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+ LLM TAXATION

Of Counsel:
HON. JOSEPH T. DOYLE
Retired President Judge
Commonwealth Court of Pennsylvania

July 28, 2011

Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

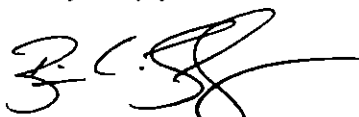
Re: Haverford Movers, LLC
Pennsylvania Public Utility Commission Application

Dear Sir/Madam:

Please find enclosed an original and one (1) copy of the Application for Motor Common Carrier or Motor Contract Carrier of Household Goods in Use for Haverford Movers, LLC, along with a check in the amount of Three Hundred Fifty Dollars (\$350.00) to cover the application fee.

Thank you for your attention to this matter. If you have any questions, please give me a call.

Very truly yours,


BRIAN C. LeGROW

/vc
Enclosures
Cc: James E. Matsko

RECEIVED
2011 AUG -2 AM 9:35
PA P.U.C.
SECRETARY'S BUREAU

Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834

Application for Motor Common Carrier or Motor Contract Carrier of Household Goods in Use.

THIS APPLICATION IS TO BE USED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE (FOR COMMON CARRIERS) OR PERMIT (FOR CONTRACT CARRIERS) TO OPERATE AS A COMMERCIAL CARRIER OF HOUSEHOLD GOODS IN USE.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

James E. Matsko

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

Haverford Movers, LLC

3. **Physical Address** (do not use PO Box)

1241 Bon Air Road

Street Address

Havertown, PA 19083

City, State and Zip Code

610-789-0439

Telephone Number

Delaware

County

2011 AUG -2 AM 9:36
PA P.U.C.
SECRETARY'S BUREAU

RECEIVED

4. **Mailing Address** (if different from Physical Address)

Street Address

City, State and Zip Code

5. **Attorney** (if applicable)

Brian C. LeGrow, Esquire

Attorney's Name & Telephone Number for this Filing

414 East Baltimore Pike, Media, PA 19063

Attorney's Address

6. Does applicant currently hold PA PUC authority?

X No Yes, at PUC No. A-

7. Does applicant hold interstate operating authority?

X No Yes, at No.

8. Check **one** that applies to this application:

☐ **Individual**

☐ **Partnership**

Attach a copy of a Partnership Agreement and list the names and addresses of **ALL** partners.

☐ **Corporation**

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the Foreign Corporation Registration. Include a list of corporate officers with titles, names of shareholders and number of shares held.

☒ **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.

9. Attachment Checklist:

For Corporations Only:

☐ Date-stamped copy of application for Certificate of Incorporation or Certificate of Authority.

☐ List of corporate officers/titles and distribution of shares.

☐ Statement of corporate charter purpose.

For LLPs and LLCs Only:

- ☒ [X] Copy of Certificate of Incorporation, Certificate of Authority, or Foreign Corporation Registration.
- ☐ [] List of all members (even if there is only one member) and title of each member.

For Partnerships Only:

- ☐ [] Copy of Partnership Agreement.
- ☐ [] List the names and address of **ALL** partners.

FOR ALL APPLICANTS:

- ☐ [] Fictitious Trade Name Registration (if applicable).
 - ☐ [] Map for scheduled route Service (if applicable).
 - ☐ [] Proof of Insurance (See Item 6 on instruction sheet).
 - ☐ [] Certified check, money order or attorney's check.
10. Describe the service area proposed by this application.
- (Use the space below or attach additional sheet if space provided is not sufficient).
-

11. 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.

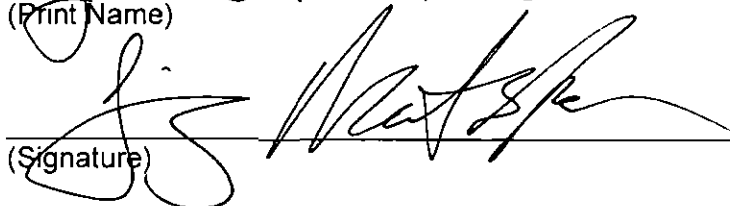
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Passengers; and acknowledges that failure to report revenue 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. Section 4904 relating to unsworn falsification to authorities.

James Matso
(Print Name)


(Signature)

7/28/11

(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).

VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

James E. Matsko

Legal Name of Applicant

Haverford Movers, LLC

Trade Name, if any

1241 Bon Air Road

Havertown

PA

19083

Street Address (principal place of business)

City or Municipality

State

Zip Code

The Verified Statement of the Applicant is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.

James E. Matsko

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

Owner

3. Describe your business experience, particularly any experience relating to the operation of a transportation service. You may also include an explanation of education or training that you believe may be relevant.

Involved as an employee of another Delaware County moving company for five (5) years. Employed in Family business. Took collegiate level business courses.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized, and the facility to house vehicles. Household goods in use carriers should include a description of their storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers. Finally, please state your intended business hours.

Lives in property that is properly zoned to be run as commercial/residential. Home includes office with all applicable computer, fax machine, telephone, etc.

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. **(Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).**

Approximately three (3) individuals that will perform solely labor duties.

6. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the geographical territory you will be serving. In addition, please explain:
- Your hiring standards for drivers;
 - Your system to ensure prospective drivers will be subject to a criminal background check;
 - Your driver training program;
 - Your system for ensuring that your drivers are properly licensed at all times;
 - Your system to ensure that all drivers will be subject to a criminal background check every two years;
 - Your policies regarding alcohol and drug use by your drivers.

One (1) – James Matsko. Due to the small nature of the company, more than one (1) driver will not be needed.

7. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

Plan to use one (1) vehicle to perform residential moving services. Vehicle will be purchased pending successful application.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>

8. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan;
 - Your system for ensuring your vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) that are applicable to the type of vehicles used in your business;
 - Your system for ensuring your vehicles will comply with the requirements of 49 CFR Parts 393 and 396, as adopted by the PUC at 52 Pa. Code, Chapter 37 (applicable to HHG applicants).

9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.

I have an initial investment that more than compensates for the anticipated cost of insurance.

10. Please describe your customer service standards. Within your description, please explain:
- Your plan to inform customers of the procedures for filing complaints with the PUC;
 - Your intended customer complaint resolution procedure.

If customers have any complaints, they will be provided with PUC forms.

11. Criminal Record. Have you, any members (if LLC or LLP), shareholders, or officers (corporations) been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

____ YES X NO

12. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. Therefore you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if the proposed business can be feasible. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

(Signature)

James E. Matsko, Member

(Name and Title, printed or typed)

7/28/11

(Date)

Statement of Financial Position (Balance Sheet)

As of (date) _____

ASSETS

Current Assets			
Cash	7,110		
Accounts Receivable			
Notes Receivable			
Other Current Assets (specify)			
Total Current Assets			<u>7,110</u>
Tangible Assets			
Motor Vehicle Equipment	25,000		
Less: Accumulated Depreciation	5,000		
		=	<u>20,000</u>
Building and Structures			
Less: Accumulated Depreciation			
		=	
Office Equipment			
Less: Accumulated Depreciation			
		=	
Land			
Investments and Funds (specify)			
Intangible Assets			
Other Assets (advances and idle equipment - specify)			
TOTAL ASSETS			<u>27,110</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Accounts Payable			
Notes Payable	4,600		
Equipment Obligations			
Other Liabilities (Attach schedule)			
Total Current Liabilities			<u>4,600</u>
Long Term Liabilities (Due after one year of date)			
Accounts Payable			
Notes Payable	16,400		
Equipment Obligations			
Other Liabilities (Attach Schedule)			
Total Long Term Liabilities			<u>16,400</u>
TOTAL LIABILITIES			<u>21,000</u>

NET WORTH (Partnerships and individuals, only)

OWNER'S EQUITY (Corporations only)

Capital Stock			<u>100</u>
Additional Paid-in Capital			
Retained Earnings	6010		
Less: Treasury Stock			
Total Owner's Equity			<u>6,110</u>

TOTAL LIABILITIES & OWNER'S EQUITY

27,110

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue	156,000
Net Revenue from non-carrier operations	
Dividend and interest revenues	
Other non-operating revenue	
Gains	
Total Revenue and Gains	

EXPENSES

Equipment Maintenance and Garage Expense	2,000
Insurance Expense	15,000
Employee Salaries	75,000
Supervisory Salaries	
Officer Salaries	
Fuel Expense	9,500
Purchased Transportation (Lease Expense)	2,000
Materials and Supplies Expense	6,000
General Office Expense	7,000
Advertising Expense	7,000
Telephone Expense	3,500
Accounting Expense	2,000
Legal Expense	1,000
Uncollectible Revenue	
Depreciation Expense	5,000
Amortization	
Operating Taxes and Licenses	7,500
Rent Expense	6,000
Loss Interest Expense	1,490
Total Operating Expenses and Losses	149,990

Net Income Before Taxes

Provision for Income Taxes	
<u>Net Income (Loss)</u>	6,010

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Constance Matsko Haverford Movers
Name of Supporter
203 Oakwynne Rd Broomall, Pa 19008
Street Address City or Municipality State Zip Code
James E Matsko t/a Haverford Movers LLC
Name of Applicant

- Describe the type of transportation service needed.

Transportation of Household goods

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Shipments originating in Bucks, Chester, Delaware, Montgomery and Philadelphia Counties and transported 40 miles or less.

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Daily and Weekly

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

No. We are House hold Movers. I would send our overflow To James Matsko.

- Have you supported similar applications in the past? If so, please supply name and docket number.

NO

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, 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.

Constance Matsko
(Signature)
Constance Matsko
(Name, printed or typed)

6-23-11
(Date)

**M. BURR KEIM COMPANY
COUNTER PICK-UP**

CERTIFICATE OF ORGANIZATION-DOMESTIC LIMITED LIABILITY COMPANY

DSCB:15-8913 (Rev 95)

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 state(s) that:

1. The name of the limited liability company is:

HAVERFORD MOVERS, LLC

2. The address of this limited liability company's initial registered office in this Commonwealth is:

1241 Bon Air Road
Havertown, PA 19083

County of Delaware

3. The name and address of the organizer is:

Donald J. Hart, Jr.
2021 Arch Street
Philadelphia PA 19103

4. A member's interest in the company is to be evidenced by a certificate of membership interest.
5. The duration of the limited liability company's existence shall be perpetual.

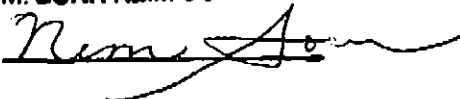
Date: May 10, 2011


Donald J. Hart, Jr.

This is to certify that this is a true and correct copy of the original that M. Burr Keim Company caused to be filed in the Office of the Corporation Bureau of the Pennsylvania Department of State.

Dated: 05-10-11

M. BURR KEIM COMPANY

By: 

M. BURR KEIM COMPANY
DATE STAMPED COPY

2011 MAY 10 AM 10:53
PA DEPT OF STATE

Docketing Statement DSCB:15-134A (Rev 2001)
Departments of State and Revenue

One (1) copy required

BU READ USE ONLY:

Dept. of State Entity No. _____

Dept. of Rev. Box No. _____

Filing Period _____ Date 3 4 5 _____

SIC/NAICS _____ Report Code _____

Check proper box:

Pennsylvania

☐ stock

☐ statutory close

☐ management

☐ cooperative

☐ professional

☐ nonprofit-stock

☐ nonprofit-non-stock

☐ business-non-stock

☐ insurance

☒ limited liability company

☐ restricted professional limited liability company

☐ business trust

Foreign - State/Country _____ Date _____

☐ business

☐ limited liability company

☐ restricted professional limited liability company

☐ business trust

☐ nonprofit

Other

☐ domestication

☐ division

☐ consolidation

1. Entity Name:

HAVERFORD MOVERS, LLC

2. Individual name and mailing address responsible for initial tax reports:

James E. Matsko 1241 Bon Air Road Havertown, PA 19083

Name

Number and Street

City

State

Zip

3. Description of business activity:

moving services

4. Specified Effective Date, if any: _____

month day year

hour, if any

5. applied for _____

EIN (Employer Identification Number), if any

6. _____

Fiscal Year End

7. Fictitious Name (only if foreign corporation is transacting business in PA under a fictitious name):

Hasler

07/28/2011

US POSTAGE

FIRST CLASS MAIL

\$01.68⁰



ZIP 19063
011D10619893

LAW OFFICES

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Secretary
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