

Before the Pennsylvania Public Utility Commission

APPLICATION  
MOTOR COMMON OR CONTRACT CARRIER  
HOUSEHOLD GOODS IN USE

1. Ramseys Moving Systems, LLC  
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. \_\_\_\_\_  
TRADE NAME IF ANY  
The trade name, if fictitious, has been registered with the  
(has or has not)  
Secretary of the Commonwealth on \_\_\_\_\_. Attach a date  
stamped copy of the registration form.

3. 4 MANO WAR DR, Media PA 19063  
PHYSICAL ADDRESS (include County and Zip Code)

4. \_\_\_\_\_  
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

5. 610 745 0000  
TELEPHONE NUMBER (REQUIRED)

6. \_\_\_\_\_  
ATTORNEY'S NAME AND TELEPHONE NUMBER FOR THIS FILING  
(Do not supply an Attorney's name if you want all correspondence and notice of  
process mailed directly to you.)

\_\_\_\_\_  
ATTORNEY'S ADDRESS

7. APPLICANT does HAVE A US DOT NUMBER  
(does or does not)  
AT 1168555.

RECEIVED  
BUREAU OF SAFETY  
TRANSPORTATION &  
2010 FEB 22 AM 8:30

RECEIVED  
2010 FEB 18 AM 9:25  
PA P.U.C.  
SECRETARY'S BUREAU

8. APPLICANT does HAVE A SATISFACTORY SAFETY RATING  
(does or does not )  
ISSUED WITHIN THE LAST TWENTY- FOUR MONTHS BY THE US DOT,  
PA PUC OR OTHER STATE REGULATORY AGENCY. (ATTACH COPY)

9. DESCRIBE THE SERVICE TO PROVIDED WITHIN PENNSYLVANIA --  
COMMON CARRIER OR CONTRACT CARRIER IN THE FOLLOWING  
AREA:

From the points in the county of Chester excluding Coatesville and Pottstown and from points in the  
county of Montgomery excluding Pottstown and Lansdale and from points in said territory to points in  
Pennsylvania and vise versa.

(Attach a separate sheet if space provided in not sufficient.)

10. CHECK ONE THAT APPLIES TO THIS APPLICATION:

INDIVIDUAL

PARTNERSHIP:

Attach a copy of a partnership agreement.

List the names and addresses of all partners.

LLC or LLP

Attach a copy of the Certificate of Incorporation, Certificate of Authority,  
or the Foreign Corporation Registration. Include a list of all members  
(even if there is only one member) and title of each member.

- CORPORATIONS**  
Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the Foreign Corporation Registration.
- List of all corporate officers/ titles, names of shareholders and number of shares held.

**11. ATTACHMENT CHECKLIST:**

**FOR CORPORATIONS:**

- Copy of Certificate of Incorporation, Certificate of Authority, or the Foreign Corporation Registration.
- List of officers/titles and distribution of shares.

**FOR PARTNERSHIPS:**

- Copy of partnership agreement.
- List the names and addresses of **ALL** partners.

**LLCs or LLPs**

- Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the Foreign Corporation Registration. Include a list of all members (even if there is only one member) and title of each member.

**FOR ALL APPLICANTS:**

- Fictitious trade name registration (if applicable)
- Copy of current safety rating (if available)
- Certified check, money order or attorney's check

**12. CERTIFICATION:**

**APPLICANT CERTIFIES THAT IT IS NOT NOW ENGAGED IN ANY INTRASTATE TRANSPORTATION OF HOUSEHOLD GOODS IN USE 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.**

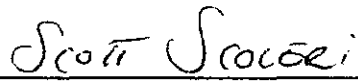
**APPLICANT FURTHER CERTIFIES THAT IT UNDERSTANDS THAT IT IS SUBJECT TO AN ANNUAL ASSESSMENT BASED UPON ITS REPORTED GROSS PENNSYLVANIA INTRASTATE REVENUES; SAID ASSESSMENT TO HELP DEFRAY EXPENSES INCURRED IN REGULATING MOTOR COMMON CARRIERS OF HOUSEHOLD GOODS IN USE; AND ACKNOWLEDGES THAT FAILURE TO 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 STATEMENTS 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. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.**

  
\_\_\_\_\_  
(SIGNATURE) (DATE)

  
\_\_\_\_\_  
(PRINT NAME)

**(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 OR BY THE PRESIDENT OR SECRETARY IF A CORPORATION.)**

**Check the application to ensure that all pertinent parts are completed. Incomplete applications will be returned. If you need help, you may call 717-787-3834.**

PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU

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

|                                    |             |                   |
|------------------------------------|-------------|-------------------|
| Name<br>Barrett & Associates. L.P. |             |                   |
| Address<br>3310 Concord Road       |             |                   |
| City<br>Aston, PA                  | State<br>PA | Zip Code<br>19014 |

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



Commonwealth of Pennsylvania  
CERTIFICATE OF ORGANIZATION 3 Page(s)

Fee: \$125



T0724884060

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

|  |
|--|
| 1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):<br>Ramsey's Moving Systems, LLC. |
|--|

|   |               |             |              |                    |
|---|---------------|-------------|--------------|--------------------|
| 2. 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<br>4 Man O War Drive  | City<br>Media | State<br>Pa | Zip<br>19063 | County<br>Delaware |
| (b) Name of Commercial Registered Office Provider<br>c/o:   |               |             |              | County             |

|  |   |
|--|---|
| 3. The name and address, including street and number, if any, of each organizer is (all organizers must sign on page 2): |   |
| Name   | Address                                     |
| Richard Barrett  | 3110 Concord Road Aston, Pennsylvania 19014 |
|  |   |
|  |   |

PA DEPT. OF STATE

AUG 31 2007

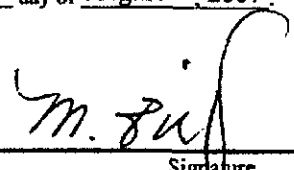
4. *Strike out if inapplicable term*  
A member's interest in the company is to be evidenced by a certificate of membership interest.

5. *Strike out if inapplicable:*  
Management of the company is vested in a manager or managers.

6. The specified effective date, if any is: 01/01/07  
month date year hour, if any

7. *Strike out if inapplicable:* The company is a restricted professional company organized to render the following restricted professional service(s):  
\_\_\_\_\_  
\_\_\_\_\_

8. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have)  
signed this Certificate of Organization this  
28 day of August, 2007.  
  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature