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TRANSPORTATION & SAFETY
2010 SEP 30 AM 8:47

Before the Pennsylvania Public Utility Commission

**APPLICATION
MOTOR COMMON OR CONTRACT CARRIER
HOUSEHOLD GOODS IN USE**

1. **Bradley Alton Kleffel**
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. **Kleffel's Moving & Delivery Company**
TRADE NAME IF ANY
The trade name, if fictitious, HAS been registered with the
(has or has not)
Secretary of the Commonwealth on 06/26/2009. Attach a date
stamped copy of the registration form.

3. **5490 BERNE ROAD MOHRSVILLE, PA 19541 BERKS**
PHYSICAL ADDRESS (include County and Zip Code)

4. _____
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

5. **610-916-1370**
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 KLEFFEL'S MOVING & DELIVERY

RECEIVED
SEP 30 2010
PA PUBLIC UTILITY COMMISSION
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:

MOVING HOUSEHOLD GOODS VIA OUR 24FT. BOX TRUCK, IN THE AREA OF
LEHIGH, SCHUYLKILL, LEBANON, LANCASTER, CARBON, AND
MONTGOMERY COUNTIES.

CURRENTLY LICENSED IN BERKS COUNTY.

(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,

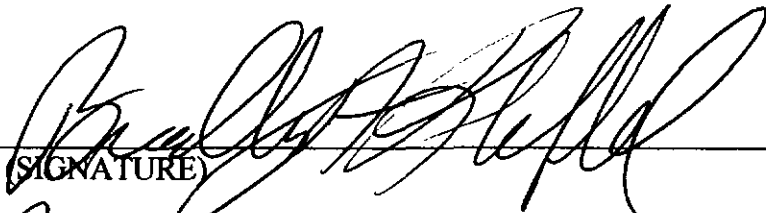
SUSPENSION OR CANCELLATION OF THE CERTIFICATE FOR FAILURE TO COMPLY WITH COMMISSION REQUIREMENTS.

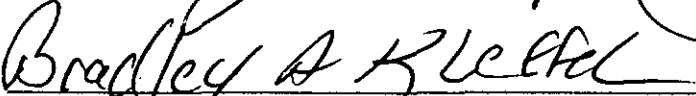
APPLICANT FURTHER CERTIFIES THAT IT UNDERSTANDS THAT IT IS SUBJECT TO AN ANNUAL ASSESSMENT BASED UPON ITS REPORTED GROSS PENNSYLVANIA INTRASTATE REVENUES; SAID ASSESSMENT TO HELP DEFRAY EXPENSES INCURRED IN REGULATING MOTOR COMMON CARRIERS OF HOUSEHOLD GOODS IN USE; AND ACKNOWLEDGES THAT FAILURE TO REPORT 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) 9-19-10


(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.

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

Kleffel's Moving & Delivery Service

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP 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: 3314628

Kleffel, Bradley A.
5490 Berne Road
Mohrsville, PA 19541

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

**Fictitious Name
Amendment, Withdrawal, Cancellation**

(54 Pa.C.S.)

- Amendment (§ 312)
 Withdrawal (§ 313)
 Cancellation (§ 313)

Name Bradley A. Kieffel		
Address 5490 Berne Road		
City Mohrsville, Pa	State 19	Zip Code 19541

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

Commonwealth of Pennsylvania
FICTITIOUS NAME AMENDMENT 3 Page(s)

Fee: \$70



T0919011122

In compliance with the requirements of 54 Pa.C.S. Ch.3 (relating to fictitious names), the undersigned entity or entities, desiring to amend, withdraw or cancel from a fictitious name registration, hereby state(s) that:

1. The fictitious name is:
Brad's Home and Farm Care

2. The address of the principal place of business, including number and street, if any, is (the Department is authorized to conform to the records of the Department):

5490 Berne Road	Mohrsville, Pa	19541	Berks
Number and street	City	State Zip	County

3. The last preceding filing with respect to this fictitious name was made in the Department on
6/17/05 (Date) at **2005064 -1314** (Roll and Film).

4. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:
Moving & Delivery Service

PA DEPT. OF STATE

JUN 26 2009

PA DEPT. OF STATE

JUN 26 2009

5. Check one or more of the following, as appropriate:

The fictitious name has been changed to:
Kleffel's Moving & Delivery Service

The principal place of business set forth in paragraph 2 has been changed to (PO Box alone not acceptable):

Number and street	City	State	Zip	County
<input type="checkbox"/> The following party(ies) has (have) been added to the registration and their signature(s) appear(s) at the end of this application.				
Name	Number and street	City	State	Zip

The following party(ies) has (have) withdrawn from the business and their signature(s) appear(s) at the end of this application.

Name	Number and street	City	State	Zip

The fictitious name registration is cancelled.

6. Check boxes for Application for Amendment Only:

This amendment, without reference to any other filing sets forth all information with respect to the fictitious name which would be required in an original filing under the Fictitious Names Act.

The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. *Optional-See Instruction F:* This application has been executed by an agent heretofore designated for that purpose in a prior filing in this registration.

IN TESTIMONY WHEREOF, the undersigned has (have) caused this Application for Amendment, Withdrawal or Cancellation of/from Fictitious Name to be executed this

1 day of June, 2009.

Adding party(ies) signature(s)

Withdrawing party(ies) signature(s)

All current party(ies) signature(s)

Bradley A. Kleffel

Name of Entity

Nicoleen M. Kleffel

Name of Entity

Name of Entity

Bradley A. Kleffel

Nicoleen M. Kleffel

Signature

Signature

Signature

Owner

Co-Owner

Title

Title

Title



**PENNSYLVANIA DEPARTMENT OF
TRANSPORTATION
BUREAU OF DRIVER LICENSING**

**THREE YEAR DRIVER RECORD
SEP 19 2010**

DRIVER:
BRADLEY A KLEFFEL
5490 BERNE ROAD
MOHRSVILLE , PA 19541

DRIVER'S LICENSE NO: 22862933
DATE OF BIRTH: ██████████
SEX: MALE
RECORD TYPE: 4YR LIC/LP

DRIVER LICENSE (DL)

LICENSE CLASS: C
LICENSE ISSUE DATE: OCT 14 2008
LICENSE EXPIRES: NOV 09 2012
ORIG ISSUE DATE: FEB 17 1989
MED RESTRICTIONS: NONE
LEARNER PERMITS:
LICENSE STATUS: VALID

COMMERCIAL DRIVER LICENSE (CDL)

CDL LICENSE CLASS:
CDL LICENSE ISSUED:
CDL LICENSE EXPIRES:
CDL ENDORSEMENTS: NONE
CDL RESTRICTIONS: L
CDL LEARNER PERMITS:
CDL LICENSE STATUS:

SB ENDORSEMENTS:

OCCUPATIONAL LIMITED LICENSE (OLL)

OLL LICENSE CLASS:
OLL LICENSE ISSUED:
OLL LICENSE EXPIRES:
OLL LICENSE STATUS:

PROBATIONARY LICENSE (PL)

PL LICENSE CLASS:
PL LICENSE ISSUED:
PL LICENSE EXPIRES:
PL LICENSE STATUS:

REPORT OF VIOLATIONS AND DEPARTMENTAL ACTIONS

NO VIOLATIONS OR DEPARTMENTAL ACTIONS DURING THIS REPORTING PERIOD

REPORT OF MEDICALS AND DEPARTMENTAL ACTIONS

NO MEDICALS OR DEPARTMENTAL ACTIONS DURING THIS REPORTING PERIOD

REPORT OF ACCIDENTS AND DEPARTMENTAL ACTIONS

NO ACCIDENTS DURING THIS REPORTING PERIOD

*** END OF RECORD ***

WID #: 102622600029928
PROCESSED: 09/19/2010 8:06 PM

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