

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)

V Rimer's LLC

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

Safeguard Moving Company

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

10733 Peite Cir
Street Address

Philadelphia, PA 19154
City, State and Zip Code

215-432-1662 Telephone Number Philadelphia County

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

Street Address

City, State and Zip Code

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5. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

6. Does applicant currently hold PA PUC authority?

No Yes, at PUC No. A- _____

7. Does applicant hold interstate operating authority?

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:

- 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).

*To transport as a common carrier,
household goods in use between
points in Philadelphia County*

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.

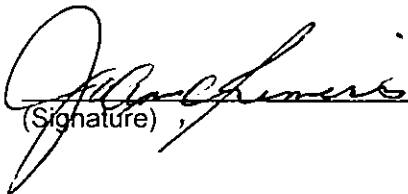
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Passengers; and acknowledges that failure to report revenue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

Joanne Rimeris / J Rimeris LLC
(Print Name)


(Signature)

8/22/11
(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).

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VERIFIED STATEMENT OF APPLICANT PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

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.

Joanne Rimer's / J Rimer's LLC
Legal Name of Applicant

Safeguard Moving Company
Trade Name, if any

10733 Pelle Cir Philadelphia PA 19154
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.

All answers are attached on a type written sheet,

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

Attached

- 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.

Attached

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.

Attached

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).**

Attached

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.

Attached

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.

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

8. Describe your vehicle safety program. Please include the following in your explanation:
- a. Your periodic vehicle maintenance plan;
 - b. 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;
 - c. 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).

Attached

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.

Attached

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

Attached

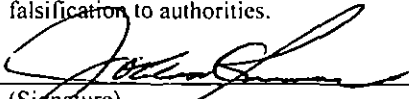
11. Criminal Record. Have you, any members (if LLC or LLP), shareholders, or officers (corporations) been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

YES 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)
Joanne Rimeris - Owner
(Name and Title, printed or typed)

8/22/11
(Date)

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Statement of Financial Position (Balance Sheet)
As of (date) 8/25/11

ASSETS

Current Assets		
Cash		<u>\$3318.00</u>
Accounts Receivable		_____
Notes Receivable		_____
Other Current Assets (specify)		_____
Total Current Assets		<u>\$3318.00</u>
Tangible Assets		
Motor Vehicle Equipment		<u>\$38,000.00</u>
Less: Accumulated Depreciation		<u>\$15,300.00 = \$22,700.00</u>
-		<u>\$156,000.00</u>
Building and Structures		<u>\$156,000.00</u>
Less: Accumulated Depreciation	+	<u>\$44,000.00 = \$200,000.00</u>
Office Equipment		<u>\$1,750.00</u>
Less: Accumulated Depreciation	-	<u>\$950.00 = \$800.00</u>
Land		_____
Investments and Funds (specify)		401K <u>\$53,000.00</u>
Intangible Assets		_____
Other Assets (advances and idle equipment - specify)		_____
	TOTAL ASSETS	<u>\$279,818.00</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Accounts Payable		<u>\$6,000.00</u>
Notes Payable		<u>\$14,424.00</u>
Equipment Obligations		_____
Other Liabilities (Attach schedule)		_____
Total Current Liabilities		<u>\$20,424.00</u>
Long Term Liabilities (Due after one year of date)		
Accounts Payable		<u>\$6,000.00</u>
Notes Payable		<u>\$14,424.00</u>
Equipment Obligations		_____
Other Liabilities (Attach Schedule)		_____
Total Long Term Liabilities		<u>\$20,424.00</u>
	TOTAL LIABILITIES	<u>\$40,848.00</u>

NET WORTH (Partnerships and individuals, only)

OWNER'S EQUITY (Corporations only)

Capital Stock		_____
Additional Paid-in Capital		_____
Retained Earnings		_____
Less: Treasury Stock	-	_____ = _____
Total Owner's Equity		_____

TOTAL LIABILITIES & OWNER'S EQUITY

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue	\$ 81,188.00
Net Revenue from non-carrier operations	_____
Dividend and interest revenues	_____
Other non-operating revenue	\$ 50,000.00
Gains	_____
Total Revenue and Gains	\$ 131,188.00

EXPENSES

Equipment Maintenance and Garage Expense	\$ 1,321.00
Insurance Expense	\$ 5,059.00
Employee Salaries	\$ 25,960.00
Supervisory Salaries	\$ 21,650.00
Officer Salaries	Ø
Fuel Expense	\$ 3,255.00
Purchased Transportation (Lease Expense)	Ø
Materials and Supplies Expense	\$ 830.00
General Office Expense	\$ 205.00
Advertising Expense	\$ 13,128.00
Telephone Expense	\$ 600.00
Accounting Expense	\$ 1200.00
Legal Expense	\$ 1,500.00
Uncollectible Revenue	\$ 1,623.00
Depreciation Expense	\$ 1200.00
Amortization	Ø
Operating Taxes and Licenses	\$ 1,814.00
Rent Expense	Ø
Loss	_____
Total Operating Expenses and Losses	\$ 79,345.00

Net Income Before Taxes

	\$ 51,843.00
Provision for Income Taxes	\$ 15,553.00
<u>Net Income (Loss)</u>	\$ 36,290.00

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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.

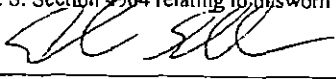
Adam Elbaum
Name of Supporter
445 Poplar St Philadelphia PA 19123
Street Address City or Municipality State Zip Code
Jayne Rixetis / J Rixetis LLC
Name of Applicant

- Describe the type of transportation service needed.
Moving household furniture boxes
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
~~Origin~~ Origin: (See above)
Destination: 456 N Columbus Bl Philadelphia PA 19123
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Once every few years
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
Yes, they have been large national companies, would prefer to use a local company
- 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.


 (Signature) Adam Elbaum
 (Name, printed or typed)

8-22-11
 (Date)

J Rimeris LLC list of all members

Joanne Rimeris

10733 Pelle Cir

Philadelphia, PA 19154

Title: Owner

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SECRETARY'S BUREAU

Verified Statement of Application

1.

Person making statement:

Joanne Rimeris

10733 Pelle Cir

Philadelphia, PA 19154

215-432-1662

Owner – J Rimeris LLC

2.

No affiliation with any other carrier

3.

We have approximately 10 years of experience in the antique / resale business. During my time as a reseller we have been in charge of moving everything pertaining to household goods. We have had to move and care for large antiques, and a large volume of general household items. Items would be loaded, padded, and secured to move after purchase and for sale.

4.

The business facilities are located at 10733 Pelle Cir, Philadelphia, PA 19154.

The office is approximately 20'x15'. Ample open air parking for the moving vehicle is located in close proximity to the office. The office utilizes the following equipment: Office desk, Office computer and printer, Ricoh copy machine, Fax machine, A large white board for classroom work, Closet storage for supplies and records, and Storage for moving equipment such as; dollies, hand trucks, tie down straps, shrink wrap, moving blankets and tools for assembly of furniture or door removal.

The record maintenance plan is comprised of both physical and electronic records. We will keep all of the physical records in a fire retardant file safe, and the electronic records will be stored on the office

computer with a 24 hour recurring online backup of the pertinent records. All PUC and business records will be maintained in a timely manner, and stored as previously mentioned.

The communication network is maintained through the use of cell phones, land lines, fax service, and email. We will carry ample charging equipment and extra batteries for any cell phones during all business operating hours. Customer requests for service will be handled through phone, email and in person. Final confirmation of any booking will be made by phone the day prior to service. The vehicle will be dispatched on the day of service from the primary business address after setting the final plan of action and preparing all necessary equipment. Anyone operating the moving vehicle will be required to maintain a cell phone with charging equipment and extra batteries. Intended business hours will be from 9:00 AM – 5:00 PM, Monday - Friday.

5.

There will be 1 office employee, plus 1-2 general labor employees

The office employee will be required to handle all bookings and communication between the customers and employees. They will also maintain all necessary records, and maintain a maintenance schedule for all appropriate equipment.

The general labor employees will be required to keep a well groomed appearance, and always wear the proper attire during work hours. Their job duties are to assist with the loading, packing, and unloading of the moving vehicle. They are required to have a valid state ID and undergo a criminal background check.

We will be performing smaller local moves. The moves will consist of 2 bedroom apartments and smaller dwellings. For these moves a small number of employees will be able to move the household goods within a reasonable time, taking no longer than one day.

6.

We plan on having 1 full time driver. This will be enough to handle the small amount of business we will be vying for. As stated earlier in the application, we will be performing smaller local moves. The moves will consist of 2 bedroom apartments and smaller dwellings. For these moves a small number of employees will be able to move the household goods within a reasonable time, taking no longer than one day.

a. Drivers must have a clean driving record with a valid PA driver's license. Drivers must be at least 25 years of age.

b. Criminal background checks will be done through the state at: <https://epatch.state.pa.us/> before the driver is allowed to perform any job duties.

c. Driver training will consist of at least 2 hours of classroom training, and at least 4 hours of on the road training. The classroom training will cover topics of; securing the load, making sure the load is properly protected, and general driving instruction on handling a larger vehicle such as proper backing up procedures, appropriate signaling techniques, and proper ways to park. The on the road training will be enacting the techniques discussed during the classroom portion of the training, giving the driver a real world feel of the drivers duties.

d. A copy of the driver's license will be kept on file at all times noting the validity of the license, and periodic checks of driving records will be performed through the Pennsylvania DMV.

e. After 2 years from the date of the initial background check, an additional background will be performed, and then performed again every 2 years.

d. We do not allow any alcohol to be consumed during work hours, and random drug tests will be administered. Any employee found with drugs in their system, or to have been consuming alcohol during work hours will be disciplined accordingly.

7.

We will be using 2 vehicles to perform the required duties. They are truck and enclosed trailer combination. The truck is rated to handle the towing capacity for the trailer. The trailer is completely enclosed and rated for a load capacity of an apartment up to 2 bedrooms.

Truck:

Year – 2006

Make – Ford

Model ~ F-150

Seating Capacity – 3 persons

Vehicle ID# - 1FTRF12W06NB74482

Trailer:

Year – 2010

Make – Hullmark

Model – 7'x14' enclosed with ramp style door

Seating Capacity – 0 persons

Vehicle ID# - 16HPB1422BP079764

8.

- a. The vehicle maintenance program will consist of scheduled fluid checks and replacement, yearly state inspections, and weekly spot checks to ensure everything is working correctly and safely.
- b. All necessary requirements for 67 Pa. Code, Chapter 175 will be on file in the office, and updated as necessary. All necessary vehicle requirements will be kept up to date and in compliance.
- c. All necessary requirements for 52 Pa. Code, Chapter 37 will be adhered to for both vehicles and drivers. Load weight will be taken with an onsite scale to insure compliance. Records will be maintained and kept on file in the office.

9.

Insurance for the vehicles will be paid for from the initial cash injection until the revenue from operations is ample enough to support the cost.

10.

Customer service is the backbone of a service business. Great customer service is both what the customer expects, and deserves. All decisions will be made with the following priority; 1. Customer first, 2. Business first, 3. Employee first. This means that decisions will be made first to suit the customer's needs, than what's best for the business, and finally what's best for the employee will be considered last.

- a. We will be having all of our customers sign a contract prior to service. Within the contract the customer will be notified of procedures for filing complaints with the PUC.
- b. We intend to handle customer complaints with the goal of resolving any issues and making sure the customer is completely satisfied with the outcome. Every issue is different, but we believe

in the old adage "The customer is always right". When issues arrive we will make decisions that benefit customers over the short term well-being of the business, or employees.



00347856000262220100

Infinity Commercial Auto
11700 Great Oaks Way, Suite 300
Alpharetta, GA 30022

Underwritten by: Infinity Auto Insurance Company

Customer Service: (800) 722-3391

Claims Service: (800) 334-1661



08/16/2011

Rimeris, Robert
10733 PELLE CIRCLE
PHILADELPHIA, PA 19154-4047

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Policy #: 537-70000-1710-001

Infinity Insurance Company appreciates the opportunity to serve your auto insurance needs. The attached Declarations Page and the referenced policy contract, together, define the limits of the coverages you have purchased. It is your obligation to understand these documents.

You are encouraged to review this information immediately. Please contact your agent/broker with any questions. The phone number of your Independent Agent/Broker and Infinity's Customer Service Department are listed in the enclosed documents.

Thank you again for your business. We look forward to serving you for many years to come.

* * * * *

Infinity Insurance Company aprecia la oportunidad de servirle a usted en sus necesidades de seguro automovilístico. La adjunta Página de Declaración, junto con el referido contrato de póliza definen los límites de las coberturas que usted ha comprado. Es su obligación comprender estos documentos.

Se le recomienda que revise esta información inmediatamente. Por favor contacte a su agente/corredor con cualquier pregunta. El número de su Agente Independiente/Corredor y del Departamento de Servicio al Cliente de Infinity están anotados en los documentos incluidos.

Gracias, de nuevo, por su negocio. Anticipamos servirle a usted durante muchos años.

Debido a los requisitos regulatorios y legales, la póliza se publica solamente en Inglés.



Infinity Commercial Auto

11700 Great Oaks Way, Suite 300

Alpharetta, GA 30022

Underwritten by: Infinity Auto Insurance Company

Customer Service: (800) 722-3391

Claims Service: (800) 334-1661

Commercial Auto Declaration

POLICY NUMBER: 537-70000-1710-001

POLICY PERIOD: 08/09/2011 To: 08/09/2012

ROBERT RIMERIS DBA J RIMERIS LLC
10733 PELLE CIRCLE
PHILADELPHIA PA 19154-4047

This policy incepts on the date and time that the application for insurance is executed and shall expire at 12:01 a.m. on the last day of the policy period.

The following coverages and limits apply to each described vehicle as shown below. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

#	Yr	Make - Model	Serial Number	COL/COM/FTC	#	Driver Name	DOB	Excl
1	06	FORD F150	1FTRF12W06NB74482	500 / 500 / N/A	1	Robert Rimeris	05/06/1979	No
2	10	HULL ENCLOSED	16HPB1422BP079764	500 / N/A / 500				

COVERAGES - LIMITS OF LIABILITY				PREMIUMS FOR VEHICLES	
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED :				VEH 1	VEH 2
Bodily Injury Liability	\$100,000 each person	\$300,000 each accident		624	105
Property Damage Liability		\$100,000 each accident		423	71
Medical Benefits		\$5,000 Limit		82	1
Comprehensive				289	
Collision				737	187
Fire & Theft Combined Addl Coverage					56
PREMIUM BY VEHICLE:				2155	420

PUC: No

TOTAL VEHICLE PREMIUM	\$ 2575.00
POLICY FEES	
TOTAL POLICY PREMIUM	\$ 2575.00

SEE REVERSE FOR ADDITIONAL INFORMATION

ENDORSEMENTS MADE A PART OF THIS POLICY:
53750AE101; 53750POL02

IF YOU PURCHASE COLLISION COVERAGE, THIS POLICY PROVIDES COLLISION COVERAGE FOR RENTAL VEHICLES WHEN RENTAL VEHICLES ARE USED AS A TEMPORARY SUBSTITUTE VEHICLE FOR YOUR INSURED

INSURED COPY

AMEND DATE: 08/10/2011

ACORD INSURANCE BINDER

DATE (MM/DD/YYYY)
07/13/2011

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY Ashmead Ins. Assoc., Inc. 2422 N Broad Street Colmar, PA 18915		COMPANY Century Insurance Group		BINDER # 811071301009	
PHONE (A/C No. Ext.) 215.822.7573 FAX (A/C No.) 215.822.5172		DATE EFFECTIVE TIME 07/15/2011 12:01 <input checked="" type="checkbox"/> AM		DATE EXPIRATION TIME 08/14/2011 <input checked="" type="checkbox"/> 12:01 AM	
CODE: AGENCY CUSTOMER ID 00003792		SUB CODE:		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
INSURED J Rimeris LLC Safeguard Moving 10733 Pelle Ct Philadelphia, PA 19154		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Residential Moving Company			

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Business Personal Property Business Income/Extra Expense	1,000	80	25,000
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000		
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$		
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> COLLISION <input type="checkbox"/> OTHER THAN COL	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT \$		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
SPECIAL CONDITIONS / OTHER COVERAGES	Motor Truck Cargo - \$50,000 Max per Covered Vehicle - \$50,000 Max per Any One Occurrence Deductible - \$1,000	FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$ 2227.30		

NAME & ADDRESS

<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE LOAN #	<input type="checkbox"/> ADDITIONAL INSURED
AUTHORIZED REPRESENTATIVE William Ashmead Jr./SLB <i>William B. Ashmead</i>	

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.

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

Safeguard Moving Company

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: 4049277

RECEIVED

AUG 25 2011

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

J RIMERIS LLC
10733 PELLE CIR
Philadelphia, PA 19154

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Application for Registration of Fictitious Name
54 Pa.C.S. § 311

Name	✓ Rimeris LLC		
Address	10733 Pelle Cir		
City	State	Zip Code	
Philadelphia	PA	19154	

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

Commonwealth of Pennsylvania
FICTITIOUS NAME 2 Page(s)



Fee: \$70

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is:
Safeguard Moving Company

2. 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:
Local, residential moving company

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):
10733 Pelle Cir, Philadelphia, PA 19154 Philadelphia
Number and street City State Zip County

4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State
Jane Rimeris	10733 Pelle Cir	Philadelphia	PA

5. Each entity, other than an individual, interested in such business is (are):

<u>Riveris LLC</u>	<u>Limited Liability Company</u>	<u>PA</u>
Name	Form of Organization	Organizing Jurisdiction
<u>10733 Pette Cir, Philadelphia, PA 19154</u>		
Principal Office Address		
<u>10733 Pette Cir, Philadelphia, PA 19154</u>		
PA Registered Office, if any		
Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		

6. 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): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this

9th day of August, 2011.

[Signature]
Individual Signature

Individual Signature

Individual Signature

Individual Signature

Riveris LLC
Entity Name

Entity Name

[Signature]
Signature

Signature

Owner
Title

Title

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

J RIMERIS LLC

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ENTITY NUMBER: 4016148

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AUG 25 2011

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

INCFILE.COM, LLC
134 Vintage Park Boulevard, Suite A : Unit 50
Houston, TX 77070

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Entity Number

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

Name

INCFILE.COM, LLC

Address

134 Vintage Park Blvd, Ste A, Unit 50

City

HOUSTON

State

TX

Zip Code

77070

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



Commonwealth of Pennsylvania
CERTIFICATE OF ORGANIZATION 3 Page(s)



T1107042110

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*):

J RIMERIS 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
10733 PELLE CIR

City
PHILADELPHIA

State
PA

Zip
19154

County
PHILADELPHIA

(b) Name of Commercial Registered Office Provider
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

MARSHA SIHA - 134 Vintage Park Blvd, Ste A, Unit 50 HOUSTON TX 77070

PA DEPT. OF STATE

MAR 10 2011

4. Strike out if inapplicable term
~~XX~~

5. Strike out if inapplicable:
~~XX~~

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

7. Strike out if inapplicable: ~~XX~~
~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

8. For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

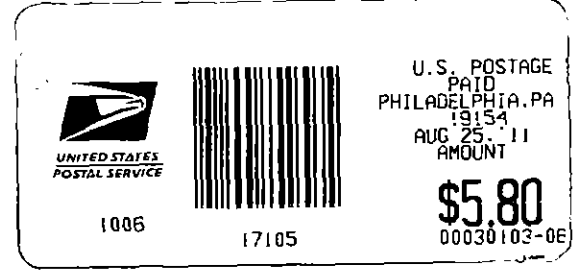
IN TESTIMONY WHEREOF, the organizer(s) has (have)
signed this Certificate of Organization this
4TH day of MARCH, 2011.

Marsha Schei
Signature

Signature

Signature

Rob Rimeris
10733 Pella Cir
Philadelphia, PA 19154



AUG 27 2011

AUG 27 2011

AUG 27 2011

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

