Application for Motor Common Carrier of Property

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	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)
	Expedited Shipping Spraises LLC
	 If you are an individual who has not formed any type of corporate entity, you should enter your name as it will appear on your insurance documents.
	 If you are filing for a partnership, but not a limited liability partnership, the names of all partners must be entered on this line. Those names should be entered as they will appear on your insurance documents. This includes husbands and wives filing jointly.
	 If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), even if you are the sole shareholder member, you must enter the name exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State.
2.	Trade Name (Attach a copy of fictitious name registration if applicable)
	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? 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 430039/ (see checklist and indicate type of business entity registered)
5	Physical Address (do not use nost office hox)

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The ad	dress entered the Comm	d here should refle ission needs in o			usiness. This is th Officers to inspe
Mailin	g Address	(if different from Ph	ysical Address)	
Street A	Address		 		
City, St	ate and Zip Co	ode			
Commis		ank, it will be assur			ments issued by th S is the same as th
Attorn	i ey (if applica	ble)			
Attorney	/'s Name & Te	elephone Number fo	or this Filing		
	/'s Address			i	
Attorney		hould only be enter g sent under the at			cation for a client an
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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.

(Print Name)

(Signature)

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).

Date of this notice: 10-15-2014

Employer Identification Number:

47-2078493

Form: SS-4

Number of this notice: CP 575 G

EXPEDITED SHIPPING SERVICES LLC MICHAEL JOHN ANGUS SOLE MBR 894 SCHOOLHOUSE DRIVE ASHVILLE, PA 16613

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-2078493. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is EXPE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.



Corporations

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Business Entity Filing History

Date: 11/3/2014 (Select the link above to view the Business
Entity's Filing History)

Business Name History

Name Name Type Expedited Shipping Services, LLC Current Name Limited Liability Company - Domestic - Information **Entity Number:** 4300341 Status: Active **Entity Creation Date:** 10/2/2014 State of Business.: PΑ Registered Office Address: % United States Corporation Agents, Inc. PA Delaware **Mailing Address:** No Address

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Expedited Shipping Services LLC 894 Schoolhouse Dr. Ashville, PA 16613

JOHNSTOWN PA 159

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Secretary, PA Public Utility Commission 400 North Street 2nd Floor Harrisburg, PA 17120