

SCHUBERT ♦ GALLAGHER



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May 7, 2013

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

Re: Application of Cadden Bros. Moving & Storage, Inc.

Dear Ms. Chiavetta:

Please be advised that this office represents the above captioned common carrier. Accordingly, I enclose herewith an original and two copies of Application for Approval of Transfer and Exercise of Common Carrier or Contract Rights together with our check in the amount of \$350.00 covering the filing fee.

Kindly acknowledge receipt of the enclosure by time-stamping the enclosed copy of this letter and returning to me in the self-addressed, stamped envelope provided.

Respectfully submitted,

Richard T. Mulcahey, Jr.

RTMJR/mac
 Enclosure

cc: Cadden Bros. Moving & Storage, Inc. (w/encls.)
 Mark J. Conway, Esq. (wo/encls.)

**APPLICATION FOR APPROVAL OF TRANSFER
AND EXERCISE OF COMMON CARRIER OR CONTRACT RIGHTS**

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

Application of Cadden Bros. Moving & Storage, Inc.
(Applicant/Transferee-Buyer)

for the approval of the transfer and to exercise the right

as a Common carrier, described at Docket
(common - contract)

No. A-00099926, Folder No. All,
issued to

Cawley Brothers Van Lines, Inc.
(Transferor - Seller)

for transportation of Household Goods
(persons - household goods)

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SEE INSTRUCTIONS BEFORE COMPLETING APPLICATION

1. Cadden Bros. Moving & Storage, Inc.
(Full and Correct Name of Applicant/Transferee)

2. N/A
(Trade Name, If Any)

The trade name N/A been registered with the Secretary of the Commonwealth
(has or has not)

on N/A (attach copy of stamped registration form.)
(Date)

3. 1106 Mid Valley Drive N/A
(Business Street Address) (P. O. Box, If Any)

Olyphant Lackwanna PA 18447 (570) 489-4005
(City) (County) (State) (Zip) (Telephone)

4. Applicant's attorney (for this application) is:

Richard T. Mulcahey, Jr., 1500 John F. Kennedy Blvd., Suite 1400, Phila., PA 19102 (215) 587-0107
(Name) (Address) (Telephone)

5. Any documents should be mailed to:

Transferee: Richard T. Mulcahey, Jr., Esq. 1500 John F. Kennedy Blvd., Suite 1400 Phila., PA 19102
(Name) (Address)

Transferor: Mark J. Conway 502 S. Blakely St., Dunmore, PA 18512
(Name) (Address)

6. Applicant does hold Pa. P. U. C. authority under Docket Number
(does or does not)

A- 00123871 and operates as a common carrier.
(common or contract)

7. Applicant does hold Interstate Commerce Commission authority at Docket
(does or does not)

No. A- MC-657017.

8. Applicant is (check one):

- Individual.
- Partnership. Must attach a copy of the partnership agreement (unless a copy is presently on file with PUC), and list names and addresses of partners below (use additional sheet if necessary).

(Name)

(Address)

- Corporation. Organized under the laws of the state of Pennsylvania
and qualified to do business in Pennsylvania by registering with the Secretary of the
Commonwealth on January 2, 2007 (Attach copy of Certificate of
Incorporation or Authority and statement of charter purpose). Include as an attachment a
list of corporate officers and their titles and the names, addresses and number of shares
held by each stockholder.

9. If applicant, its stockholder or partnership members are in control of or affiliated with any other carrier, state name of carrier(s), Docket Number(s) and nature of control or affiliation.

10. Applicant proposes to acquire all of the operating rights now held by transferor.
(all or part)

Attach a sheet describing rights to be transferred to applicant and rights to be retained by transferor, if any. If any rights are to be omitted give reasons.

11. The reason for the transfer is Transferor has filed for Bankruptcy Protection and Transferee has purchased the Operating Rights at auction, pursuant to a court order.

12a. The following must be attached:

- Sales Agreement – Court Order – Exhibit “A”
- List of equipment to be used to render service. (Summarized by type) - Exhibit “B”
- Operating authority to be transferred/retained. - Exhibit “C”
- Statement of Financial Position - Exhibit “D”
- Statement of unpaid business debts of transferor and how they will be satisfied. Bankruptcy Discharge of Debts
- Statement of Safety Program. – Exhibit “E”
- Statement of transferee’s experience. - Exhibit “F”

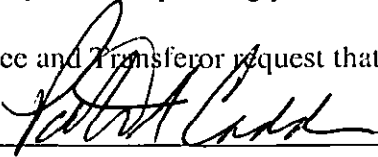
b. Attach the following, as appropriate (check those attached):

- Partnership Agreement
- Trade Name registration certificate.
- Certificate of Incorporation. (Pa. Corporations only) – Exhibit “G”
- Certificate of Authority. (Foreign (out-of-state) Corporations only).
- Statement of Corporate charter purpose. (Corporations only) - See Exhibit “G”
- List of Corporate officers and stockholders. (Corporations only) - Exhibit “H”

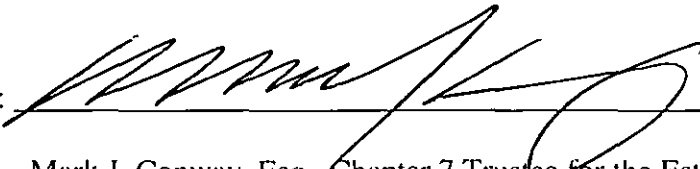
- Copy of short form certificate showing date of death of transferor and name of executor/administrator/administratrix.

13. Transferor attests that all General Assessments and fines are paid, and agrees to continue to render the service which is to be transferred until this application is approved, whereupon transferor will surrender said certificate or permit for cancellation.
14. Transferee agrees to assume and pay any General Assessments that may be made against transferor as a common carrier for any and all operating periods up to the actual date of the transfer.

WHEREFORE, Transferee and Transferor request that the Commission grant the Transfer.

Transferee sign here:  10/9/12
(Each Partner Must Sign) (Date)

(Corporate Seal) Patrick Cadden

Transferor sign here:  9/5/12

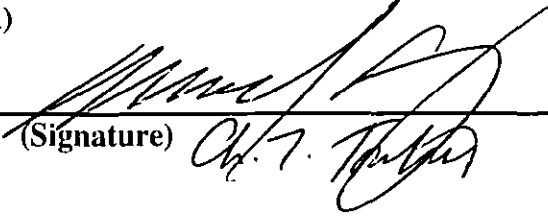
(Corporate Seal) Mark J. Conway, Esq., Chapter 7 Trustee for the Estate of Cawley Brothers Van Lines, Inc.

APPLICATION VERIFICATION

I/We hereby state that the statements made in the application are true and correct to the best of my/our knowledge, information and belief.

The undersigned understand(s) that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to Unsworn Falsification To Authorities.

TRANSFEROR (SELLER)

Mark J. Conway (Trustee)  9/5/12
(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

TRANSFeree (BUYER)

Patrick A. Cadden  10/9/12
(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

If the Applicant is a sole-proprietor, he/she must complete and sign the Application Verification form. If the application is for a partnership, all partners to the partnership agreement must sign this form. If the Applicant is incorporated, the President or Secretary must sign this form.

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EXHIBIT "A"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

.....
: CHAPTER 7
CAWLEY BROTHERS VAN :
LINES, INC., :
: DEBTOR, : CASE NO. 5-11-07847
:
MARK J. CONWAY, CHAPTER 7 :
TRUSTEE FOR THE ESTATE OF :
CAWLEY BROTHERS VAN LINES, :
INC., :
: MOVANT, :
:
VS. :
:
INTERNAL REVENUE SERVICE, :
COMMONWEALTH OF :
PENNSYLVANIA DEPARTMENT OF :
REVENUE, PENNSYLVANIA :
DEPARTMENT OF REVENUE :
BUREAU OF INDIVIDUAL TAXES, :
PENNSYLVANIA UNEMPLOYMENT :
COMPENSATION, PENNSYLVANIA :
PUBLIC UTILITIES COMMISSION, :
:
RESPONDENTS. :
.....

ORDER


Upon consideration of the Chapter 7 Trustee's Application to Sell Personal Property of the Estate Free and Clear of Liens and Encumbrances, and after notice to all creditors and parties-in-interest entitled to notice, it is hereby **ORDERED AND DECREED**

- i) That the Application is hereby **GRANTED**;
- ii) That the Trustee shall be authorized to sell the personal property of the Estate free and clear of liens and encumbrances as set forth in the

Application on **January 7, 2011 at 10:00** located at the following address: 211 Birch Street, Scranton, PA 18505-1101.

- iii) Colonel Steve Sitar, the Debtor's Auctioneer, is entitled to a commission of ten percent (10%) for the personal property, plus reimbursement of reasonable costs and expenses from the sale proceeds without further application to the Court; and
- iv) That this should be a final order not subject to the fourteen (14) day stay under Bankruptcy Rule 6004(h).

By the Court,



Robert N. Opel, II, Bankruptcy Judge
db

Dated: January 3, 2012

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EXHIBIT "B"

2006	Kentucky	53' Trailer	1KKVE53256L221186		
1979	Matlock	45' Trailer	1222781205		
2007	Hino 338	5PVNV8JT772S50610		172,000	3 Seats
2007	Hino 258	5PVNV8JR072S50049		194,000	3 Seats
2006	Hino 268	5PVNV8JT762S50181		152,000	3 Seats
2006	International	1957 IHTMMAAN06H189400		395,000	3 Seats
1999	Frieghtliner	FL100 1FV6HLAC2XHB76497		270,000	3 Seats
2004	Sterling	ACTERRA 2FZACFDC04AN2776		240,000	3 Seats
1986	Kentucky	48' Trailer	1KKVE4820GL075767		
1991	TrailMobile	53' Trailer	1PT04KAH0N9003682		

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EXHIBIT "C"

CAWLEY BROS. VAN LINES, INC.

LOCAL MOTOR FREIGHT TARIFF

NAMING

RATES, RULES AND REGULATIONS

GOVERNING

THE RIGHT

1. To transport, as a Class B carrier, property between points in the city of Scranton, Lackawanna County, and within three (3) miles of the limits of said city.
2. To transport, as a Class D carrier, household goods in use from points in the city of Scranton, Lackawanna County, and within three (3) statute miles of the limits of said city, to other points in Pennsylvania and vice versa;

with rights Nos. 1 and 2 above subject to the following condition:

That no right, power or privilege is granted to transport raw silk, materials and finished products of the silk industry; provided, however, that the applicant may transport silk and silk products to and from mills or other places of business and railroad stations.

3. To transport, as a Class D carrier, coal from mines and breakers in the county of Lackawanna to other points in said county.

For reference to Governing Publications, see Item 10 herein.

ISSUED: December 16, 1976

EFFECTIVE: December 17, 1976

Issued on one day's notice under authority of Tariff Rule 2(c) of the Pennsylvania Public Utility Commission.

ISSUED BY:
 THOMAS J. CAWLEY, PRESIDENT
 1215 WHEELER AVENUE
 SCRANTON, PENNSYLVANIA 18510

211 Birch St 18505

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Penna. Public Utility Comm.

DEC 16 1976

BUREAU OF TRANSPORTATION
TARIFF DIVISION

76-236

717-347-5641

18510

OFFICIALLY FILED TARIFF

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EXHIBIT "D"

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
See separate instructions.

2011

For calendar year 2011 or tax year beginning 2011, ending

A S election effective date 04/23/07	TYPE OR PRINT	Name CADDEN BROS MOVING & STORAGE INC	D Employer identification number 74-3201920
B Business activity code number (see instructions) 484110		Number, street, and room or suite no. If a P.O. box, see instructions. 1106 MID VALLEY DR	E Date incorporated 01/02/07
C Check if Sch M-3 attached <input type="checkbox"/>		City or town, state, and ZIP code OLYPHANT PA 18447	F Total assets (see instructions) \$ 94,849.

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If 'Yes,' attach Form 2553 if not already filed

H Check if: (1) Final return (2) Name change (3) Address change
(4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year..... 2

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

INCOME	1a Merchant card and third-party payments. For 2011, enter -0.....	1a	0.	
	b Gross receipts or sales not reported on line 1a (see instructions).....	1b	997,878.	
	c Total. Add lines 1a and 1b.....	1c	997,878.	
	d Returns and allowances plus any other adjustments (see instructions).....	1d		
	e Subtract line 1d from line 1c.....	1e	997,878.	
	2 Cost of goods sold (attach Form 1125-A).....	2	24,307.	
3 Gross profit. Subtract line 2 from line 1e.....	3	973,571.		
4 Net gain (loss) from Form 4797, Part II, line 17(attach Form 4797).....	4			
5 Other income (loss) (see instrs - all statement).....	5			
6 Total income (loss). Add lines 3 through 5.....	6	973,571.		
DEDUCTIONS	7 Compensation of officers.....	7	60,722.	
	8 Salaries and wages (less employment credits).....	8	356,102.	
	9 Repairs and maintenance.....	9	4,493.	
	10 Bad debts.....	10		
	11 Rents.....	11	6,409.	
	12 Taxes and licenses.....	12	51,403.	
	13 Interest.....	13	3,672.	
	14 Depreciation not claimed on Form 1125-A or elsewhere on return(attach Form 4562).....	14	24,809.	
	15 Depletion (Do not deduct oil and gas depletion.).....	15		
	16 Advertising.....	16	47,689.	
	17 Pension, profit-sharing, etc, plans.....	17		
18 Employee benefit programs.....	18	43,085.		
19 Other deductions (attach statement)..... STMT.....	19	356,456.		
20 Total deductions. Add lines 7 through 19.....	20	954,840.		
21 Ordinary business income (loss). Subtract line 20 from line 6.....	21	18,731.		
TAX AND PAYMENTS	22a Excess net passive income or LIFO recapture tax (see instructions).....	22a		
	b Tax from Schedule D (Form 1120S).....	22b		
	c Add lines 22a and 22b (see instructions for additional taxes).....	22c		
	23a 2011 estimated tax payments and 2010 overpayment credited to 2011.....	23a		
	b Tax deposited with Form 7004.....	23b	0.	
	c Credit for federal tax paid on fuels(attach Form 4136).....	23c		
	d Add lines 23a through 23c.....	23d	0.	
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached..... <input type="checkbox"/>	24		
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed.....	25	0.	
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid.....	26		
27 Enter amount from line 26 Credited to 2012 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	27			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *Francis A. Dougher* Date: 5/18/12 Title: PRESIDENT

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name FRANCIS A DOUGHER	Preparer's signature	Date 05/17/12	Check <input checked="" type="checkbox"/> self-employed <input type="checkbox"/> PTIN P00151539
	Firm's name Francis A. Dougher, CPA	Firm's EIN 74-3199142		
	Firm's address 617 Keystone Avenue Peckville PA 18452	Phone no. (570) 489-8290		

Schedule B Other Information (see instructions)		Yes	No
1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶		
2	See the instructions and enter the: a Business activity ▶ TRUCKING b Product or service... ▶ MOVING & STORAGE		
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If 'Yes,' attach a statement showing (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a qualified subchapter S subsidiary election made?		X
4	Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
5	Check this box if the corporation issued publicly offered debt instruments with original issue discount. <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
6	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$		
7	Enter the accumulated earnings and profits of the corporation at the end of the tax year ▶ \$		
8	Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than \$250,000? If 'Yes,' the corporation is not required to complete Schedules L and M-1.		X
9	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If 'Yes,' see instructions.		X
10a	Did the corporation make any payments in 2011 that would require it to file Form(s) 1099 (see instructions)?	X	
	b If 'Yes,' did the corporation file or will it file all required Forms 1099?	X	

Schedule K Shareholders' Pro Rata Share Items		Total amount	
INCOME LOSS	1 Ordinary business income (loss) (page 1, line 21)	1	18,731.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	3c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	23.
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a		
b Collectibles (28%) gain (loss)	8b		
c Unrecaptured section 1250 gain (attach statement)	8c		
9 Net section 1231 gain (loss) (attach Form 4797)	9		
10 Other income (loss) (see instructions) Type ▶	10		

Shareholders' Pro Rata Share Items (continued)		Total amount	
Deductions	11 Section 179 deduction (attach Form 4562).....	11	5,000.
	12a Contributions.....Cash contribution (50%).....	12a	750.
	b Investment interest expense.....	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c (2)	
	d Other deductions (see instructions) Type ▶	12d	
Credits	13a Low-income housing credit (section 42(j)(5)).....	13a	
	b Low-income housing credit (other).....	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468).....	13c	
	d Other rental real estate credits (see instrs) Type ▶	13d	
	e Other rental credits (see instrs) Type ▶	13e	
	f Alcohol and cellulosic biofuel fuels credit (attach Form 6478).....	13f	
	g Other credits (see instructions) Type ▶ FORM 8941 HEALTH INSURANCE PREMIUMS CREDIT	13g	7,124.
Foreign Transactions	14a Name of country or U.S. possession.....		
	b Gross income from all sources.....	14b	
	c Gross income sourced at shareholder level..... Foreign gross income sourced at corporate level	14c	
	d Passive category.....	14d	
	e General category.....	14e	
	f Other (attach statement)..... Deductions allocated and apportioned at shareholder level	14f	
	g Interest expense.....	14g	
	h Other..... Deductions allocated and apportioned at corporate level to foreign source income	14h	
	i Passive category.....	14i	
	j General category.....	14j	
	k Other (attach statement)..... Other information	14k	
	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued.....	14l	
	m Reduction in taxes available for credit (attach statement).....	14m	
	n Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment.....	15a	2,945.
	b Adjusted gain or loss.....	15b	
	c Depletion (other than oil and gas).....	15c	
	d Oil, gas, and geothermal properties— gross income.....	15d	
	e Oil, gas, and geothermal properties— deductions.....	15e	
	f Other AMT items (attach statement).....	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income.....	16a	
	b Other tax-exempt income.....	16b	
	c Nondeductible expenses.....	16c	11,929.
	d Distributions (attach stmt if required) (see instrs).....	16d	3,000.
	e Repayment of loans from shareholders.....	16e	
Other Information	17a Investment income.....	17a	23.
	b Investment expenses.....	17b	
	c Dividend distributions paid from accumulated earnings and profits.....	17c	0.
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and lines 14l.....	18	13,004.

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		28,671.		32,890.
2a	Trade notes and accounts receivable				
	b Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach stmt)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	131,353.		160,953.	
	b Less accumulated depreciation	73,018.	58,335.	102,827.	58,126.
11a	Depletable assets				
	b Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
	b Less accumulated amortization				
14	Other assets (attach stmt) Ln. 14. St.		500.		3,833.
15	Total assets		87,506.		94,849.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach stmt) Ln. 18. St.		7,264.		6,139.
19	Loans from shareholders		4,000.		4,000.
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement) Ln. 21. St.		56,605.		66,998.
22	Capital stock		1,000.		1,000.
23	Additional paid-in capital				
24	Retained earnings		18,637.		16,712.
25	Adjustments to shareholders' equity (att stmt)				
26	Less cost of treasury stock				
27	Total liabilities and shareholders' equity		87,506.		94,849.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more- see instructions

1	Net income (loss) per books	1,075.	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):			a Tax-exempt interest \$	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14f (itemize):		6	Deductions included on Schedule K, lines 1 through 12, and 14f, not charged against book income this year (itemize):	
	a Depreciation \$			a Depreciation \$	
	b Travel and entertainment \$ 4,805.				
	* STMT 7,124.	11,929.	7	Add lines 5 and 6	
4	Add lines 1 through 3	13,004.	8	Income (loss) (Schedule K, ln 18). Ln 4 less ln 7	13,004.

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year	18,637.	
2	Ordinary income from page 1, line 21	18,731.	
3	Other additions * STMT	23.	
4	Loss from page 1, line 21		
5	Other reductions * STMT	17,679.	
6	Combine lines 1 through 5	19,712.	
7	Distributions other than dividend distributions	3,000.	0.
8	Balance at end of tax year. Subtract line 7 from line 6	16,712.	0.

Form 1120S, Page 1, Line 19

Other Deductions

AUTO	13,429.
BANK SC & CC FEES	5,234.
BLDG	
BONDING	
BONUS	
COMPUTER EXP	435.
DUES & SUB	1,261.
EQUIP RENT	26,374.
FINANCE CHARGES	
INSURANCE	57,603.
LEASE	6,327.
LODGING	10,525.
MEALS AND ENTERTAINMENT (50%)	4,805.
MEDICAL	1,249.
MILEAGE	1,590.
MISCELLANEOUS	1,098.
OFFICE SUPPLIES	4,030.
PEST CONTROL	701.
PHONE	
POSTAGE	1,740.
PRO SERVICES	12,088.
RIMBURSEMENTS	
SUPPLIES	15,338.
TOLLS	1,461.
TRACTOR RENTALS	17,234.
TRAVEL	6,250.
TRK FUEL & REPAIRS	124,091.
TRUCK RENTAL	21,129.
UNIFORMS	596.
UTILITIES	14,837.
VISTA	
WEIGHT	1,031.
BONUS	6,000.
Total	356,456.

Other Assets:
1120S, Schedule L, Line 14

Other Assets:	Beginning of tax year	End of tax year
EMPLOYEE ADVANCES	500.	500.
PREPAID AUTO LEASE		3,333.
Total	500.	3,833.

Other Current Liabilities:
1120S, Schedule L, Line 18

Other Current Liabilities:	Beginning of tax year	End of tax year
CREDIT CARDS PAYABLE	3,397.	
ACC PAYROLL TAXES	3,867.	6,139.

Form **1125-A**

(December 2011)
 Department of the Treasury
 Internal Revenue Service

Cost of Goods Sold

OMB No. 1545-2225

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-S, 1065, and 1065-B.

Name CADDEN BROS MOVING & STORAGE INC	Employer identification number 74-3201920
---	---

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	24,307.
4 Additional section 263A costs (attach schedule)	4	
5 Other costs (attach schedule)	5	
6 Total. Add lines 1 through 5	6	24,307.
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	24,307.

9a Check all methods used for valuing closing inventory:

(i) Cost

(ii) Lower of cost or market

(iii) Other (Specify method used and att. expl.) .. ▶ _____

b Check if there was a writedown of subnormal goods ▶

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation Yes No

BAA For Paperwork Reduction Act Notice, see separate Instructions. Form 1125-A (12-2011)

Credit for Small Employer Health Insurance Premiums

▶ Information about Form 8941 and its instructions is available at www.irs.gov/form8941.
 ▶ Attach to your tax return.

Name(s) shown on return CADDEN BROS MOVING & STORAGE INC	Identifying number 74-3201920
--	---

1	Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions).....	1	17
2	Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12.....	2	9
3	Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12.....	3	33,000.
4	Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (see instructions).....	4	29,934.
5	Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions).....	5	43,787.
6	Enter the smaller of line 4 or line 5.....	6	29,934.
7	Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35).....	7	10,477.
8	If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions.....	8	10,477.
9	If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions.....	9	7,124.
10	Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions).....	10	
11	Subtract line 10 from line 4. If zero or less, enter -0-.....	11	29,934.
12	Enter the smaller of line 9 or line 11.....	12	7,124.
13	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions).....	13	7
14	Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13.....	14	5
15	Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions).....	15	
16	Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, line 4h.....	16	7,124.
17	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions).....	17	
18	Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h.....	18	
19	Enter the amount you paid in 2011 for taxes considered payroll taxes for purposes of this credit (see instructions).....	19	
20	Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, line 44f.....	20	

BAA For Paperwork Reduction Act Notice, see separate instructions.

Schedule K-1
(Form 1120S)

Department of the Treasury
Internal Revenue Service

2011

For calendar year 2011, or tax

year beginning _____, 2011
ending _____

Final K-1

Amended K-1

671111

OMB No. 1545-0130

Shareholder's Share of Income, Deductions, Credits, etc ▶ See page 2 of form and separate instructions.

Part I Information About the Corporation	
A Corporation's employer identification number	74-3201920
B Corporation's name, address, city, state, and ZIP code	CADDEN BROS MOVING & STORAGE INC 1106 MID VALLEY DR OLYPHANT, PA 18447
C IRS Center where corporation filed return	Cincinnati, OH 45999-0013
Part II Information About the Shareholder	
D Shareholder's identifying number	169-42-7911
E Shareholder's name, address, city, state, and ZIP code	JAMES D CADDEN 1018 ALDER ST SCRANTON, PA 18505
F Shareholder's percentage of stock ownership for tax year	50.00000 %

FOR IRS USE ONLY

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)	9,366.	13 Credits	P *	3,562.
2 Net rental real estate income (loss)				
3 Other net rental income (loss)				
4 Interest income	12.			
5a Ordinary dividends				
5b Qualified dividends		14 Foreign transactions		
6 Royalties				
7 Net short-term capital gain (loss)				
8a Net long-term capital gain (loss)				
8b Collectibles (28%) gain (loss)				
8c Unrecaptured section 1250 gain				
9 Net section 1231 gain (loss)				
10 Other income (loss)		15 Alternative minimum tax (AMT) items	A	1,473.
11 Section 179 deduction	2,500.	16 Items affecting shareholder basis	C	5,965.
12 Other deductions				
A	375.	D		1,500.
		17 Other information	A	12.

*See attached statement for additional information.

Sch K-1, (JAMES D CADDEN) Attachment
Sch K-1, Supplemental Information

BOX 13, CODE P:

FORM 8941 HEALTH INSURANCE PREMIUMS CREDIT	3,562.
TOTAL	3,562.

► Note to Shareholder: Keep for your records

Shareholder's name JAMES D CADDEN	Identifying Number 169-42-7911
Corporation's name CADDEN BROS MOVING & STORAGE INC	Employer ID Number 74-3201920

Part I – Election

Special ordering election under Reg. Section 1.1367-1(g) has been made

Part II – Stock Basis

1	Beginning of year stock basis	1	11,860.
2	Capital contributions	2	
3	Income items	3	9,378.
4	Add lines 1 through 3	4	21,238.
5	Distributions (not to exceed line 4)	5	1,500.
6	Subtract line 5 from line 4	6	19,738.
7	<input type="checkbox"/> Loss items (not to exceed line 6) or <input checked="" type="checkbox"/> Nondeductible expenses (not to exceed line 6)	7	5,965.
8	Subtract line 7 from line 6	8	13,773.
9	<input type="checkbox"/> Nondeductible expenses (not to exceed line 8) or <input checked="" type="checkbox"/> Loss items (not to exceed line 8)	9	2,875.
10	Subtract line 9 from line 8	10	10,898.
11	Loan basis restoration	11	0.
12	End of year stock basis (subtract line 11 from line 10)	12	10,898.

Part III – Loan Balance

13	Beginning of year loan balance	13	
14	Current year loans to corporation	14	
15	Loan repayments	15	
16	End of year loan balance	16	

Part IV – Loan Basis

17	Beginning of year loan basis	17	0.
18	Loan basis restoration	18	0.
19	Current year loans to corporation	19	
20	Add lines 17 through 19	20	0.
21	Loan repayments in full If reduced basis loan, portion allocated to income Note: add above portion of loan repayment allocated to income to appropriate category of income, ordinary income, or long or short term capital gain on shareholder's return Portion of loan repayment allocated to loan basis (not to exceed line 20)	21	0.
22	Subtract line 21 from line 20	22	0.
23	<input type="checkbox"/> Excess loss items (not to exceed line 22) or <input checked="" type="checkbox"/> Excess nondeductible expense items (not to exceed line 22)	23	0.
24	Subtract line 23 from line 22	24	0.
25	<input type="checkbox"/> Excess nondeductible expense items (not to exceed line 24) or <input checked="" type="checkbox"/> Excess loss items (not to exceed line 24)	25	0.
26	End of year loan basis (subtract line 25 from line 24)	26	0.

Part V – Total Basis

27	Total end of year stock basis and loan basis	27	10,898.
----	--	----	---------

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

EXHIBIT "G"

1046-003

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

Cadden Bros. Moving & Storage, Inc.

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

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

ENTITY NUMBER: 3697982

CONWAY, MARK J
502 S BLAKELY ST,
DUNMORE, PA 18512

**PENNSYLVANIA DEPARTMENT OF STATE
 CORPORATION BUREAU**

Articles of Incorporation-For Profit

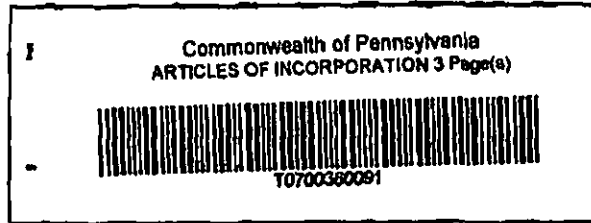
(15 P.A.C.S.)

Entity Number	<input type="checkbox"/> Business-stock (§ 1306)	<input type="checkbox"/> Management (§ 2703)
	<input type="checkbox"/> Business-nonstock (§ 2102)	<input type="checkbox"/> Professional (§ 2903)
	<input type="checkbox"/> Business-statutory close (§ 2303)	<input type="checkbox"/> Insurance (§ 3101)
	<input type="checkbox"/> Cooperative (§ 7102)	

Name Mark J. Conway, Esq.		
Address 502 S. Blakely Street		
City Dunmore	State PA	Zip Code 18512

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

Fee: \$125



In compliance with the requirements of the applicable provisions (relating to corporations and unincorporated associations), the undersigned, desiring to incorporate a corporation for profit, hereby states that:

1. The name of the corporation (corporate designator required, i.e., "corporation", "incorporated", "limited" "company" or any abbreviation, "Professional corporation" or "P.C"):

Cadden Bros. Moving & Storage, Inc.

2. The (a) address of this corporation's current registered office in this Commonwealth (post office box, alone, is not acceptable) or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
1106 Mid Valley Drive	Olyphant	PA	18447	Lackawanna

(b) Name of Commercial Registered Office Provider _____ County _____

c/o: _____

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

4. The aggregate number of shares authorized: **1,000**

5. The name and address, including number and street, if any, of each incorporator (all incorporators must sign below):

Name	Address
Mark J. Conway, Esq.	502 S. Blakely Street, Dunmore, PA 18512

6. The specified effective date, if any: _____
month/day/year hour, if any

7. Additional provisions of the articles, if any, attach an 8 1/2 by 11 sheet.

8. *Statutory close corporation only.* Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. 77a et seq.)

9. *Cooperative corporations only. Complete and strike out inapplicable term:*
The common bond of membership among its members/shareholders is: _____

IN TESTIMONY WHEREOF, the incorporator(s) has/has signed these Articles of Incorporation this
5th day of September 2006

Signature

Signature

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF CADDEN BROS. MOVING & STORAGE, INC.

Currently the following individuals are the Shareholders of the Applicant:

Patrick A. Cadden	-	50%
James D. Cadden	-	50%

The Officers of the Applicant are:

Patrick A. Cadden	-	President
James D. Cadden	-	Secretary/Treasurer

On April 12, 2013, Applicant filed for Approval of Transfer of Capital Stock, which is pending before the Commission. If approved, Patrick A. Cadden will be the sole Shareholder and serve as President/Secretary/Treasurer of Applicant.

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

EXHIBIT "H"

2006	Kentucky	53' Trailer	1KKVE53256L221186		
1979	Matlock	45' Trailer	1222781205		
2007	Hino 338	5PVNV8JT772S50610		172,000	3 Seats
2007	Hino 258	5PVNV8JR072S50049		194,000	3 Seats
2006	Hino 268	5PVNV8JT762S50181		152,000	3 Seats
2006	International	1957 IHTMMAAN06H189400		395,000	3 Seats
1999	Frieghtliner	FL100 1FV6HLAC2XHB76497		270,000	3 Seats
2004	Sterling	ACTERRA 2FZACFDC04AN2776		240,000	3 Seats
1986	Kentucky	48' Trailer	1KKVE4820GL075767		
1991	TrailMobile	53' Trailer	1PT04KAH0N9003682		

Statement of Financial Position (Balance Sheet)

As of (date) _____

ASSETS

Current Assets			
Cash		<u>32,890</u>	
Accounts Receivable			
Notes Receivable			
Other Current Assets (specify)			
Total Current Assets			<u>32,890</u>
Tangible Assets			
Motor Vehicle Equipment		<u>160,953</u>	
Less: Accumulated Depreciation		<u>(102,837)</u>	58,126
-			=
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)---Advance.			500
			Prepaid Auto Lease...
			<u>3,333</u>
			<u>94,849</u>
	TOTAL ASSETS		

LIABILITIES

Current Liabilities (Due within one year of date)			
Accounts Payable			
Notes Payable			
Equipment Obligations			
Other Liabilities (Attach schedule)---Payroll Taxes...		<u>6,139</u>	
Total Current Liabilities			
Long Term Liabilities (Due after one year of date)			
Accounts Payable			
Notes Payable			
Equipment Obligations		<u>66,998</u>	
Other Liabilities (Attach Schedule) ---Stockhold Loan		<u>4,000</u>	
Total Long Term Liabilities			
	TOTAL LIABILITIES		<u>77,137</u>

NET WORTH (Partnerships and individuals, only)

OWNER'S EQUITY (Corporations only)

Capital Stock			<u>1,000</u>
Additional Paid-in Capital			
Retained Earnings		<u>16,712</u>	
Less: Treasury Stock	-		= <u>17,712</u>
Total Owner's Equity			

TOTAL LIABILITIES & OWNER'S EQUITY 94,849

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue...	\$997,878
Net Revenue from non-carrier operations	
Dividend and interest revenues	
Other non-operating revenue	
Gains	
Total Revenue and Gains...	\$ 997,878

EXPENSES

Equipment Maintenance and Garage Expense...	4,493
Insurance Expense	
Employee Salaries...	356,102
Supervisory Salaries	
Officer Salaries...	60,722
Fuel Expense	
Purchased Transportation (Lease Expense)	
Materials and Supplies Expense	
General Office Expense	
Advertising Expense & Telephone Expenses...	47,689
Telephone Expense	
Employee Benefits Program...	43,085
Legal Expense	
Interest....	3,672
Depreciation Expense.....	24,809
Amortization	
Taxes & Licenses...	51,403
Rent Expense	6,409
Outside Labor.....	24,307
See Attachment for other Expense...	356,102
Total Operating Expenses and Losses	\$954,840

Net Income Before Taxes

Provision for Income Taxes

Net Income (Loss)

\$18,731

Form 1120S, Page 1, Line 19

Other Deductions

AUTO	13,429.
BANK SC & CC FEES	5,234.
BLDG	
BONDING	
BONSUS	
COMPUTER EXP	435.
DUES & SUB	1,261.
EQUIP RENT	26,374.
FINANCE CHARGES	
INSURANCE	57,603.
LEASE	6,327.
LODGEING	10,525.
MEALS AND ENTERTAINMENT (50%)	4,805.
MEDICAL	1,249.
MILEAGE	1,590.
MISCELLANEOUS	1,098.
OFFICE SUPPLIES	4,030.
PEST CONTROL	701.
PHONE	
POSTAGE	1,740.
PRO SERVICES	12,088.
RIMBURSEMENTS	
SUPPLIES	15,338.
TOLLS	1,461.
TRACTOR RENTALS	17,234.
TRAVEL	6,250.
TRK FUEL & REPAIRS	124,091.
TRUCK RENTAL	21,129.
UNIFORMS	596.
UTILITIES	14,837.
VISTA	
WEIGHT	1,031.
BUNSUS	6,000.
Total	<u>356,456.</u>

Other Assets:

1120S, Schedule L, Line 14

Other Assets:	Beginning of tax year	End of tax year
EMPLOYEE ADVANCES	500.	500.
PREPAID AUTO LEASE		3,333.
Total	<u>500.</u>	<u>3,833.</u>

Other Current Liabilities:

1120S, Schedule L, Line 18

Other Current Liabilities:	Beginning of tax year	End of tax year
CREDIT CARDS PAYABLE	3,397.	
ACC PAYROLL TAXES	3,867.	6,139.

Schedule K Reconciliation
Pro rata share items

Continued

Lines 1 thru 13g

Shareholder	-1-	-4-	-11-	-12a-	-13g-
	Ordinary Income	Interest Income	Section 179 Exp.	Charit. Contrib.	Other Credits
Total	<u>18,731</u>	<u>23</u>	<u>5,000</u>	<u>750</u>	<u>7,124</u>

Schedule K Reconciliation
Pro rata share items

Lines 15a thru 18

Shareholder	-15a-	-16c-	-16d-	-17a-	-18-
	Deprec. Adjust.	Non-ded. Expenses	Distrib.	Investment Income	Total Income
PATRICK CADDEN (50.00%)	1,472	5,964	1,500	11	6,501
JAMES D CADDEN (50.00%)	1,473	5,965	1,500	12	6,503
Total	<u>2,945</u>	<u>11,929</u>	<u>3,000</u>	<u>23</u>	<u>13,004</u>

Shareholders' Basis Report - 2011
Stock and Loan Basis

Shareholder..... PATRICK CADDEN ID No. 200-52-4542

Basis Type	Beginning Balance	Increases	Decreases	Distributions	Ending Balance
Stock	11,860.	9,376.	8,839.	1,500.	10,897.
Loan	0.				0.
Total	11,860.	9,376.	8,839.	1,500.	10,897.

Shareholder..... JAMES D CADDEN ID No. 169-42-7911

Basis Type	Beginning Balance	Increases	Decreases	Distributions	Ending Balance
Stock	11,860.	9,378.	8,840.	1,500.	10,898.
Loan	0.				0.
Total	11,860.	9,378.	8,840.	1,500.	10,898.

Supporting Statement of:

Form 1120S pl-2/Other Misc Taxes

Description	Amount
LICENSES	1,999.
REAL ESTATE	8,515.
FUEL TAX	281.
PAYROLL	40,608.
Total	<u>51,403.</u>

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

Department of the Treasury
Internal Revenue Service

- ▶ File a separate application for each return.
- ▶ See separate instructions.

Print or Type	Name CADDEN BROS MOVING & STORAGE INC	Identifying number 74-3201920
	Number, street, and room or suite number. (If P.O. box, see instructions.) 1106 MID VALLEY DR	
	City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)). OLYPHANT PA 18447	

Note. File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.

Part I Automatic 5-Month Extension

1a Enter the form code for the return that this application is for (see below) 21

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate other than a bankruptcy estate)	04
Form 8804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension

b Enter the form code for the return that this application is for (see below) 25

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-F	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here
If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here

5a The application is for calendar year 20 11, or tax year beginning _____, 20____, and ending _____, 20____

b Short tax year. If this tax year is less than 12 months, check the reason:

- Initial return Final return Change in accounting period Consolidated return to be filed

6 Tentative total tax	6	
7 Total payments and credits (see instructions)	7	
8 Balance due. Subtract line 7 from line 6 (see instructions)	8	

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF CADDEN BROS. MOVING & STORAGE, INC.

Applicant's safety program is described fully in Applicant's Verified Statement, Paragraphs 6 and 8, which is attached hereto and marked Exhibit "F".

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

EXHIBIT "E"

RECEIVED

MAY - 9 2013

**PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU**

EXHIBIT "F"

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.

A-00123871

PUC Application Docket No.

Patrick A. Cadden

Legal Name of Applicant

Cadden Bros. Moving & Storage, Inc.

Trade Name, if any

1106 Mid Valley
Drive, Olyphant, PA
18447

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.

Patrick A. Cadden
1106 Mid Valley Drive
Olyphant, PA 18447

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

None

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

I have been working for Cadden Moving & Storage since 1978. At this time it was owned by my father James Cadden until his death in 1996. My duties at Cadden's varied from helper to

straight truck driver and then later on to a tractor trailer driver. As I gained more experience I learned to do sales and different paperwork associated with the moving and storage business. Then from July 2006 to December 2007 I served as President of Cadden's under the ownership of my mother Mary Cadden. Then in January of 2008 my bother James Cadden Jr. and I took ownership of the business from my mother. As president of the company I oversee day to day operations of the business.

Also, from 1986 to 1989 and then again from 1992 to 2000 I worked part time transporting freight at UPS. It was during this time that I learned the ins and outs of logistics. This experience has allowed me expand my business, by implementing a home delivery division.

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.

Our property on Mid Valley Drive has three acres of land. On the land there is a 10,000 square feet building with an attached office that is approximately 800 square feet. I also rent a 6,000 square foot building in the same industrial park were we house our permanent storage accounts. The storage is placed into wooden crates that are 7ft.x7ft.x5ft.

Customers contact us by phone as a result of either word of mouth recommendations or by looking up our ad in either the phone book or on the internet.

We have four computers for our book keeping. We have 2 individuals in the office that handle PUC records, finances and other daily book keeping.

Once the customer's requests are taken we then inform our drivers every morning of the tasks for the day. During the course of the day if there are changes to the mornings instruction we contact the drivers using the cell phones provided to them by the company.

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).**

There are approximately twelve employees that are used to complete the jobs daily tasks. These employees load and unload the customer household goods in a caring and safe fashion. Some will even deliver new products to customers in the same manner. In some instances they will need to perform warehouse duties such as the loading and unloading of trucks and the prepping and assembling of new furniture.

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.

I intend to use five drivers. One or two drivers will do a majority of my interstate moves and the others will be used for local moves and home deliveries.

a) They must have at least one year of driving and moving experience.

b) There is a safety meeting quarterly and if the drivers have any concerns before then I will address them as needed.

c) I send the drivers information to my insurance company so they can check if they have a valid driver's license or if they have any validations.

d) We have a zero tolerance policy. Drivers take a random drug test with a program I have implemented with Redi-Care Medical Center.

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>	<u>MILEAGE</u>
-------------	-------------	--------------	-----------------------------	---------------------	----------------

**See
Attachment**

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 maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Section 29.403 (applicable to passenger applicants only);
- d. 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).

- a) Everyday before the driver gets into their truck they perform a pre-trip inspection.**
- b) During this inspection they check all liquids and look for any mechanical problems (i.e. lights, oil leaks, worn hoses, etc.)**
- b) Same as a daily pre-trip inspection**
- c) Same as a daily pre-trip inspection**

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.

I have been putting money away in a Money Market on a weekly basis. The money I have been saving will be used to pay my insurance premium in full when my policy is renewed.

10. Please describe your customer service standards. Within your description, please explain your intended customer complaint resolution procedure.

I personally handle all complaints issued by the customer. If there is a complaint, I first

listen to the customer's complaint. Next, I talk to my men about the complaint and listen to their version of the story. Once this is done I then make a decision on how the complaint will be settled.

11. Criminal Record. Have you been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

____ YES XX 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 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.

Patrick A. Cadden - Pres of Cadden Bros Moving & Storage Inc
(Signature)
Patrick A. Cadden
(Name and Title, printed or typed)

4/12/13
(Date)

Part VI – Loss Carryovers

28	Loss items carried over to next year	28	0.
29	Nondeductible expense items carried over to next year	29	0.

JAMES D CADDEN

169-42-7911

Page 2

Part VII – Income Items

30	Items of income from Schedule K-1: ORDINARY INCOME FROM TRADE OR BUSINESS ACTIVITIES INTEREST		9,366. 12.
	Total income items	30	9,378.

Part VIII – Loss and Expense Items

31	Items of loss and expense from Schedule K-1: SECTION 179 EXPENSE CHARITABLE CONTRIBUTIONS		2,500. 375.
	Total loss and expense items	31	2,875.

Part IX – Nondeductible Expense Items

32	NONDEDUCTIBLE EXPENSES		5,965.
	Total nondeductible expense items	32	5,965.

Schedule K-1
(Form 1120S)

2011

Department of the Treasury
Internal Revenue Service

For calendar year 2011, or tax
year beginning _____, 2011
ending _____

Final K-1

Amended K-1

671111

OMB No. 1545-0130

Shareholder's Share of Income, Deductions, Credits, etc ▶ See page 2 of form and separate instructions.

Part I Information About the Corporation	
A Corporation's employer identification number 74-3201920	
B Corporation's name, address, city, state, and ZIP code CADDEN BROS MOVING & STORAGE INC 1106 MID VALLEY DR OLYPHANT, PA 18447	
C IRS Center where corporation filed return Cincinnati, OH 45999-0013	
Part II Information About the Shareholder	
D Shareholder's identifying number 200-52-4542	
E Shareholder's name, address, city, state, and ZIP code PATRICK CADDEN 1031 ALDER ST SCRANTON, PA 18505	
F Shareholder's percentage of stock ownership for tax year 50.00000 %	

FOR INFORMATION

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss)	13	Credits
	9,365.	P *	3,562.
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
	11.		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	1,472.
11	Section 179 deduction	16	Items affecting shareholder basis
	2,500.	C	5,964.
12	Other deductions		
A	375.	D	1,500.
		17	Other information
		A	11.

*See attached statement for additional information.

Sch K-1, (PATRICK CADDEN) Attachment
Sch K-1, Supplemental Information

BOX 13, CODE P:	
FORM 8941 HEALTH INSURANCE PREMIUMS CREDIT	3,562.
TOTAL	3,562.

► Note to Shareholder: Keep for your records

Shareholder's name PATRICK CADDEN	Identifying Number 200-52-4542
Corporation's name CADDEN BROS MOVING & STORAGE INC	Employer ID Number 74-3201920

Part I – Election

Special ordering election under Reg. Section 1.1367-1(g) has been made

Part II – Stock Basis

1	Beginning of year stock basis	1	11,860.
2	Capital contributions	2	
3	Income items	3	9,376.
4	Add lines 1 through 3	4	21,236.
5	Distributions (not to exceed line 4)	5	1,500.
6	Subtract line 5 from line 4	6	19,736.
7	<input type="checkbox"/> Loss items (not to exceed line 6) or <input checked="" type="checkbox"/> Nondeductible expenses (not to exceed line 6)	7	5,964.
8	Subtract line 7 from line 6	8	13,772.
9	<input type="checkbox"/> Nondeductible expenses (not to exceed line 8) or <input checked="" type="checkbox"/> Loss items (not to exceed line 8)	9	2,875.
10	Subtract line 9 from line 8	10	10,897.
11	Loan basis restoration	11	0.
12	End of year stock basis (subtract line 11 from line 10)	12	10,897.

Part III – Loan Balance

13	Beginning of year loan balance	13	
14	Current year loans to corporation	14	
15	Loan repayments	15	
16	End of year loan balance	16	

Part IV – Loan Basis

17	Beginning of year loan basis	17	0.
18	Loan basis restoration	18	0.
19	Current year loans to corporation	19	
20	Add lines 17 through 19	20	0.
21	Loan repayments in full ► If reduced basis loan, portion allocated to income ►		
	Note: add above portion of loan repayment allocated to income to appropriate category of income, ordinary income, or long or short term capital gain on shareholder's return		
	Portion of loan repayment allocated to loan basis (not to exceed line 20)	21	0.
22	Subtract line 21 from line 20	22	0.
23	<input type="checkbox"/> Excess loss items (not to exceed line 22) or <input checked="" type="checkbox"/> Excess nondeductible expense items (not to exceed line 22)	23	0.
24	Subtract line 23 from line 22	24	0.
25	<input type="checkbox"/> Excess nondeductible expense items (not to exceed line 24) or <input checked="" type="checkbox"/> Excess loss items (not to exceed line 24)	25	0.
26	End of year loan basis (subtract line 25 from line 24)	26	0.

Part V – Total Basis

27	Total end of year stock basis and loan basis	27	10,897.
----	--	----	---------

Part VI – Loss Carryovers

28	Loss items carried over to next year	28	0.
29	Nondeductible expense items carried over to next year	29	0.

PATRICK CADDEN

200-52-4542

Page 2

Part VII – Income Items

30	Items of income from Schedule K-1: ORDINARY INCOME FROM TRADE OR BUSINESS ACTIVITIES INTEREST		9,365. 11.
Total income items		30	9,376.

Part VIII – Loss and Expense Items

31	Items of loss and expense from Schedule K-1: SECTION 179 EXPENSE CHARITABLE CONTRIBUTIONS		2,500. 375.
Total loss and expense items		31	2,875.

Part IX – Nondeductible Expense Items

32	NONDEDUCTIBLE EXPENSES		5,964.
Total nondeductible expense items		32	5,964.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2011

Attachment
Sequence No. **179**

Name(s) shown on return

CADDEN BROS MOVING & STORAGE INC

Identifying number

74-3201920

Business or activity to which this form relates

Form 1120S Line 21

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	29,500.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	FORKLIFT	8,500.	5,000.
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	5,000.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	5,000.
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	18,731.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	5,000.
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	0.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	23,134.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		21,000.	5.0 yrs	MQ	200 DB	1,050.
c 7-year property		3,500.	7.0 yrs	MQ	200 DB	625.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	0.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	24,809.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24 a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										24 b If 'Yes,' is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (first vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost				
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions).....								25				
26 Property used more than 50% in a qualified business use:												
STRAIGHT TRK	06/06/08	100.00	4,431.	0.	5.00	200 DB-HY	0.					
27 Property used 50% or less in a qualified business use:												
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.....								28		0.		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1.....								29				

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. You provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.....		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions):					
43 Amortization of costs that began before your 2011 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Form 1120S, Page 1, Line 19

Other Deductions

AUTO	13,429.
BANK SC & CC FEES	5,234.
BLDG	
BONDING	
BONUS	
COMPUTER EXP	435.
DUES & SUB	1,261.
EQUIP RENT	26,374.
FINANCE CHARGES	
INSURANCE	57,603.
LEASE	6,327.
LODGEING	10,525.
MEALS AND ENTERTAINMENT (50%)	4,805.
MEDICAL	1,249.
MILEAGE	1,590.
MISCELLANEOUS	1,098.
OFFICE SUPPLIES	4,030.
PEST CONTROL	701.
PHONE	
POSTAGE	1,740.
PRO SERVICES	12,088.
RIMBURSEMENTS	
SUPPLIES	15,338.
TOLLS	1,461.
TRACTOR RENTALS	17,234.
TRAVEL	6,250.
TRK FUEL & REPAIRS	124,091.
TRUCK RENTAL	21,129.
UNIFORMS	596.
UTILITIES	14,837.
VISTA	
WEIGHT	1,031.
BONUS	6,000.
Total	<u>356,456.</u>

Other Assets:
1120S, Schedule L, Line 14

Other Assets:	Beginning of tax year	End of tax year
EMPLOYEE ADVANCES	500.	500.
PREPAID AUTO LEASE		3,333.
Total	<u>500.</u>	<u>3,833.</u>

Other Current Liabilities:
1120S, Schedule L, Line 18

Other Current Liabilities:	Beginning of tax year	End of tax year
CREDIT CARDS PAYABLE	3,397.	
ACC PAYROLL TAXES	3,867.	6,139.

Other Current Liabilities:
1120S, Schedule L, Line 18

Continued

Other Current Liabilities:	Beginning of tax year	End of tax year
Total	<u>7,264.</u>	<u>6,139.</u>

Other Liabilities:
1120S, Schedule L, Line 21

Other Liabilities:	Beginning of tax year	End of tax year
TRUCK LOAN	56,605.	66,998.
Total	<u>56,605.</u>	<u>66,998.</u>

Form 1120S, Page 4, Schedule M-1, Line 3
Sch M-1, Line 3

HEALTH INSURANCE PREMIUMS CREDIT	<u>7,124.</u>
Total	<u>7,124.</u>

Form 1120S, Page 4, Schedule M-2, Line 3
Schedule M-2, Other Additions

INTEREST INCOME	23.
Total	<u>23.</u>

Form 1120S, Page 4, Schedule M-2, Line 5
Schedule M-2, Other Reductions

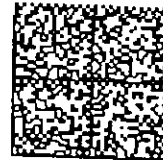
CHARITABLE CONTRIBUTIONS	750.
SECTION 179 EXPENSE	5,000.
MEALS AND ENTERTAINMENT	4,805.
HEALTH INSURANCE PREMIUMS CREDIT	7,124.
Total	<u>17,679.</u>


Schedule K Reconciliation
Pro rata share items

Lines 1 thru 13g

Shareholder	-1- Ordinary Income	-4- Interest Income	-11- Section 179 Exp.	-12a- Charit. Contrib.	-13g- Other Credits
	PATRICK CADDEN (50.00%)	9,365	11	2,500	375
JAMES D CADDEN (50.00%)	9,366	12	2,500	375	3,562

Priority Mail
ComBasPrice



UNITED STATES POSTAGE

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02 1P \$ 005.32⁰
0003196945 MAY 07 2013
MAILED FROM ZIP CODE 19102

LAW OFFICES

SCHUBERT • GALLAGHER

TWO PENN CENTER - SUITE 1400
1500 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA, PA 19102-1890



TYLER • MULCAHEY

SCHUBERT, GALLAGHER,
TYLER & MULCAHEY
A PROFESSIONAL CORPORATION

TO: Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265