

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

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BUREAU OF  
TRANSPORTATION &  
2011 MAY 11 AM 11:30~~

## 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)

Mulhern's Moving Inc.

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

U-Call We-Haul U-Save

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

1579 W. County Line Rd.  
Street Address

Hatboro PA 19040  
City, State and Zip Code

215-678-2513  
Telephone Number

Bucks  
County

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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.

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→ Daniel Mulhern President 100% of shares.

→ To provide a small local moving service with a personal touch.  
at an affordable rate. 6

**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).

- 
- We are a small moving company.
  - Area of operation is within 12 miles of location/Hutboro
  - To provide a friendly, customer service, small moving and hauling company for commercial and residential

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.

Daniel Mulhern  
(Print Name)  
  
(Signature) 5/6/2011  
(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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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.

location is Route 611 and County Line Rd.  
All trucks have a log book which workers have job info., hours, mileage etc.. Hours of business are Mon - Sat. 8 AM - 6 PM. All request for transportation will be handled by our office and followed up at our office so customer will always be informed.

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).

We will have 3 employees  
This will provide reasonable & efficient service which deals with small household moves, small businesses, senior care, small commercial and provides a personal touch.

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.

Hiring Drivers

- must have clean drivers record.
- ~~all~~ criminal background check.
- must complete the DOT safety course
- no tolerance for alcohol and drugs
- all new driver will have a new hire package

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>
2002	GMC	TopKick	3	2
1993	GMC	TopKick	3	1

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).

All Vehicles will be use in local area.  
 Which will result in low miles  
 all vehicles will be safety inspected every 6 months  
 and at the shop every 3 months for service & safety check  
 Also All Drivers are train to do a safety check and check fluids  
 every day before driving vehicles

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.

Insurance Agency is Cochrane Insurance  
 which provides Commercial Ins. for Mulhern's Moving Inc.  
 Cargo, Liability, Work Comp, Vehicle Ins. etc...

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.

Are #1 procedure is Customer service. All customer service  
 complaints will go thru our company and most likely be resolve.  
 They will deal with the driver first then the owner.

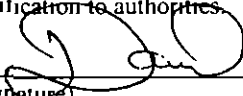
11. Criminal Record. Have you, any members (if LLC or LLP), shareholders, or officers (corporations) been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

\_\_\_ 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)  
Daniel Mulhern President  
\_\_\_\_\_  
(Name and Title, printed or typed)

5/6/11  
\_\_\_\_\_  
(Date)

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# 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.

Mulhern's Moving Inc.  
Legal Name of Applicant

ix-call, we-haul u-save  
Trade Name, if any

1579 West County Line Rd Hatboro PA 19040  
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.

Mulhern's Moving Inc  
Daniel Mulhern - President - making the statement & speaks for the business  
1579 W. County Line Rd.  
Hatboro PA 19040

Office # 215-675-2513 mobile 267-265-0904

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

N/A

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.

I (Daniel Mulhern) have been in the moving & hauling service for over 15 years. I am an expert in all packing, boxing, crating and shipping, also do deliveries for furniture, mattress and commercial businesses.

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**INSTRUCTIONS FOR OBTAINING  
VERIFIED STATEMENTS IN SUPPORT OF THE APPLICATION**

The attached form is for documenting witness statements demonstrating the need for the proposed service. This form may be duplicated as needed for use by supporting witnesses.

In accordance with 52 Pa. Code §41.14(a) “An applicant seeking motor common carrier authority has a burden of demonstrating that approval of the application will serve a useful public purpose, responsive to a public demand or need.”

Accordingly, verified witness statements provide a means for demonstrating such a public demand or need.

Please be aware that the verified statements will be reviewed based upon the Commission’s decision *Application of Blue Bird Coach Lines, Inc. (A-00088807, F.2, Am-K)* 72 Pa. PUC 262 (1990) which indicates:

- (1) the supporting witnesses must give evidence which is probative and relevant to the application proceeding
- (2) the supporting witnesses must identify Pennsylvania origin and destination points between which they require transportation and those points must correspond with the scope of the operating territory specified in the application, including request for vice versa authority
- (3) the number of witnesses which will represent a cross section of the public on the issue of need will vary with the breadth of the intended territory and commodity description

*Also see 52 Pa. Code §3.381(c)(1)(3)(A)*

The following form may be used to obtain witness statements in support of your application. Failure to demonstrate a public need will result in dismissal of your application. Failure to obtain evidence from a cross section of the public may result in the Commission granting limited authority consistent with the need demonstrated by the applicant.

**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.

INC Research  
Name of Supporter

580 Union Square New Hope, Pa 18938  
Street Address City or Municipality State Zip Code

Mulhern Moving Inc  
Name of Applicant

- Describe the type of transportation service needed. *Moving of office furniture to other facilities, Internal Moves within facilities*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. *New Hope Office, King of Prussia office Hatboro office, Raleigh N.C. office possible other locations*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
*Approx Monthly*
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?  
*Yes Got Junk way too expensive, Mulhern always on time, reasonable rates*
- Have you supported similar applications in the past? If so, please supply name and docket number.

**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.

William S. Duval Jr.  
(Signature)  
William S. Duval Jr.  
(Name, printed or typed)

7/11/2011  
(Date)

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**Statement of Financial Position (Balance Sheet)**  
As of (date) \_\_\_\_\_

ASSETS

Current Assets			
Cash		<u>10,000 -</u>	
Accounts Receivable		<u>110,000 -</u>	
Notes Receivable		<u>    -</u>	
Other Current Assets (specify)		<u>    -</u>	
Total Current Assets			<u>120,000 -</u>
Tangible Assets			
Motor Vehicle Equipment		<u>26,000 -</u>	
Less: Accumulated Depreciation		<u>    -</u>	= 126,000 -
Building and Structures		<u>    -</u>	
Less: Accumulated Depreciation		<u>    -</u>	= 126,000 -
Office Equipment		<u>    -</u>	
Less: Accumulated Depreciation		<u>    -</u>	= 126,000 -
Land		<u>    -</u>	
Investments and Funds (specify)		<u>    -</u>	
Intangible Assets		<u>    -</u>	
Other Assets (advances and idle equipment – specify)		<u>    -</u>	
			<u>126,000 -</u>

TOTAL ASSETS

LIABILITIES

Current Liabilities (Due within one year of date)			
Accounts Payable		<u>20,000 -</u>	
Notes Payable		<u>    -</u>	
Equipment Obligations		<u>    -</u>	
Other Liabilities (Attach schedule)		<u>    -</u>	
Total Current Liabilities			<u>20,000</u>
Long Term Liabilities (Due after one year of date)			
Accounts Payable		<u>15,000 -</u>	
Notes Payable		<u>    -</u>	
Equipment Obligations		<u>    -</u>	
Other Liabilities (Attach Schedule)		<u>    -</u>	
Total Long Term Liabilities			<u>15,000</u>
			<u>35,000 -</u>

TOTAL LIABILITIES

NET WORTH (Partnerships and individuals, only)

OWNER'S EQUITY (Corporations only)

Capital Stock		<u>    -</u>	
Additional Paid-in Capital		<u>    -</u>	
Retained Earnings		<u>    -</u>	
Less: Treasury Stock		<u>    -</u>	=
Total Owner's Equity			<u>    -</u>

TOTAL LIABILITIES & OWNER'S EQUITY

**STATEMENT OF FINANCIAL POSITION**  
**One Year Projected Income Statement**

REVENUE and GAINS

Operating Revenue	185,000
Net Revenue from non-carrier operations	-
Dividend and interest revenues	-
Other non-operating revenue	-
Gains	-
Total Revenue and Gains	185,000

EXPENSES

Equipment Maintenance and Garage Expense	5,000
Insurance Expense	12,000
Employee Salaries	40,000
Supervisory Salaries	30,000
Officer Salaries	-
Fuel Expense	3,000
Purchased Transportation (Lease Expense)	-
Materials and Supplies Expense	1,000
General Office Expense	1,000
Advertising Expense	4,000
Telephone Expense	1,000
Accounting Expense	2,000
Legal Expense	1,000
Uncollectible Revenue	1,000
Depreciation Expense	-
Amortization	-
Operating Taxes and Licenses	1,000
Rent Expense	2,000
Loss	-
Total Operating Expenses and Losses	104,000

Net Income Before Taxes

	81,000
Provision for Income Taxes	10,000
<u>Net Income (Loss)</u>	81,000

## 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.

Allen Getz / Financial Group Plus, Inc.

Name of Supporter

310 Lakeside Park

Southampton, PA 18966

Street Address

City or Municipality

State

Zip Code

Mulhern's Moving, Inc.

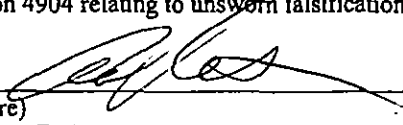
Name of Applicant

- Describe the type of transportation service needed.  
Moving and hauling services.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
Between Southampton, PA; Huntingdon Valley, PA and Warminster, PA and also between Philadelphia, PA and Richboro, PA
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
Every few months.
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?  
We have used Mulhern's for years. He is consistent and reliable. We have not tried other providers for this reason.
- 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)  
Allen Getz

\_\_\_\_\_  
(Name, printed or typed)

July 11, 2011

(Date)  
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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.

NATURAL SELECTION LLC  
Name of Supporter

115 WOODCREST LN. DOYLESTOWN PA 18901  
Street Address City or Municipality State Zip Code

MULHEM MOVING INC  
Name of Applicant

- Describe the type of transportation service needed.

— SERVICE PROVIDED — MOVING OF VENDING EQUIPMENT.

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

BUCKS, CHESTER, MONTGOMERY, DELAWARE, PHILADELPHIA COUNTIES.

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

DAILY, WEEKLY DURING SEASONAL TIMES

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

FAMILIAR WITH TYPE OF MACHING AND HOW TO LOAD IT.

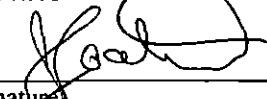
- Have you supported similar applications in the past? If so, please supply name and docket number.

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)  
JEFFREY LAATSCHE  
(Name, printed or typed)

8/3/11  
(Date)

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Filed with the Department of State on \_\_\_\_\_

Entity Number 2865561

*John P. Pappalardo*

**ACTING** Secretary of the Commonwealth OK

ARTICLES OF INCORPORATION-FOR PROFIT  
OF

Mulhern's Moving Inc.  
Name of Corporation

A TYPE OF CORPORATION INDICATED BELOW

Indicate type of domestic corporation:

- Business-stock (15 Pa.C.S. § 1306)
- Business-nonstock (15 Pa.C.S. § 2102)
- Business-statutory close (15 Pa.C.S. § 2303)
- Management (15 Pa.C.S. § 2702)
- Professional (15 Pa.C.S. § 2903)
- Insurance (15 Pa.C.S. § 3101)
- Cooperative (15 Pa.C.S. § 7102)

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

1. The name of the corporation is: Mulhern's Moving Inc.

2. The (a) address of this corporation's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) <u>1579 W. Countyline Rd.</u>	<u>Hathoro</u>	<u>PA</u>	<u>19040</u>	<u>Montgomery</u>
Number and Street	City	State	Zip	County

(b) c/o: SAME

Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. The aggregate number of shares authorized is: 100% (other provisions, if any, attach 8 1/2 x 11 sheet)

5. The name and address, including number and street, if any, of each incorporator is:

Name	Address
<u>Mulhern's Moving Inc.</u>	<u>1579 W. Countyline Rd. Hathoro PA 19040</u>

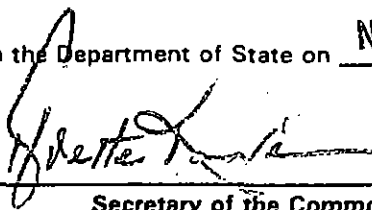
6. The specified effective date, if any, is: \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ hour, if any

9785-444

Microfilm Number \_\_\_\_\_

Filed with the Department of State on NOV 21 1997

Entity Number 2785957



Secretary of the Commonwealth JD

### APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

DSCB:54-311 (Rev 90)

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: U-Call We-Haul U-Save

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:  
transportation of ~~assets~~ goods (or chattle)

3. The address, including number and street, if any, of the principal place of business of the business or other activity to be carried on under or through the fictitious name is (P.O. Box alone is not acceptable):  
4025 Market St. Phila. PA 19104 Phila.  
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	Zip
<u>Daniel Mulhearn</u>	<u>1579 W. Countyline Rd</u>	<u>Hatboro</u>	<u>Pa</u>	<u>19040</u>
<u>Lyle Arana</u>	<u>1541 Fitzwaterhouse Rd</u>	<u>Willow Grove</u>	<u>PA</u>	<u>19090</u>

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

Name	Form of Organization	Organizing Jurisdiction	Principal Office Address	Pa. Registered Office, if any
<u>Same</u>				

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):  
Same



9785-445

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this 18 day of November, 19 97.

[Signature]  
(Individual Signature)

[Signature]  
(Individual Signature)

\_\_\_\_\_  
(Name of Entity)

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

\_\_\_\_\_  
(Individual Signature)

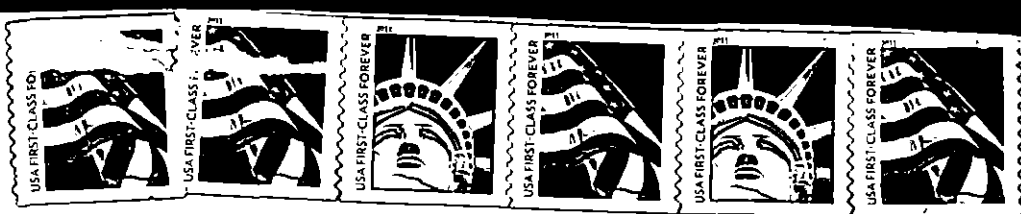
\_\_\_\_\_  
(Individual Signature)

\_\_\_\_\_  
(Name of Entity)

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

Mielberr's Moving Inc.  
1579 W. County Line Rd  
Hatboro PA 19040



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PA.P.U.  
SECRETARY'S BUREAU

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