (Date My Commission Expires)	accuracy of financia Pennsylvania Depar compiled with regar	al information supplied to the Public Util rtment of Revenue to release to the Publi	ity Commission, c Utility Commis	I hereby authorize the	
Date: Name (Printed) Title Name (Printed) Title		Litility Name			_
AFFIDAVIT ffirm that the information reported herein is complete, true and correct. (Signature of Individual or Officer) CABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE: DE NAME OR CORPORATE NAME OF UTILITY: DE NAME OR CORPORATE NAME OF UTILITY: TELEPHONE NO.: Office () Ext. Cell () Telephone no.: Office () Ext. Cell () Telephone no.: Office () Ext. Cell () Telephone no.: Office () Ext. Cell () Telephone no.: Office () Ext. Cell () Telephone no.: Office () Ext. Cell ()		·			•
AFFIDAVIT ffirm that the information reported herein is complete, true and correct. (Signature of Individual or Officer) (Date) NOTARIZATION (Required) SUBSCRIBE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE: NOTARIZATION (Required) NOTARIZATION (Required) NOTARIZATION (Required) Subscribed and sworn to before me this		X	gnature		•
AFFIDAVIT ffirm that the information reported herein is complete, true and correct. Signature of Individual or Officer (Date)	Datas		-		
ffirm that the information reported herein is complete, true and correct. (Signature of Individual or Officer) DABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE: DE NAME OR CORPORATE NAME OF UTILITY: TELEPHONE NO.: Office () Ext. Cell () Telephone no.: Office () Ext. Cell () The of person to be contacted for additional information: (Date) NOTARIZATION (Required) Subscribed and sworn to before me this day of2015 OFFICIAL SEAL (Official Title) (Date My Commission Expires)	Date	Name (Printed)		Title	-
(Signature of Individual or Officer) ABBLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE: NOTARIZATION (Required) Subscribed and sworn to before me this day of 2018 ENAME OR CORPORATE NAME OF UTILITY: NOTARY SIGNATURE OFFICIAL SEAL (Official Title) TELEPHONE NO.: Office () Ext. Cell () Telephone no interpretation of the person to be contacted for additional information: (Date My Commission Expires)					
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DE NAME OR CORPORATE NAME OF UTILITY: NOTARY SIGNATURE	iffirm that the informatio	n reported herein is complete,	true and corre	ect.	
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