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

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

A-2011-226 7142

**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.

ORIGINAL

DOCUMENT  
FOLDER

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

BROTHERS MOVERS LLC

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

BROTHERS MOVERS

**Fictitious name and Registration number** (if applicable)

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

264 SURREY RD

Street Address

SOUTHAMPTON PA 18966

City, State and Zip Code

45-322-3177

Telephone Number

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

18215

Attorney's Address

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

☒ No ☐ Yes, at PUC No. A- \_\_\_\_\_

7. Does applicant hold interstate federal operating authority?

☐ No ☒ Yes, at No. 488778

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

3035876  
Corporation Bureau Entity ID Number

☐ Corporation – For Profit

\_\_\_\_\_  
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, File for an Application of Registration

**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 between all counties in Pennsylvania. Including but not limited to Bucks, Philadelphia, Montgomery, Delaware, Lancaster & Lehigh Counties.

To transport as a common carrier, household goods in the states of Delaware & Maryland, all counties.

**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.

LAURIE WHITE  
(Print Name)

Laurie White 9/23/11  
(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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NOV 14 2001

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

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

Entity Number 3035876

*Kim D. Pizzinella*  
Secretary of the Commonwealth

# CERTIFICATE OF ORGANIZATION-DOMESTIC LIMITED LIABILITY COMPANY

DSCB:15-8913 (Rev 95)

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned, desiring to organize a limited liability company, hereby state(s) that:

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1. The name of the limited liability company is:

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BROTHER'S MOVERS, LLC

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

2749 Axe Factory Road  
Philadelphia, PA 19152

County of Philadelphia

3. The effective date of filing shall be January 1, 2002.

4. The name and address of the organizer is:

Laurie White  
2749 Axe Factory Road  
Philadelphia, PA 19152

5. A member's interest in the company is to be evidenced by a certificate of membership interest.

6. The duration of the limited liability company's existence shall be perpetual.

Date: October 11, 2001

*Laurie White*  
\_\_\_\_\_  
Laurie White

# **BROTHERS MOVERS LLC**

WE MAKE EVERY MOVE AS THOUGH WE'RE  
MOVING OUR OWN HOME

215-322-3177 610-265-3911 215-464-2232

brothersmovers@verizon.net www.brothersmover.com

264 Surrey Rd. Southampton, PA 18966

September 23, 2011

RE: List of Business Members

To Whom It May Concern;

Members for Brothers Movers LLC

Laurie White  
264 Surrey Rd  
Southampton, PA 18966  
Owner

Thank you.  
Laurie White



1007

U.S. POSTAGE  
PAID  
SOUTHAMPTON, PA  
18966  
SEP 28 11  
AMOUNT

**\$13.25**  
00038849-09

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Please visit us at [www.yp.com](http://www.yp.com) [www.bucksalive.com](http://www.bucksalive.com) [www.brothersmover.com](http://www.brothersmover.com) and the  
BBB for all up to date reviews and credentials. DOT 805039 MC 488778

## 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.

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PUC Application Docket No.

BROTHERS MOVERS LLC

Legal Name of Applicant

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Trade Name, if any

264 SURREY RD

Street Address (principal place of business)

SOUTHAMPTON

City or Municipality

PA

State

18966

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.

LAURIE WHITE - OWNER

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

OWNER

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

WORKING IN THE MOVING INDUSTRY SINCE 1991  
I HAVE ATTENDED COURSES RUN BY THE AMSA  
IN REGARDS TO THE MOVING INDUSTRY.

Please see attached sheet.

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.
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).**
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:
  - a. Your hiring standards for drivers;
  - b. Your driver training program;
  - c. Your system for ensuring that your drivers are properly licensed at all times;
  - d. Your policies regarding alcohol and drug use by your drivers;
  - e. Your plan to obtain and review criminal history records for all employees.

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4. Facility: Rental space at a truck yard that consists of full time mechanics, & fuel station. A maintenance record is kept on a daily basis and backed up by weekly clean outs & monthly preventative maintenance check ups.

The driver is responsible for mileage and vehicle maintenance reports on a daily basis along with a finished job description report.

The truck yard is a 24 hour secure facility. Lit up; tire tracks and 16 hr. on-site security personnel.

There is not a physical office on site. Office location is 264 Surrey Rd. Southampton, PA 18966.

We will not be offering storage at this time.

All records will be kept for the PUC, Dot, Ifta & fuel taxes on a daily, monthly, quarterly & yearly basis. Records will be kept on site for 2 years and then transferred to digital & kept in archives.

The internet is the main source of advertisement for business. Connections in the Real Estate industry should pan out to be more than beneficial.

I personally will speak with each potential customer & walk them through the moving process. From settlement times, rules & regulations associated with their particular circumstances to the abilities of the men who they will be meeting on moving day.

Our business hours will be weekly 7am to 7 pm. Saturdays 8am to 12pm. Sundays on request only.

\* BILL OF LADING INCLUDED IN PACKET.

5. 6 Employees will be on staff through the busier times and 4 to 6 depending on the market. This would include but not to be limited to 2 drivers and 4 helpers.

With 2 trucks the intention is to have 2 crews of 3 men each. On larger jobs the men will be working as a team together up to 6 men at a time. A standard move would be 3 men and then so on and so forth depending on the needs & wants of the customer.

6. DRIVERS: This includes but not limited to 2 drivers on staff at any given time.

The potential driver must have a drug test, criminal & background check along with a road test. A written test of on road practices and rules & regulations of the road are given quarterly to the driver. A yearly course is brought into our facility for a refresher course yearly.

A report through PennDot is mandatory & a record of any DUI's or vehicular accidents is mandatory.

The insurance company has been asked to run licenses twice a year and they have agreed to this practice.

If a driver is expected of drug or alcohol use he is immediately released of his duties and would have to have a drug/alcohol test or will be dismissed of his duties.

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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.

MILBIN PRINTING, INC., 1290 MOTOR PKWY., HAUPPAUGE, NY 11749 (631) 582-8900

**STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE**

RECEIVED, Subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading.

**BROTHERS MOVERS LLC., SOUTHAMPTON, PA 18966**

(Name of Carrier) Carrier's No.

From

Pur. Order No.

At

Date

Shipper's No.

The property described below, in apparent good order except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout the contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Stinson Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to

(MAIL OR STREET ADDRESS OF CONSIGNEE-FOR PURPOSES OF IDENTIFICATION ONLY)

Destination

State

County

Route

Delivery Address\*

(\* To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier

Car or Vehicle Initials

No.

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*Weight (Sub. to Car.)	Class of Rate	Check Column	Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  (Signature of Consignor) If charges are to be prepaid, write or stamp here, "To Be Prepaid."  Received \$ _____ to apply in prepayment of the charges on the property described hereon.  Agent or Cashier Per _____ (The signature here acknowledges only the amount prepaid.) Charges Advanced: \$ _____  C.O.D. SHIPMENT C.O.D. Amt. _____ Collection Fee _____ Total Charges: _____
	Sample Bill of Lading				

\*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.  
Note - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.  
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification. †Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission

Shipper

Agent

Per

Per

Permanent post-office address of shipper.

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>
2000	INTERNATIONAL	STRAIGHT	3	1HTSDAAM0YH422
2004	Kenworth	STRAIGHT	3	7NKH06X34M0585
2001	CHEVY	BOX	3	1GBJG31R11238370

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).

- EACH VEHICLE IS CHECKED EVERY MORNING WHEN USED FOR ESSENTIAL FUNDS, FUEL, TIRE & BOLTS, ETC.
- PREVENTIVE MAINTENANCE IS DONE EVERY 4-6 WORKS.
- TWICE YEARLY A FULL INSPECTION ON 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.

HAVE SPOKE TO INSURANCE PROFESSIONALS ON COST PROBLEMS COMBINED WITH BUSINESS & LIABILITY COVERAGE FOR THE BEST RATES AVAILABLE. THESE NUMBERS ARE EASILY COVERED WITH THE 10 MONTH PROGRAM WITH A FINANCIAL INSTITUTION WHICH WE HAVE BEEN APPROVED.

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.

CLIENTS RECEIVE AN EMAIL WITH ALL INDUSTRY GUIDELINES. THERE IS A LINK ON OUR WEB SITE THAT THEY ARE GUIDED TO HOME WITH THE AMSA & BBB. THEY WILL RECEIVE AN ARBITRATION COUNTY FOR ANY DISPUTES THAT MAY ARISE.

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

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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.

*Laune White*  
(Signature)  
LAUNE WHITE  
(Name and Title, printed or typed)

9/23/11  
(Date)

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# Statement of Financial Position (Balance Sheet)

As of (date) \_\_\_\_\_

## ASSETS

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### Current Assets

Cash

Accounts Receivable

Notes Receivable

Other Current Assets (specify)

Total Current Assets

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### Tangible Assets

Motor Vehicle Equipment

Less: Accumulated Depreciation

-

Building and Structures

Less: Accumulated Depreciation

-

Office Equipment

Less: Accumulated Depreciation

-

Land

Investments and Funds (specify)

Intangible Assets

Other Assets (advances and idle equipment - specify)

TOTAL ASSETS

## LIABILITIES

### Current Liabilities (Due within one year of date)

Accounts Payable

Notes Payable

Equipment Obligations

Other Liabilities (Attach schedule)

Total Current Liabilities

### Long Term Liabilities (Due after one year of date)

Accounts Payable

Notes Payable

Equipment Obligations

Other Liabilities (Attach Schedule)

Total Long Term Liabilities

TOTAL LIABILITIES

### 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

Notes

17,213.77 - 2004 KENWORTH  
18,696.76 Bus. LOC

35,910.53

Please see attached sheets...

**SCHEDULE C**  
**(Form 1040)****Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2010**Attachment  
Sequence No. **09**Department of the Treasury  
Internal Revenue Service (99)

► Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.  
 ► Attach to Form 1040, 1040NR, or 1041. ► See instructions for Schedule C (Form 1040).

Name of proprietor

**LAURIE G HURWITZ-WHITE**

Social security number (SSN)

**A** Principal business or profession, including product or service (see instructions)  
**MOVING COMPANY**

**B** Enter code from pages C-9, 10, & 11  
 ► **811490**

**C** Business name. If no separate business name, leave blank.  
**BROTHERS MOVERS LLC**

**D** Employer ID number (EIN), if any

**E** Business address (including suite or room no.) ► **264 SURREY ROAD**  
 City, town or post office, state, and ZIP code **SOUTHAMPTON PA 18966**

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

**G** Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses

☒ Yes ☐ No

**H** If you started or acquired this business during 2010, check here

**Part I Income**

**1** Gross receipts or sales. Caution. See instructions and check the box if:

- This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or
- You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses.

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**1** 206,552

**2** Returns and allowances

**2**

**3** Subtract line 2 from line 1

**3**

206,552

**4** Cost of goods sold (from line 42 on page 2)

**4**

124,207

**5** Gross profit. Subtract line 4 from line 3

**5**

82,345

**6** Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

**6**

**7** Gross income. Add lines 5 and 6

**7**

82,345

**Part II Expenses. Enter expenses for business use of your home only on line 30.**

**8** Advertising

**8**

2,674

**18** Office expense

**18**

2,585

**9** Car and truck expenses (see instructions)

**9**

**19** Pension and profit-sharing plans

**19**

**10** Commissions and fees

**10**

**20** Rent or lease (see instructions):

**20**

**11** Contract labor (see instructions)

**11**

**a** Vehicles, machinery, and equipment

**20a**

**12** Depletion

**12**

**b** Other business property

**20b**

800

**13** Depreciation and section 179 expense deduction (not included in Part III) (see instructions)

**13**

14,212

**21** Repairs and maintenance

**21**

40

**14** Employee benefit programs (other than on line 19)

**14**

**22** Supplies (not included in Part III)

**22**

**15** Insurance (other than health)

**15**

16,673

**23** Taxes and licenses

**23**

100

**16** Interest:

**a** Mortgage (paid to banks, etc.)

**16a**

**b** Other

**16b**

6,020

**24** Travel, meals, and entertainment:

**24**

**a** Travel

**24a**

325

**b** Deductible meals and entertainment (see instructions)

**24b**

600

**17** Legal and professional services

**17**

5,241

**25** Utilities

**25**

**26** Wages (less employment credits)

**26**

**27** Other expenses (from line 48 on page 2)

**27**

12,329

**28** Total expenses before expenses for business use of home. Add lines 8 through 27

**28**

61,599

**29** Tentative profit or (loss). Subtract line 28 from line 7

**29**

20,746

**30** Expenses for business use of your home. Attach Form 8829

**30**

6,509

**31** Net profit or (loss). Subtract line 30 from line 29.

**31**

14,237

- If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you must go to line 32.

**32** If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.
- If you checked 32b, you must attach Form 6198. Your loss may be limited.

**32a** ☐ All investment is at risk.  
**32b** ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule C (Form 1040) 2010

**Part III** **Cost of Goods Sold (see instructions)**

33 Method(s) used to value closing inventory:    a ☐ Cost    b ☐ Lower of cost or market    c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No  
If "Yes," attach explanation .....

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	0
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	88,191
38	Materials and supplies	38	
39	Other costs SEE STMT 2,1	39	36,016
40	Add lines 35 through 39	40	124,207
41	Inventory at end of year	41	0
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	124,207

**Part IV** Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ►

**44** Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:

**a Business**                      **b Commuting (see instructions)**                      **c Other**

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

GIFTS	451
BANK CHARGES	1,962
DUES & SUBSCRIPTIONS	1,064
POSTAGE	187
TELEPHONE	7,106
TRUCK RENTAL	1,559

48	Total other expenses. Enter here and on page 1, line 27	48	12,329
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5:00 PM

09/27/11

Accrual Basis

# Brothers Movers LLC

## Balance Sheet Standard

As of December 31, 2010

	Dec 31, '10
ASSETS	
Current Assets	
Checking/Savings	
Citizen	6,852.36
Total Checking/Savings	6,852.36
Accounts Receivable	
Accounts Receivable	3,736.98
Total Accounts Receivable	3,736.98
Other Current Assets	
Petty Cash	689.43
Total Other Current Assets	689.43
Total Current Assets	11,278.77
Fixed Assets	
Moving Equipment	
A/D Moving Equipment	-5,059.03
Moving Equipment - Other	5,059.03
Total Moving Equipment	0.00
Office Furniture and Equip.	
A/D Office Furn/Equip.	-18,592.20
Office Furniture and Equip. - ...	18,592.20
Total Office Furniture and Equip.	0.00
Organization Costs	
A/A Organization Costs	-750.00
Organization Costs - Other	750.00
Total Organization Costs	0.00
Trucks	
A/D - Trucks	-176,374.71
Trucks - Other	190,371.11
Total Trucks	13,996.40
Total Fixed Assets	13,996.40



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09/27/11

Accrual Basis

# Brothers Movers LLC

## Balance Sheet Standard

As of December 31, 2010

	Dec 31, '10
TOTAL ASSETS	25,275.17
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	16,128.35
Total Accounts Payable	16,128.35
Credit Cards	
AMEX	184.85
Capital One-7726	5,862.39
Capital One 3374	3,597.35
Capital One 9229	-3,441.17
Total Credit Cards	6,203.42
Other Current Liabilities	
Loan From Member	34,157.50
Sales Tax Payable	711.59
Total Other Current Liabilities	34,869.09
Total Current Liabilities	57,200.86
Long Term Liabilities	
Ciizens Note-2004 Kenworth	17,213.77
Citizens Business LOC	18,696.76
Total Long Term Liabilities	35,910.53
Total Liabilities	93,111.39
Equity	
Capital	5,035.58
Draw - Laurie White	
Medical expense	-1,030.00
Draw - Laurie White - Other	-32,831.00
Total Draw - Laurie White	-33,861.00
Retained Earnings	-61,832.33
Net Income	22,821.53

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Accrual Basis

# Brothers Movers LLC

## Balance Sheet Standard

As of December 31, 2010

	Dec 31, '10
Total Equity	<u>-67,836.22</u>
TOTAL LIABILITIES & EQUITY	<u><u>25,275.17</u></u>

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Accrual Basis

# Brothers Movers LLC

## Balance Sheet Standard

As of September 27, 2011

	Sep 27, '11
ASSETS	
Current Assets	
Checking/Savings	
Citizen	-88,922.33
Total Checking/Savings	-88,922.33
Accounts Receivable	
Accounts Receivable	6,284.81
Total Accounts Receivable	6,284.81
Other Current Assets	
Exchange	4,108.77
Petty Cash	5,689.43
Undeposited Funds	4,062.50
Total Other Current Assets	13,860.70
Total Current Assets	-68,776.82
Fixed Assets	
Moving Equipment	
A/D Moving Equipment	-5,059.03
Moving Equipment - Other	5,059.03
Total Moving Equipment	0.00
Office Furniture and Equip.	
A/D Office Furn/Equip.	-18,592.20
Office Furniture and Equip. - ...	18,592.20
Total Office Furniture and Equip.	0.00
Organization Costs	
A/A Organization Costs	-750.00
Organization Costs - Other	750.00
Total Organization Costs	0.00
Trucks	
A/D - Trucks	-176,374.71
Trucks - Other	190,371.11
Total Trucks	13,996.40

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Accrual Basis

# Brothers Movers LLC

## Balance Sheet Standard

As of September 27, 2011

	Sep 27, '11
Total Fixed Assets	13,996.40
TOTAL ASSETS	-54,780.42
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	16,128.35
Total Accounts Payable	16,128.35
Credit Cards	
AMEX	-179,380.67
Capital One-7726	9,318.82
Capital One 3374	4,076.85
Capital One 9229	-3,441.17
Total Credit Cards	-169,426.17
Other Current Liabilities	
LST	19.00
Loan From Member	34,157.50
Sales Tax Payable	785.16
Total Other Current Liabilities	34,961.66
Total Current Liabilities	-118,336.16
Long Term Liabilities	
Ciizens Note-2004 Kenworth	17,213.77
Citizens Business LOC	18,696.76
Total Long Term Liabilities	35,910.53
Total Liabilities	-82,425.63
Equity	
Capital	5,035.58
Draw - Laurie White	
Medical expense	-1,180.00
Draw - Laurie White - Other	-44,467.77
Total Draw - Laurie White	-45,647.77

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Accrual Basis

# Brothers Movers LLC

## Balance Sheet Standard

As of September 27, 2011

	Sep 27, '11
Retained Earnings	-39,010.80
Net Income	107,268.20
Total Equity	27,645.21
TOTAL LIABILITIES & EQUITY	-54,780.42

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09/27/11

# Brothers Movers LLC Sales Tax Liability Report

January through December 2010

	Total Sales	Non-Taxable Sales
Adjust		
Adjust	6,368.57	6,368.57
Total Adjust	6,368.57	6,368.57
Common Wealth of PA		
Common Wealth of PA - Other	0.00	0.00
Total Common Wealth of PA	0.00	0.00
Laurie White		
Laurie White - Other	0.00	0.00
Total Laurie White	0.00	0.00
NJ Sales Tax		
NJ Sales tax	0.00	0.00
Total NJ Sales Tax	0.00	0.00
PA		
7% sales tax	0.00	0.00
sales tax	0.00	0.00
Total PA	0.00	0.00
PA Dept of Revenue		
PA Dept of Revenue - Other	0.00	0.00
Total PA Dept of Revenue	0.00	0.00
PA Dept.of Revenue(sales Tax)		
8% sales tax	4,212.25	3,991.25
Out of State	0.00	0.00
sales tax	202,373.29	200,526.72
Total PA Dept.of Revenue(sales ...	206,585.54	204,517.97
state tax		
6% tax	0.00	0.00
Total state tax	0.00	0.00
No tax vendor		
Tax Exempt	0.00	0.00
Total (no tax vendor)	0.00	0.00

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Brothers Movers LLC  
Sales Tax Liability Report

January through December 2010

	<u>Total Sales</u>	<u>Non-Taxable Sales</u>
TOTAL	<u>212,954.11</u>	<u>210,886.54</u>

# Brothers Movers LLC

## Sales Tax Liability Report

January through December 2010

5:03 PM

09/27/11

	<u>Taxable Sales</u>	<u>Tax Rate</u>
Adjust		
Adjust	0.00	
Total Adjust	0.00	
Common Wealth of PA		
Common Wealth of PA - Other	0.00	0.00
Total Common Wealth of PA	0.00	
Laurie White		
Laurie White - Other	0.00	0.00
Total Laurie White	0.00	
NJ Sales Tax		
NJ Sales tax	0.00	8.00%
Total NJ Sales Tax	0.00	
PA		
7% sales tax	0.00	7.00%
sales tax	0.00	6.00%
Total PA	0.00	
PA Dept of Revenue		
PA Dept of Revenue - Other	0.00	0.00
Total PA Dept of Revenue	0.00	
PA Dept.of Revenue(sales Tax)		
8% sales tax	221.00	8.00%
Out of State	0.00	0.00%
sales tax	1,846.57	6.00%
Total PA Dept.of Revenue(sales ...	2,067.57	
state tax		
6% tax	0.00	6.00%
Total state tax	0.00	
No tax vendor		
Tax Exempt	0.00	0.00%
Total (no tax vendor)	0.00	



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Brothers Movers LLC  
Sales Tax Liability Report

January through December 2010

	<u>Taxable Sales</u>	<u>Tax Rate</u>
TOTAL	<u>2,067.57</u>	

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# Brothers Movers LLC

## Sales Tax Liability Report

January through December 2010

	Tax	Sales Tax Payable As of Dec 31, '10
Adjust		
Adjust	0.02	310.12
Total Adjust	0.02	310.12
Common Wealth of PA		
Common Wealth of PA - Other	0.00	-13,926.16
Total Common Wealth of PA	0.00	-13,926.16
Laurie White		
Laurie White - Other	0.00	-608.62
Total Laurie White	0.00	-608.62
NJ Sales Tax		
NJ Sales tax	0.00	112.80
Total NJ Sales Tax	0.00	112.80
PA		
7% sales tax	0.00	1,550.51
sales tax	0.00	1,126.04
Total PA	0.00	2,676.55
PA Dept of Revenue		
PA Dept of Revenue - Other	0.00	37.90
Total PA Dept of Revenue	0.00	37.90
PA Dept.of Revenue(sales Tax)		
8% sales tax	17.68	44.96
Out of State	0.00	0.00
sales tax	110.80	11,869.84
Total PA Dept.of Revenue(sales ...	128.48	11,914.80
state tax		
6% tax	0.00	194.20
Total state tax	0.00	194.20
No tax vendor		
Tax Exempt	0.00	0.00
Total (no tax vendor)	0.00	0.00

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Brothers Movers LLC  
Sales Tax Liability Report

January through December 2010

	Tax	Sales Tax Payable As of Dec 31, '10
TOTAL	128.50	711.59

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Accrual Basis

# Brothers Movers LLC

## Account QuickReport

All Transactions

Type	Date	Num	Name
Trucks			
A/D - Trucks			
General Journal	01/01/02	Y/E 2001	
General Journal	03/31/02	2002-11	
General Journal	06/30/02	BLTZ-6	
General Journal	09/30/02	BLTZ-15	
General Journal	12/31/02	BLTZ-YE 1	
General Journal	12/31/02	BLTZ-YE 15	
General Journal	12/31/03	ADJ-1	
General Journal	12/31/04	ADJ 20	
General Journal	12/31/04	ADJ 24	
General Journal	12/31/05	amortiz	
General Journal	12/31/05	amortiz	
General Journal	12/31/07	rw	
General Journal	12/31/08	EFT	
General Journal	12/31/09		
General Journal	12/31/10	pbp	
Total A/D - Trucks			
Trucks - Other			
General Journal	01/01/02	Y/E 2001	
General Journal	06/30/02	BLTZ-4	
General Journal	06/30/02	BLTZ-4	
General Journal	12/31/04	ADJ 24	
General Journal	12/31/07	rw	
Total Trucks - Other			
Total Trucks			
TOTAL			

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Accrual Basis

# Brothers Movers LLC

## Account QuickReport

### All Transactions

Memo	Split	Amount	Balance
Closing Balances - 2001	Mellon - Citizens	-50,137.90	-50,137.90
1st Qtr. Depn. 2002	Depreciation Expense	-4,511.71	-54,649.61
Depn. Exp. @ 6/30/02	A/D Moving Equipment	-10,364.37	-65,013.98
3rd Qtr. Dep'n.	A/D Moving Equipment	-7,438.04	-72,452.02
4th qtr. 2002	Depreciation Expense	-7,438.04	-79,890.06
Adjust A/D per Schedule	A/D Office Furn/Equip.	-9,536.84	-89,426.90
Adj Entry to close 2003	Citizen	-12,579.00	-102,005.90
	Petty Cash	-6,869.00	-108,874.90
New Truck - Santa Fe	Trucks	-15,338.00	-124,212.90
	Amortization Expense	-3,679.00	-127,891.90
	Amortization Expense	-3,679.00	-131,570.90
Year end aje	Citizen	-19,937.10	-151,508.00
12.31.08 AJE rw	Citizen	-13,032.48	-164,540.48
To record year end adju...	Citizen	-7,672.75	-172,213.23
DEPRECIATION EXPE...	A/D Office Furn/Equip.	-4,161.48	-176,374.71
		-176,374.71	-176,374.71
Closing Balances - 2001	Mellon - Citizens	95,255.00	95,255.00
New Truck Loan	-SPLIT-	23,103.00	118,358.00
Reclass Truck Deposit	Trucks	3,500.00	121,858.00
New Truck - Santa Fe	-SPLIT-	25,563.61	147,421.61
Year end aje	Citizen	42,949.50	190,371.11
		190,371.11	190,371.11
		13,996.40	13,996.40
		13,996.40	13,996.40

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)

Brothers Movers LLC

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SECRETARY'S BUREAU

Pennsylvania Public Utility Commission  
PO Box 3265  
Harrisburg, PA 17105-3265

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Time Accepted 250 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$	Insurance Fee \$
Flat Rate <input type="checkbox"/> or Weight lbs. ozs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day Int'l Alpha Country Code	Total Postage & Fees \$ 13.25	
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