

Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-1227

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)

McKean & Burt, Inc.

2. **Trade Name** (if using a fictitious name registered with the Dept. of State)

All Ways Moving & Storage

Fictitious name and Registration number (if applicable)

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

324-338 West Maiden Street

Street Address

Washington, PA 15301

City, State and Zip Code

724-225-7360

Telephone Number

Washington

County

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

Street Address

City, State and Zip Code

5. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

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PA.P.U.C.
SECRETARY'S BUREAU

Attorney's Address

6. Does applicant currently hold or has ever held PA PUC authority?

 No xxx Yes, at PUC No. A- 00091652

7. Does applicant hold interstate federal operating authority?

 No xxx Yes, at No. 37587

8. Are you one of the following? If yes, check below.

Individual

Partnership

9. Are you a business entity registered with the PA Department of State?

If YES, please check below the type of business that applies to this Application and provide the Entity ID Number given to you by the PA Department of State:

Limited Partnership

Corporation Bureau Entity ID Number

Limited Liability Partnership

Corporation Bureau Entity ID Number

Limited Liability Company

Corporation Bureau Entity ID Number

Corporation – For Profit

251145448

Corporation Bureau Entity ID Number

Corporation – Nonprofit

Corporation Bureau Entity ID Number

If NO, contact the PA Department of State and apply according to how you will do business in PA:

PA Corporations (Profit or Non-Profit)

- File for Articles of Incorporation

Foreign Corporations

- File for a Certificate of Authority

PA Limited Partnerships,
Limited Liability Partnerships
Limited Liability Companies

File for an Application of Registration

Fictitious Name Registration

- File **only if** Trade Name will be different than the business name you register with the Department of State

10. Attachment Checklist

- Individual: Certified Check, money order, or check from attorney
 Copy of Current Safety Rating (if available)
- Partnership: Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Liability Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Liability Company: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Members and Title of each Member (even if only one member)
 Copy of Current Safety Rating (if available)
- Corporation – For Profit: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers and Titles, name of each Shareholder and distribution of shares
 Copy of Current Safety Rating (if available)
- Corporation – Non-Profit: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers, Titles and those on Board of Directors
 Copy of Current Safety Rating (if available)

11. 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 Greene County.

To transport as a common carrier, household goods in use from points in Greene County to points in Pennsylvania and vice versa.

12. 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.

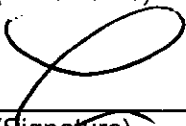
Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

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 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.

Timothy M. Moore
(Print Name)
 Moore President 10/14/2011
(Signature) (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 any officer (if a corporation).

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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. STATEMENTS WILL DELAY YOUR APPLICATION. PA P.U.C. SECRETARY'S BUREAU

A-00091652

PUC Application Docket No.

McKean & Burt, Inc.

Legal Name of Applicant

d/b/a All Ways Moving & Storage

Trade Name, if any

324-338 West Maiden Street
Street Address (principal place of business)

Washington
City or Municipality

PA
State

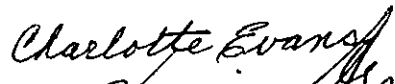
15301
Zip Code

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.

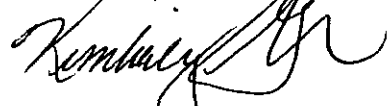
At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide 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.

- 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.
Timothy M. Moore 324-338 West Maiden St. Washington, PA 15301 724-225-7360
Has been authorized by the board of directors of applicant to speak on their behalf and the corporation.

Charlotte Evans. Vice President



Kimberly Graham. Secretary/Treasurer



- List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.
Timothy M. Moore President/Owner All Ways World Wide Moving PUC A-113305
- 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.
Applicant has been in the moving industry since 1913.

Current management of applicant, Timothy Moore has over 25 years of experience in the moving industry.

1982-1985	Sales	Anderson Transfer / Bekins Van Lines
1985-1987	Operations	Bekins Moving & Stg. Boston, MA.
1987-1996	Manager	All Ways Moving Washington, PA
1996-present	Owner/President	All Ways Moving Washington, PA

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.

"SEE ATTACHED"

A

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).**

"SEE ATTACHED"

B

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 driver training program;
 - Your system for ensuring that your drivers are properly licensed at all times;
 - Your policies regarding alcohol and drug use by your drivers;
 - Your plan to obtain and review criminal history records for all employees.

"SEE ATTACHED"

B

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Question 4

All Ways Leases 1500 square feet of office space consisting of 5 offices. These offices are fully equipped with updated phone systems with 8 lines, 2 fax machines with two secured phone lines and two toll free numbers, 5 brand new computers with IGC household movers software programs.

All salespersons are equipped with IPAD2's, company owned and decaled vehicles for in home computerized estimates.

All vehicles are stored on-site in our secured, fenced and gated compound.

Our storage facilities are approved by the Department of Defense for short term and long term storage. We manage over 20,000 square feet of storage space vaulted and un-vaulted. These facilities are tested monthly for burglar, heat detection. The facilities are treated monthly for pest control.

Customer & Driver records are maintained onsite for 5 years, meeting the minimum required time set by the PUC & ICC for record retention. We also have electronic back up for shipments records.

Customers may contact us for transportation services via our toll free phone system or through our website 24 hours a day.

Dispatching is handled by a full time dispatcher all customers receive an order for service / confirmation letter prior to their move. Customers are contacted the business day before their move with arrival time and to go over any outstanding questions including valuation coverage.

All drivers are required to have hand held electronic devices, such as cellular phones on their persons at all times while on the job.

Business hours are Monday - Friday. 7:00 AM to 6:00 PM Saturdays 8 AM to Noon and closed Sundays and Holidays.

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Question 5

All Ways currently employs (4) office/management staff (2) salespeople (16) full time packers/helpers.

Greene County, won't add a significant amount of work to the number of moves that we can already handle.

6.

All drivers must be able to meet the minimum requirements specified under Part 391 and the Physical Qualifications and Examinations required in Part 391.41 of the FMC Safety Regulations, and possess a valid medical certificate.

Driver training is handled by training manuals, videos and on hand driving. All drivers must be able to pass a road test and receive a certificate of road test. All CDL drivers must take and pass the CDL testing by the PA DOT.

Our insurance carrier submits annual, driving record reviews, to insure validation.

Drivers are enrolled in a FMCSA approved drug & alcohol consortium.

We have a drug & alcohol policy in place that meets all FMCSA standards (Index attached).

All employees sign a releases allowing All Ways to have pre-employment and annual background checks performed. All Ways reviews these reports and will not hire or retain employment of anyone convicted of criminal activity that may harm the public or our customers.

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
"SEE ATTACHED" equipment list.				

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).

"SEE ATTACHED"

****C****

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.

We pay our premium in full on the renewal date.

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.

All potential customers are given a copy of the information for shippers moving in Pa. form, which they sign stating that they received such form. We also have the complaint information on our website. If we receive a customer complaint, we have one person in our office designated to handle complaint and find a quick and fair resolution.

11. Criminal Record. Have you, any members (if LLC, LP 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

Vehicle Schedule

No.	Year	Make	I D Number	Comp	Collision
1	2001	International Tractor	2HSCHAMR01C087414	1,000	1,000
2	1991	International Truck	1HTSDN4NXMH376778	1,000	1,000
3	1997	International Truck	1HTSDAANOVH483787	1,000	1,000
4	1995	International Truck	1HTSDAAN1SH626824	1,000	1,000
5	1998	International Truck	1HTSCAAM7WH529708	1,000	1,000
6	1999	International Truck	1HTSDAAN5XH215305	1,000	1,000
7	2000	International Truck	1HTSDAAN8YH313410	1,000	1,000
8	2001	Mitsubishi Truck	JW6BHH1S71L004725	1,000	1,000
9	2003	International Truck	1HTMKAAN03H595534	1,000	1,000
10	2003	Freightliner Truck	1FVABSCT93HMO3517	1,000	1,000
11	2004	Freightliner Truck	1FVACXDC94HN13039	1,000	1,000
12	2007	International Truck	1HTMKAAN37H355450	1,000	1,000
13	2007	International Truck	3HAJFAVK37L543516	1,000	1,000
14	2005	Freightline Sprinter	WDYPD744555814667	1,000	1,000
15	2006	Dodge Ram PU	3D7KS28D06G187529	1,000	1,000
16	1999	Dodge Caravan	1B4GP55G4XB810742	1,000	1,000
17	2001	Kentucky	1KKVE51281L205415	1,000	1,000
18	2001	Kentucky	1KKVE53281L204178	1,000	1,000
19	2007	Kentucky	1KKVE53207L223946	1,000	1,000
20	2005	Chrysler Pacifica	2C4GM48L85R489625	1,000	1,000
21	2006	Chrysler Pacifica	2A4GM48496R752189	1,000	1,000
22	2010	International Tractor	2HSCXAPR3AC190851	1,000	1,000
23	2010	Kentucky	1KKVE5322AL22902	1,000	1,000

Our proposal is based on information provided by you. This illustration is an attempt to present coverage features. You cannot rely on this information for any interpretation of coverage. You must refer to the policies themselves for true definitions of coverage.

C

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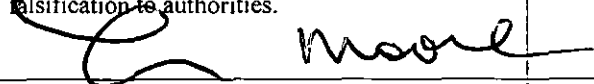
8.

Vehicles have preventative maintenance performed every 10,000 miles or earlier if needed. Trucks are inspected twice biannually once for the state of Pa and once for the DOT. All inspection due dates and mileages are listed on a easy to read board on the wall in the dispatch room. Drivers perform pre & post trip inspections. If the driver notices any corrective action needed we have a form that they fill out and the vehicle is then taken out of service until the repairs are made. Copies of all repairs are kept on file for each vehicle. Safety equipment is inspected daily with the pre-post trip inspections. All moving equipment is inspected when in use to insure safety. If any equipment is broken or in need of repair the driver reports this to his supervisor.

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)
Timothy M. Moore President

(Name and Title, printed or typed)

10/14/11

(Date)

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McKean & Burt, Inc.
 DBA/All Ways Moving and Storage
 Balance Sheet
 As of August 31, 2011

ASSETS	
Current Assets	
Cash	\$ 156,408
Accounts Receivable	63,981
Total Current Assets	220,389
Property, Plant and Equipment	
Trucks and Trailers	1,194,014
Equipment	26,625
Leasehold Improvements	16,506
Accumulated Depreciation	(1,079,780)
Total Property, Plant and Equipment	157,365
Other Assets	
Moving Rights, net of accumulated amortization:	
TOTAL ASSETS	\$ 377,754
LIABILITIES AND STOCKHOLDER'S EQUITY	
Current Liabilities	
Accounts Payable	\$ 50
Accrued Payroll and Commissions	27,179
Total Current Liabilities	27,229
Long-Term Liabilities	
Notes Payable - Community	
Total Long-Term Liabilities	-
TOTAL LIABILITIES	27,229
Stockholder's Equity	
Common Stock, \$1 par value, 500 shares authorized and 500 shares issued and outstanding	500
Paid in Capital	32,461
Retained Earnings	317,564
Total Stockholder's Equity	350,525
TOTAL LIABILITIES AND STOCKHOLDER'S EQUITY	\$ 377,754

See accountant's report

McKean & Burt, Inc.
 DBA/All Ways Moving and Storage
 Income Statement
 For the Twelve Months Ended August 31, 2011

		%
Sales	\$ 1,501,304	100.0%
Direct Costs	<u>972,590</u>	<u>64.8%</u>
Operating Net Profits	528,714	35.2%
Other Expenses		
Other Expenses	418,021	27.8%
Depreciation & Amortization	<u>564</u>	<u>0.0%</u>
Total Other Expenses	<u>418,585</u>	<u>27.9%</u>
Income from Operations	<u>110,129</u>	<u>7.3%</u>
Other Income and Expenses		
Interest Expense	<u>-</u>	<u>0.0%</u>
Total Other Income and Expense	<u>-</u>	<u>0.0%</u>
Net Income	110,129	7.3%
Retained Earnings - Beginning of Year (Restated)	213,435	
Less: Owners Draw	<u>6,000</u>	
Retained Earnings - End of Year	<u><u>\$ 317,564</u></u>	

See accountant's report

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SECRETARY'S BUREAU

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

SEPTEMBER 8, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MCKEAN & BURT, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Richard A. Cantel

Secretary of the Commonwealth

Department of State



Office of the Secretary of the Commonwealth

TO ALL TO WHOM THESE PRESENTS COME, GREETING:

WHEREAS, Under the provisions of the Business Corporation Law, approved the 5th day of May, Anno Domini, one thousand nine hundred and thirty-three, P. L. 364, as amended, the Department of State is authorized and required to issue a

CERTIFICATE OF INCORPORATION

evidencing the incorporation of a business corporation organized under the terms of that law.

AND WHEREAS, The stipulations and conditions of that law have been fully complied with by the persons desiring to incorporate as

MCKEN & BURT, INC.

THEREFORE, KNOW YE, That subject to the Constitution of this Commonwealth and under the authority of the Business Corporation Law, I do by these presents, which I have caused to be sealed with the Great Seal of the Commonwealth, create, erect, and incorporate the incorporators of and the subscribers to the shares of the proposed corporation named above, their associates and successors, and also those who may thereafter become subscribers or holders of the shares of such corporation, into a body politic and corporate in deed and in law by the name chosen and hereinbefore specified, which shall exist perpetually and shall be invested with and have and enjoy all the powers, privileges, and franchises incident to a business corporation and be subject to all the duties, requirements, and restrictions specified and enjoined in and by the Business Corporation Law and all other applicable laws of this Commonwealth.

GIVEN under my Hand and the Great Seal of the Commonwealth, at the City of Harrisburg, this 7th day of August in the year of our Lord one thousand nine hundred and sixty-four and of the Commonwealth the one hundred and eighty-first

George L. ...

Secretary of the Commonwealth

ARTICLES OF INCORPORATION

3-1-64 101

McKEAN & BURT, INC.

325 Washington Trust Building
Washington, Pennsylvania

The transportation of property, of any kind whatsoever, by means of motor vehicle, as a common or as a contract carrier, either in intrastate or interstate commerce, and the authority to hold licenses or certificates from any state or federal governmental agency connected therewith, and including as incidental thereto the conduct of a general storage and warehouse business, removing, hauling, shipping, receiving for safe-keeping and storage of goods, chattels and properties, of every kind and description, and generally the doing of such other acts or things as are necessary or incidental to the successful prosecution of a trucking and/or warehousing business, all under the authority of the Business Corporation Law, 1933, P.L. 364, as amended, in accordance with rules and regulations of the Pennsylvania Public Utility Commission and/or the Interstate Commerce Commission.

A. Term of Existence
Perpetual

The aggregate number of shares which the corporation shall have authority to issue is: 25,000 shares of common stock without par value having a stated capital applicable thereto of One (\$1.00) Dollar per share.

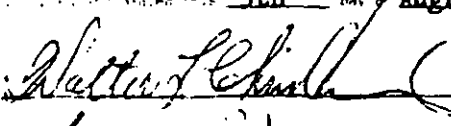
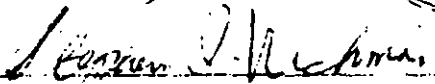
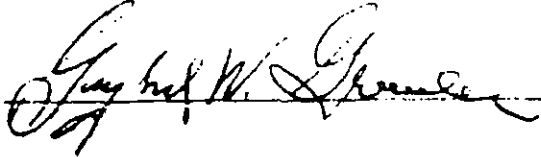
Name
Walter L. Christman
Stephen I. Richman
Gaylord W. Greenlee

Address
R. D. 5, Washington, Pennsylvania
276 Woodside Dr., Washington, Pa.
East McMurray Road, McMurray, Pa.

<u>Name</u>	<u>Address</u>	<u>No. of Class of Shares</u>
Walter L. Christman - R.D.5, Washington, Pennsylvania		1 share comm.
Stephen I. Richman - 276 Woodside Dr., Washington, Pa.		1 share comm.
Gaylord W. Greenlee - E. McMurray Road, McMurray, Pa.		1 share comm.

Said incorporators have elected to proceed with the formation of this corporation under Sub clause (ii) of clause (No. 4) of Sub-section A of Section 4 of Act No. 536, as approved on the 27th day of August, 1963, A.D., amending Section 4 of the Act of May 5, 1933, P.L. 364 as amended.

5th day of August 1964

George A. Bloom

3-1-65.32 748

Change of Registered
Office - Pennsylvania
Business Corporation

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU

In compliance with the requirements of Section 307 of the Business Corporation Law approved May 5, 1933, P.L. 364, as amended, the following named Pennsylvania business corporation makes the following statement under its corporate seal:

1. The name of the corporation is:

McKean & Burt, Inc.

2. The address of its present registered office is:

325 Washington Trust Building Washington Washington
(Number) (City) (County)

3. The address to which the registered office is to be changed is:

326 West Maiden Street, Washington Washington
(Number) (City) (County)

4. Such change was authorized by resolution duly adopted by at least a majority of the members of the board of directors.

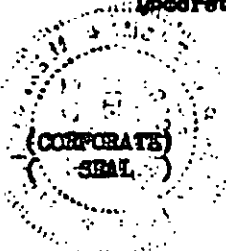
IN TESTIMONY WHEREOF, the corporation has caused this statement to be signed by its President or Vice-President and its corporate seal, duly attested by its Secretary or Treasurer to be herunto affixed this 5th day of November, 19 65.

McKEAN & BURT, INC.

By William L. Moore
(President or Vice-President)

Attest:

Maurice J. Moore
(Secretary or Treasurer)



Approved and filed in the Department of State on the 18th day of November
A. D. 19 65.

W. Stuart Helms
Secretary of the Commonwealth

2002022-1531

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Entity Number
225010

Decennial Report of
Association Continued Existence
(54 Pa.C.S. § 503)

Name Christine M. Dolfi, Esq.

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

Address Vuono & Gray, LLC, 2310 Grant Building

City Pittsburgh State PA Zip Code 15210

Fee: \$52

Filed in the Department of State on

DEC 31 2001

Secretary of the Commonwealth

In compliance with the requirements of 54 Pa.C.S. § 503 (relating to decennial filings required) the undersigned association hereby states that:

1 The name of the association to which this report relates is:
McKean & Burt, Inc.

2. The (a) address of this association's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street 326 West Maiden Street City Washington State PA Zip 15301 County Washington

(b) Name of Commercial Registered Office Provider County

3 The association has not during the preceding ten years made any filing in the Department a permanent record of which is retained by the Department.

4 The association continues to exist.

2002022-1532

DSCB 54-503-2

IN TESTIMONY WHEREOF, the undersigned association
has caused this Decennial Report of Association Continued
Existence to be signed by a duly authorized officer this

21st day of December 2001

McKean & Burt, Inc.

Name of Association



Timothy Moore Signature

President

Title

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P. O. BOX 3265, HARRISBURG, Pa. 17120

May 18, 1990

IN REPLY PLEASE
REFER TO OUR FILE

A. 00091652

McKean & Burt, Inc.
326 W. MAIDEN STREET
WASHINGTON, PA 15301

Request of McKean & Burt, Inc., to stand in the name of McKean & Burt, Inc.
trading and doing business as ALL WAYS MOVING & STORAGE

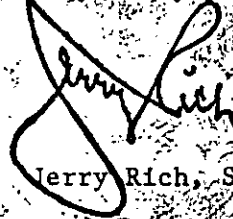
Dear Sir:

The records of the Commission show that applicant has complied with the necessary tariff and insurance requirements and the Commission's records are so noted showing the new name on the certificate of public convenience.

If you wish to have the original certificate changed to reflect the new name you will have to send it to the Commission. Please send the certificate to Elzy Ditzler, Service Section, at the above address. Otherwise you can simply attach the Commission's order adopted to show the name change in public meeting.

Thank you for your cooperation in this matter.

Very truly yours,



Jerry Rich, Secretary

EMD
Certified Mail

**PENNSYLVANIA
PUBLIC UTILITY COMMISSION**

IN THE MATTER OF THE APPLICATION OF: A-00091652

McKean & Burt, Inc.,
t/a All Ways Moving & Storage

The Pennsylvania Public Utility Commission hereby certifies that after an investigation and/or hearing, it has, by its report and order made and entered, found and determined that the granting of the application is necessary or proper for the service, accommodation, convenience and safety of the public and hereby issues to the applicant this **CERTIFICATE OF PUBLIC CONVENIENCE** evidencing the Commission's approval to operate as a motor carrier.

In Witness Whereof, The PENNSYLVANIA PUBLIC UTILITY COMMISSION has caused these presents to be signed and sealed, and duly attested by its Secretary at its office in the city of Harrisburg this 19th day of February, 1965.



A handwritten signature in dark ink, appearing to read "J. A. Mark", is written over the printed name of the Chairman.

Chairman

**All Ways Moving & Storage
All Ways Worldwide Moving
338 West Maiden Street
Washington, Pa. 15301**

**CONTROLLED SUBSTANCES USE
AND ALCOHOL MISUSE
POLICY**

**49 CFR (DOT/FMCSA)
Part 40 and Part 382**

Revised 1/05

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DRIVER RECEIPT

I hereby acknowledge receipt of the following **All Ways Moving & Storage and All Ways Worldwide** Drug and Alcohol Policy containing the listed awareness topics. I have read and understand the Policy.

Omnibus (DOT) Controlled Substance Use and Alcohol Misuse Policy

- Introduction
- Scope & Application
- Definitions
- Prohibited Conduct
- Drug & Alcohol Program Personnel
- Types of Testing
- Testing Methodology
- Disciplinary Actions
- Employee Assistance
- Effects of Drugs and Alcohol on the Body

Driver's Signature	Date
Company	
Company Supervisor	Date
Company	

NOTE: this receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver's personnel file.

Corporate Officers
McKean & Burt, Inc. d/b/a All Ways Moving & Storage

Timothy M. Moore	President	100% Ownership 500 shares
Charlotte Evans	Vice President	
Kimberly Graham	Secretary / Treasurer	

11 OCT 17 18:56 AM

2011 OCT 31 AM 11:36
PA.P.U.C.
SECRETARY'S BUREAU

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.

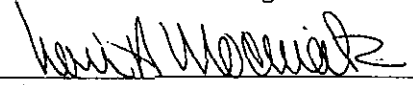
Greene County Housing Authority c/o Lois Mocniak			
Name of Supporter			
55 Sugar Run Rd. Suite #3	Waynesburg	PA	15370
Street Address	City or Municipality	State	Zip Code
McKean & Burt, Inc. d/b/a All Ways Moving & Storage			
Name of Applicant			

- Describe the type of transportation service needed.
moving of clients household goods from various locations within Greene County.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Various locations to & from locations within Greene County.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Varies. within 10 yearly.
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
The closest movers are in Pittsburgh, PA or farther North over 50 miles. Yes, we find that All Ways can service our clients needs much more quickly due to the fact they are located within 20 miles of Waynesburg.
- 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)
 Lois Mocniak

 (Name, printed or typed)

10/17/2011

 (Date)

2011 OCT 31 AM 11:36

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION PA.P.U.C. CLERK'S BUREAU

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.

Washington - Greene County Association of Realtors

Name of Supporter			
31 East Chestnut Street #303	Washington	PA	15301
Street Address	City or Municipality	State	Zip Code
McKean & Burt, Inc. d/b/a All Ways Moving & Storage			

Name of Applicant

- Describe the type of transportation service needed. Our associate members are in need of a quality mover that they can recommend to their clients for packing moving and storage services.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Our clients move to & from various locations within Greene County. We also have clients who need moved within the state of PA.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? Our members would be able to recommend this service at least 10-20 times yearly.
- 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 have not been able to find a quality mover that meet our clients needs. the closest movers are over 25 miles away, and no one advertises for Greene.
- 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.

Sonia J. Blaha PRESIDENT

 (Signature)
 Sonia Blaha / President

 (Name, printed or typed)

10/25/11

 (Date)

2011 OCT 31 AM 11:36
 PA.P.U.C.
 STATE'S BUREAU

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.

Behms Auction & Real Estate Service

518 Webster Road	Name of Supporter		
	Graysville	PA	15337-3207
Street Address	City or Municipality	State	Zip Code
McKean & Burt, Inc. d/b/a All Ways Moving & Storage	Name of Applicant		

- Describe the type of transportation service needed. packing, moving and storage of our customers antiques, household goods. We provide downsizing services and we would request the applicants assistance in the movement of the household.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Households will be moved from various locations in Greene County to points in PA. We would also need these items moved from points in Greene County to other points in Greene County. Graysville, Mather and Waynesburg.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
10-20 Yearly.
- 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 utilized the services of All Ways for many years to help our clients move their households out of state. We would like to utilize them for our Greene County moves.
- 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.

Jim Behm
 (Signature)
Jim Behm / Behms Auction Real Estate Service
 (Name, printed or typed)

10-14-11
 (Date)

Allways

MOVING & STORAGE

Over 75 Years of Experience

326 W. Maiden Street • Washington, PA 15301

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PA.P.U.C.
SECRETARY'S BUREAU



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



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