Pennsylvania Public Utility Commission 400 North Street, Second Floor Harrisburg, PA 17120 (717) 772-7777 www.puc.pa.gov

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)

| KRAIN COOK | DBA | COOK | N | Cook | + RANSPARTATION |
|------------|-----|------|---|------|-----------------|
| 10-110 | | | | | |

- 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?N | 1C |
|----|---|----|
| | 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 0/06/16/77 (see checklist and indicate type of business entity registered)

5. Physical Address (do not use post office box)

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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)

KRAIG L GOOK

(Print Name)

A GOOK

(Signature)

(Date)

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).

| | 350 Ridgo St |
|---|---|
| | Steel How PA 17/13 |
| | 7/1 686-7463 Dauphin |
| | Telephone Number County |
| | The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspec equipment. |
| | Mailing Address (if different from Physical Address) |
| | SAME as above |
| | Street Address |
| - | City, State and Zip Code |
| | |
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| | Commission. If left blank, it will be assumed that the MAILING ADDRESS is the same as the |
| | Commission. If left blank, it will be assumed that the MAILING ADDRESS is the same as the PHYSICAL ADDRESS. |
| | Attorney (if applicable) |
| | Commission. If left blank, it will be assumed that the MAILING ADDRESS is the same as the PHYSICAL ADDRESS. Attorney (if applicable) Attorney's Name & Telephone Number for this Filing Attorney's Address |
| | Commission. If left blank, it will be assumed that the MAILING ADDRESS is the same as the PHYSICAL ADDRESS. Attorney (if applicable) Attorney's Name & Telephone Number for this Filing Attorney's Address An attorney's name should only be entered if an attorney is filing the application for a client and |
| | Commission. If left blank, it will be assumed that the MAILING ADDRESS is the same as the PHYSICAL ADDRESS. Attorney (if applicable) Attorney's Name & Telephone Number for this Filing Attorney's Address An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter. |
| | Commission. If left blank, it will be assumed that the MAILING ADDRESS is the same as the PHYSICAL ADDRESS. Attorney (if applicable) Attorney's Name & Telephone Number for this Filing Attorney's Address An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter. Do you hold interstate operating authority? |
| | Commission. If left blank, it will be assumed that the MAILING ADDRESS is the same as the PHYSICAL ADDRESS. Attorney (if applicable) Attorney's Name & Telephone Number for this Filing Attorney's Address An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter. Do you hold interstate operating authority? No Yes, at No |

CERTIFICATE OF INSURANCE

ISSUE DATE(MM-DD-YYYY)

01/27/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

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| PRODUCER | | COMPANIES AFFORDING COVERAGE | | | | | | |
| OWNER-OPERATOR SERVICES, INC. PO BOX 1000 | | COMPANY A | OOIDA R NAJC#1 | ISK RETENTION GF 10353 | ROUP INC | | | |
| | | COMPANY B | | | | | | |
| l | AIN VALLEY MO 64029-1000 5)229-5791 | İ | · | · | · · · · · · · · · · · · · · · · · · · | | And a | |
| rol | DE SUB-CODE | : | | | | | | • |
| KR CO | URED AIG COOK OK & COOK TRANSPORTATION RIDGE ST | | | | | | | |
| STI | ELTON PA 17113-1844 | | | | · | | | |
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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

P.O. BOX 8722 HARRISBURG, PA 17105-8722

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| cook & cook transportation | <u> </u> | 10117111 | BUREAU | 10: 08 | is |
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The enclosed filling is being returned for the following reasons:

- delete the designator or submit proper documents.
- 2. 161 Your payment has been received. Please return this notice along with your

Please return this letter or a copy, thereof with the attached, date-stamped and corrected document within 30 days of the submission date of your document in order to retain your original file date if a filing is required. Rejection of a document does not constitute a name reservation.

"In accordance with 19 PA Code Section 11.12(d)(2) the dates on any missing documents or certificates, which are needed to support this submittal, must be operative or effective on or as of the original date of the submission in order for the original date to be retained."

For additional information regarding business and/or CORPS Filings, please visit our online "Searchable Database Incated at WYYYY. CORPORATIONS STATE PAUDICURY.

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Application for Registration of Fictitious Name 54PaCS, § 311

| Name | | | |
|-------------------|-------|----------|--|
| kraig I cook | | | |
| - 11 | | | |
| 350 ridae street. | | | |
| | State | Zip Code | |
| steelton | 57 | 17113 | |

Document will be returned to the name and address you enter to the left.

In compliance with the requirements of 54 Pa % S \S 311 relating to registration), the undersigned entity (ies) desiring to register a factitious name under 54 Pa % S % Ch. 3 (relating to factitious names), hereby state(s) that,

| cook & cook trans | portaion | | | |
|--|------------------------------------|-----------------------|-------------------|------------------------|
| A brief statement of floritions posses in | the character or nature of the bu | siness or other activ | ity to be carried | on under or through th |
| Transporting gene | ral goods | | | |
| | | | | |
| The address, includi acceptable. | ng number and street, if any, of i | die principal place o | f business (P.O. | Box alone is not |
| acceptable). 350 ridge street, | steelton | FA | 17113 | Dauphin |
| acceptable). 350 ridge street, | | | | |
| | steelton City | FA | 17113 | Dauphin |

| • | | |
|-----|--|--------|
| ,5. | Each entity, other than an individual, interested in such business is (are): | |
| Na | me Form of Organization Organizing Assistiction | |
| Pri | ncipal Office Address | |
| PΑ | Registered Office, if any | |
| 6. | The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and underst that filling under the Fictitious Names Act does not create any exclusive or other right in the fictitious name. | ands |
| 7. | (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is kraig cook Cook | (are): |
| be | TESTIMONY WHEREOF, the undersigned has caused this Application for Registration of Fictitious Name to executed this Oth day of October . 2014 . kraig I cook Individual Signature KMALL ALOOK | |
| | Krain cook 10/27/14 | |

KRAILO COOK 350 Ridge St Steelton, PA 17113

HARRISBURG PA 171 _03 MAR 2015 PM-4 1

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Secretary PA Public Utility Commission HOD North street 2nd Floor HARRIS burg, PA 17120