

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)

Keep It Moving, LLC

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

Fictitious name and Registration number (if applicable)

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

1727 Guilford Street

Street Address

Philadelphia, PA 19111

City, State and Zip Code

866-677-5432

Telephone Number

Philadelphia

County

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

P.O. Box 28458

Street Address

Philadelphia, PA 19149

City, State and Zip Code

5. **Attorney** (if applicable)

N/A

Attorney's Name & Telephone Number for this Filing

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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).

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Philadelphia County  
Montgomery County  
Delaware County  
Chester County  
Bucks County

To transport as a common carrier household goods in use between counties.

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**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.

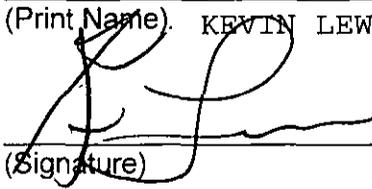
## Verification of Application

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.

Kevin Lewis

(Print Name) KEVIN LEWIS



(Signature)

8/11/12

(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).

## 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.

PUC Application Docket No.			
KEEP IT MOVING, LLC			
Legal Name of Applicant			
Trade Name, if any			
1727 Guilford Street	Philadelphia, PA	19111	
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.  
Kevin Lewis, President - only member  
1727 Guilford Street  
Philadelphia, PA 19111  
267-357-6043
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.  
Kevin Lewis has ten (10) years experience in the moving and relocation business. He is a high school graduate with some

college credits.

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.

Facility location: 1900 Bleigh Ave., Phila. PA - garage & lot.  
Garage has an office of approx. 500 square feet with internal phone systems with mobile phones for all main employees. Keep It Moving utilizes a Driver's Log book with strict driving records and maintenance records according to FMCSA.  
Hours: 7 A.M. to 8 P.M.

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).** Total : 7 employees

3 Office employees

1 Logistics, 1 Customer Service, 1 Operations,

1 Field Management

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.

4 Drivers

(a) 3 to 5 year's experience; (b) 3 month's evaluation and driving inspection; (c) 3 month's review MV report; (d) Zero tolerance; (e) 3 to 6 month's review. \*Yearly DOT safety training; Six month's Drug and Alcohol Awareness Program.

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>
2002	Ford	E350	3	1FVWE35L92HB13915

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).

- Preventative maintenance every 3 months;
- 3 month's review 10,000 miles;
- 3 month's 10,000 miles.

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.

Automatic monthly payments withdrawn from checking account.

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.
- Take complaints and send three (3) technicians for estimates;
  - Cash settlements immediatly.

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     X  NO

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

### Verification of Statement

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

X  
(Signature)

Kevin Lewis President

(Name and Title, printed or typed)

8/11/12  
(Date)

**Statement of Financial Position (Balance Sheet)**  
As of (date) December 31, 2011

ASSETS

Current Assets			
Cash		<u>1917</u>	
Accounts Receivable		<u>2317</u>	
Notes Receivable			
Other Current Assets (specify)			
Total Current Assets			<u>\$ 4234</u>
Tangible Assets			
Motor Vehicle Equipment		<u>15457</u>	
Less: Accumulated Depreciation		<u>1945</u>	= <u>13532</u>
-			
Building and Structures			
Less: Accumulated Depreciation	-	<u>2318</u>	= <u>1763</u>
Office Equipment		<u>555</u>	
Less: Accumulated Depreciation	-		=
Land			
Investments and Funds (specify)			
Intangible Assets			
Other Assets (advances and idle equipment – specify)			
			<u>\$ 19525</u>
		<b>TOTAL ASSETS</b>	

LIABILITIES

Current Liabilities (Due within one year of date)			
Accounts Payable		<u>1833</u>	
Notes Payable			
Equipment Obligations			
Other Liabilities (Attach schedule)			
Total Current Liabilities			<u>1833</u>
Long Term Liabilities (Due after one year of date)			
Accounts Payable			
Notes Payable			
Equipment Obligations			
Other Liabilities (Attach Schedule)			
Total Long Term Liabilities			
			<u>TOTAL LIABILITIES</u>

NET WORTH (Partnerships and individuals, only)

OWNER'S EQUITY (Corporations only)

Capital Stock			<u>1000</u>
Additional Paid-in Capital			<u>5000</u>
Retained Earnings		<u>11696</u>	
Less: Treasury Stock	-	<u>-</u>	= <u>11696</u>
Total Owner's Equity			<u>11696</u>

TOTAL LIABILITIES & OWNER'S EQUITY

\$ 19525

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

REVENUE and GAINS

<b>Operating Revenue</b>	\$ 165,000
<b>Net Revenue from non-carrier operations</b>	_____
<b>Dividend and interest revenues</b>	_____
<b>Other non-operating revenue</b>	_____
<b>Gains</b>	_____
<b>Total Revenue and Gains</b>	\$ 165,000

EXPENSES

<b>Equipment Maintenance and Garage Expense</b>	3500
<b>Insurance Expense</b>	9200
<b>Employee Salaries</b>	95000
<b>Supervisory Salaries</b>	_____
<b>Officer Salaries</b>	25000
<b>Fuel Expense</b>	6000
<b>Purchased Transportation (Lease Expense)</b>	_____
<b>Materials and Supplies Expense</b>	1500
<b>General Office Expense</b>	_____
<b>Advertising Expense</b>	600
<b>Telephone Expense</b>	2500
<b>Accounting Expense</b>	1000
<b>Legal Expense</b>	_____
<b>Uncollectible Revenue</b>	_____
<b>Depreciation Expense</b>	2500
<b>Amortization</b>	_____
<b>Operating Taxes and Licenses</b>	9200
<b>Rent Expense</b>	_____
<b>Loss</b>	_____
<b>Total Operating Expenses and Losses</b>	156,000

Net Income Before Taxes

<b>Provision for Income Taxes</b>	14,000
<b>Net Income (Loss)</b>	3278
	10722

**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.

JEFFREY L. HACKETT  
Name of Supporter  
160 COVINGTON RD. Phila. Pa. 19120-1004  
Street Address City or Municipality State Zip Code  
KEEP IT MOVING LLC  
Name of Applicant

- Describe the type of transportation service needed. *To provide a professional moving service to suburban & urban residents at a affordable rate.*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. *Through out the 5 county area, Philadelphia, Montgomery, Berks, Bucks and Chester counties.*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? *Will provide a daily service to all residents.*
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? *In the present economy its important to have grate rate and equal service*
- 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.

*Jeffrey L. Hackett*  
(Signature)  
JEFFREY L. HACKETT  
(Name, printed or typed)

Sept. 12 2012  
(Date)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
CORPORATION BUREAU  
206 NORTH OFFICE BUILDING  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722  
WWW.DOS.STATE.PA.US/CORPS

**KEEP IT MOVING LLC**

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. PLEASE NOTE THE FILE DATE AND THE SIGNATURE OF THE SECRETARY OF THE COMMONWEALTH. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU. PLEASE VISIT OUR WEB SITE LOCATED AT WWW.DOS.STATE.PA.US/CORPS OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 588625

KEEP IT MOVING  
1529 ROBBINS ST  
Philadelphia, PA 19149

*18-KT-81*  
*6/26/19*  
*479-1919*  
*ASB*

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

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

Name <b>KEEP IT MOVING LLC</b>		
Address <b>1529 ROBBINS STREET</b>		
City <b>PHILADELPHIA</b>	State <b>PA</b>	Zip Code <b>19149</b>

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



Fee: \$125

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

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):  
**KEEP IT MOVING LLC**

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

(a) Number and Street      City      State      Zip      County  
**1529 ROBBINS ST      PHILADELPHIA      PA      19149      PHILADELPHIA**

(b) Name of Commercial Registered Office Provider      County  
c/o:

3. The name and address, including street and number, if any, of each organizer is (all organizers must sign on page 2):

Name	Address
<b>KEVIN LEVIN LEWIS JR</b>	<b>1529 ROBBINS STREET PHILADELPHIA PA 19149</b>



Commonwealth of Pennsylvania  
CERTIFICATE OF ORGANIZATION 3 Page(s)

PA DEPT. OF STATE  
FEB 6 2006

Keep It Moving, LLC.  
PO Box 28458  
Phila. Pa. 19149



Secretary's Bureau  
Pennsylvania Public Utility  
Commission

P.O. Box 3625  
Harrisburg, Pa. 17105-3265

SEP 14 2012