3/4/15 oruginal to compliance - assignments Copy to assessments PUBLIC UTILITY COMMISSIONMINISTRATIVE SERVICES PO BOX 3265 HARRISBURG, PA 17105-3265 2015 MAR -4 AM 9: 52

2014 ASSESSMENT REPORT-MOTOR CAPRIERS

This Report MUST BE FILED not later than Ma violati			allure to file may res a. C.S. § 3301).	ult in fines up to	\$1,000 for each	n day a
TRADE OR CORPORATE NAME OF UTILITY: SNYDER, GARY L. & SPENCE R.COPT					# MOITASI - P 「「 (
CONTACT NAME: SNYDER, GARY L. & SON ADDRESS I:						
2748 SCHWABEN CREEK RD		ADDRESS 2	(Floor, Suite, etc.):			
REBUCK, PA 17867	.,,					
Please Refe OPERATING REVENUE FOR		LENDAR YE				
		PROPERTY	HOUSEHOLD GOODS		ASSENGER or Passenger 15 ar	ıd Under
1. PA INTRASTATE OPERATING REVENUE	\$	8 २७२	\$	\$	s	
2. PA EXEMPT INTRASTATE REVENUE	\$		\$	\$	\$	
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$	8272	\$	\$	\$	
		(Al	amounts shall be rot	inded to the near	est dollar.)	
PA EXEMPT INTRASTATE REVENUE Enter a number from enclosed Exempt Revenue list as applicable. (Attach additional sheets as needed)		PROPERTY	HOUSEHOLD GOODS	Group and Party 16	SSSENGER Solution (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	כ י
	\$		\$	\$		Ω_{-}
The state of the s					7 \$ 60 7 \$ 60	MVE
					: 18	
TOTAL (Enter on Line 2 above)	\$		\$	\$	S	
UCR RE 2014 UCR Registered: ☑YES ☐ NO	GIS	TRATION I	NFORMATION			
IF YES:	<u>_</u>				 	
us dot #: <u>276354</u> INTERST	ΆΊ	E OPERA	ATING REVE	NUE: s 31	1,022	<u>-</u>
MC Number: 279146						

$\zeta_{\rm F}^{\pm}$: 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.

CARY L. SNYDER + SON
Utility Name

X Youy L. Snyder
Signature
Signature

CARY L. SNYDER PARTNER
Name (Printed)

Title

Date: 3 - 2 - 15

I affirm that the information reported herein is complete, true and correct.				
· <u> </u>	(Signature of Individual or Officer)	$\frac{3-3-15}{\text{(Date)}}$		
READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE: CARY L. CHYDER TRADE NAME OR CORPORATE NAME OF UTILITY:		NOTARIZATION (Required) Subscribed and sworn to before me this 2 nd day of March 2015		
GARY L. SNYDER	4 SON	official Matasha Suttinger		
FEDERAL ID: 1	TELEPHONE NO.: Office (576) 435-3333 Ext. Cell (576) 809-3443	SEAL COMMONWEALTH OF PENNSYLVANIA Notarial Seal Natasha Sitlinger, Notary Public Tower City Boro, Schuylkill County My Commission Expires April 25, 2017 MEMBER, PENISSY VANIA ASSOCIATION.		
Name of person to be contacted for addition Name:	al information;	MEMBER PENISTIVANIA ASSOCIATION OF MARKES (Date My Commission Expires) H125/2017		
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AFFIDAVIT

FINAL REPORT

APPLICATION # 00111779

NO LONGER IN USE

THANK YOU