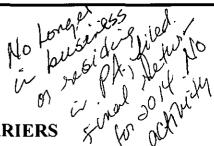
3/10/15 Original to Compunar - Ossignments

COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION
PO BOX 3265
HARRISBURG, PA 17105-3265



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).

MARKE OR CORPORATE NAME: WAS A CONTRACTORS EQUIPMENT & RENTAL, INC. CONTACT NAME: ADDRESS 2 (Place; Suinc, etc.): PO BOX 567 CITY, STATE, AIP OPERATING REVENUE FOR CALENDAR YEAR 2014 (January I, 2014-December 31, 2014) (All amounts shall be rounded to the nearest dollar.) PROPERTY INTERSTATE OPERATING REVENUE (All amounts shall be rounded to the nearest dollar.) (All amounts shall be rounded to the nearest dollar.) PA EXEMPT INTRASTATE REVENUE Enter a number from enclosed Exempt Revenue list as applicable. (Attach additional sheets as needed!) S S S S UCR REGISTRATION INFORMATION 2014 UCR Registered: YES NO INTERSTATE OPERATING REVENUE: S UCR REGISTRATION INFORMATION 2014 UCR Registered: YES NO IF YES: US DOT #: INTERSTATE OPERATING REVENUE: S	violat	ion cont	tinues (66 P	Pa. C.S. § 330	1).					
ADDRESS 7: Floor, Suite, etc. E PO BOX 567 CITY, STATE, 2015 SHINGLEHOUSE, PA 16748 OPERATING REVENUE FOR CALENDAR YEAR 2014 (January 1, 2014-December 31, 2014) (All amounts shall be rounded to the nearest dollar.) PROPERTY HOUSEHOLD GOODS Toroga and Party 16 or more I. PA INTRASTATE OPERATING REVENUE S S S S S S S S S S S S S S S S S S	TRADE OR CORPORATE NAME OF UTILITY: M & M CONTRACTORS EQUIPMENT & RENTAL, INC.						APPLICA A-20	TION # 2	246	845
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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.

SECONOMIA NA SECON	Utility Name XSignature	e	
Date:	Name (Printed)	Title	
<u>.</u> .			

I affirm that the inform	AFFIDAVIT nation reported herein is complete, t		rect.		
	(Signature of Individual or Officer)	(Date)			
READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:		NOTARIZATION (Required) Subscribed and sworn to before me			
		this	day of	2015	
TRADE NAME OR CORPORATE NAME O	F UTILITY:		NOTARY SIGNATURE		
		OFFICIAL			
FEDERAL ID:	TELEPHONE NO.:	SEAL	(Official Title)		
	Office () Ext.				
	Cell ()				
Name of person to be contacted	for additional information:		(Date My Commission Exp	res)	
Name:(printed)					
Telephone:	Ext.				