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

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SECRETARY'S BUREAU

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) |
|----------|---|
| | Mack Transporter 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? VNO 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 4332064 (see checklist and indicate type of business entity registered) |
| 5. | Physical Address (do not use post office box) |

| | Street Address U | | | | | |
|----|---|--|--|--|--|--|
| | City, State and Zip Code | | | | | |
| | 767-463-6287 Montgamery 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 inspect equipment. | | | | | |
| 6. | Mailing Address (if different from Physical Address) | | | | | |
| | Street Address | | | | | |
| | | | | | | |
| | City, State and Zip Code | | | | | |
| | City, State and Zip Code This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the MAILING ADDRESS is the same as the PHYSICAL ADDRESS. | | | | | |
| 7. | This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the MAILING ADDRESS is the same as the | | | | | |
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| 7. | This is the address to which the Commission will send all official documents issued by the 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 | | | | | |
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| | This is the address to which the Commission will send all official documents issued by the 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? | | | | | |

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)

(Print Name)

(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).

MACK TRANSPORTER LLC 410 N YORK WHITE FARM HOUSE HATBORO, PA 19040

The purpose of this document is to confirm the following corporate officer(s) for Mack Transporter LLC:

Officer Name Richard Mack

Title Member Address

410 N York

White Farm House Hatboro, PA 19040 Phone

267-463-6287 100%

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

MACK TRANSPORTER LLC

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS MAPPY TO SEND YOU YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT <u>WWW.CORPORATIONS.STATE.PA.US/CORP</u> OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4332064

MACK, RICHARD 410 N YORK ROAD, WHITE FARM HOUSE HATBORO, PA 19040 Name

Document will be returned to the

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Entity # 4332064 Date Filed: 02/17/2016 Pedro A. Cortés Acting Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Organization Domestic Limited Liability Company (15 Pa.C.S. § 8913)

| RICHARD MACE | <u>c</u> | · | name and address you enter to the left. | | | | | | | |
|---|---|--|--|-----------------------------------|---|--|--|--|--|--|
| Address 410 N YORK ROA | AD | | | the left. | | | | | | |
| City HATBORO | State PA | Zip C'ode 19040 | | | | | | | | |
| e: \$125.00 | 2.000 | | | | | | | | | |
| compliance with the organize a limited liv | requirements of 15 ibility company, he | Pa.C.S. § 8913 (re reby certifies that: | lating to certl | ficate of organiza | tion), the undersigned des | | | | | |
| 1. The name of t | The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation): | | | | | | | | | |
| MACK TRAN | MACK TRANSPORTER LLC: | | | | | | | | | |
| of its commerc | The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is: (a) Number and Street City State Zip County | | | | | | | | | |
| ` , | ROAD, WHITE | HATBORO | PA | 19040 | Montgomery | | | | | |
| (b) Name of C | ommercial Register | red OMce Provider | • | County | | | | | | |
| c/o: | | | 1000 11 SA(1) 1-01 | | | | | | | |
| 3. The name and page 2): | l address, including | street and numbe | r, if any, of ea | ch organizer is (a | ill organizers must sign on | | | | | |
| Name | Name | | | Address | | | | | | |
| RICHARD M | ACK | | 410 N YOR HATBORO | K ROAD , WHIT , Montgomery , l | E FARM HOUSE, PA, United States, 19040 | | | | | |
| | | | | | | | | | | |
| | | ······· | · | And the second | | | | | | |
| 4. Strike out if in | applicable term | | | | | | | | | |

A-member's interest in the company is to be evidenced by a certificate of membership interest.

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DSCB: 15-8913-2

| 5. | Strike out if inapplicable term Munagement of the company is rested in a manager or managers. | | | | | | | |
|----|--|-------------------------------------|----------|---------|----------------|-----------------------------|---|--|
| 6. | The specified effective date, if any is: (month date year hour, if any) | month | dato | yenr | hour, if any | | | |
| 7. | Strike out if inapplicable: The compressional service(s): | a ny -l s u t | estricte | d-profe | estonal compan | i), ordo nized (| o-rend er the f ollow ing | |
| | | | | | | | | |

For additional provisions of the certificate, if any, attach an 84 x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this

17 day of February , 2015

RICHARD MACK

Signature

MACK TRANSPORTER LLC 410 N YORK ROAD WHITE FARM HOUSE HATBORO, PA 19040

Contraction of the Contraction





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SECRETARY
PA PUBLIC UTILITY COMMISSION
400 NORTH STREET
2ND FLOOR
HARRISBURG, PA 17126