

**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.

Divine Treasures Day Care  
Name of Supporter

1201 E. Chelton Ave Philadelphia Pa 19138  
Street Address City or Municipality State Zip Code

Keep It Moving, LLC.  
Name of Applicant

- Describe the type of transportation service needed.  
*Moving Daycare equipment*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. *Philadelphia, Pa*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? *Weekly*
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? *No*
- 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.

Dimitrius Monroe  
(Signature)

Divine Treasures Dimitrius Monroe  
(Name, printed or typed)

7-24-2013  
(Date)

**RECEIVED**

AUG - 1 2013.

#A-2012-2329517

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Sadiq As-Salafi  
Name of Supporter

7433 Andrews Ave Phila, Pa 19138  
Street Address City or Municipality State Zip Code

Keep It Moving, LLC  
Name of Applicant

- Describe the type of transportation service needed.

*Moving Services*

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

*Phila, Pa 19138*

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

*Weekly*

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

*No*

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

*No*

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Sadiq As-Salafi  
(Signature)

SADIQ AS-SALAFI  
(Name, printed or typed)

7/26/13  
(Date)

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RYAN N HEMPHILL  
Name of Supporter

149 COVINGTON ROAD      PHILA      PA      19120  
Street Address      City or Municipality      State      Zip Code

KEEP IE MOVING INC  
Name of Applicant

- Describe the type of transportation service needed.

MOVING & LIGHT HAULING

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

PHILA PA

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

AS NEEDED

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

NO

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

NO

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Ryan N Hemphill  
(Signature)

RYAN N HEMPHILL  
(Name, printed or typed)

7-29-13  
(Date)

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AUG - 1 2013

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

DOC # A-2012-2329517

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Toney Lucas Name of Supporter

6325 N GRATZ ST Street Address Phila City or Municipality Pa State 19141 Zip Code

Keep it Moving, LLC Name of Applicant

- Describe the type of transportation service needed.

Moving / hauling

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

Phila, Pa

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

as ~~needed~~ needed

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

NO

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

NO

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Toney Lucas  
(Signature)

Toney Lucas  
(Name, printed or typed)

7-26-13  
(Date)

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Hattie Jamison

Name of Supporter

158 W WALNUT PARK Drive Phila PA 19120

Street Address

City or Municipality

State

Zip Code

Keep It Moving, WC

Name of Applicant

- Describe the type of transportation service needed.  
Moving household goods.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
Within Philadelphia
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
AS Needed
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?  
NO
- Have you supported similar applications in the past? If so, please supply name and docket number.  
NO

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Hattie Jamison

(Signature)

Hattie Jamison

(Name, printed or typed)

7-24-13

(Date)

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Lyndon Edwards  
Name of Supporter

4989 Pennway Phls PA 19124  
Street Address City or Municipality State Zip Code

Keep it moving  
Name of Applicant

- Describe the type of transportation service needed.

*Commercial*

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

*PA, N.S. DL*

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

*NO*

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

*NO*

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

*NO*

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Lyndon Edwards  
(Signature)

LYNDON EDWARDS  
(Name, printed or typed)

7-24-13  
(Date)

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Keith Marshall  
 Name of Supporter

---

4989 Pennway St Phila, PA 19124  
 Street Address City or Municipality State Zip Code

---

Keep it Moving LLC  
 Name of Applicant

- Describe the type of transportation service needed.  
Transporting commercial equipment
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
Phila, PA
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
Daily
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?  
NO
- Have you supported similar applications in the past? If so, please supply name and docket number.  
NO

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*Keith Marshall*  
 (Signature) Keith Marshall  
 (Name, printed or typed)

RECEIVED 7/24/13  
 (Date)

AUG - 1 2013

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~~Mover Supporter~~ Jermaine Edwards  
Name of Supporter

6231 N bratz St Phila PA 19141  
Street Address City or Municipality State Zip Code

Keep It Moving LLC  
Name of Applicant

- Describe the type of transportation service needed.  
Moving Service
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
In Phila, PA
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
as needed moving & supplies
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?  
NO
- Have you supported similar applications in the past? If so, please supply name and docket number.  
NO

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Jermaine Edwards 7-24-13  
(Signature) (Date)

Jermaine Edwards  
(Name, printed or typed)

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Daniel Rzetelski (215) 609-9420  
Name of Supporter

1725 Arthur St Phila. Pa. 19152  
Street Address City or Municipality State Zip Code

Keep It Moving, LLC.  
Name of Applicant

- Describe the type of transportation service needed.

Moving Services

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

Phila. Pa. Phila. County

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

Whenever my tenants move in or out of rental properties

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

NO

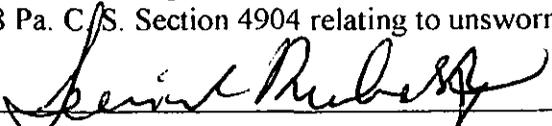
- Have you supported similar applications in the past? If so, please supply name and docket number.

NO

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(Signature)

7-22-12  
(Date)

DANIEL RZETELSKI  
(Name, printed or typed)

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Kenneth W. Wimbush  
Name of Supporter

6514 Limekiln Pike Phila PA 19138  
Street Address City or Municipality State Zip Code

Keep it Moving LLC  
Name of Applicant

- Describe the type of transportation service needed.

*Moving Services*

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

*Philadelphia PA*

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

*Weekly*

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

*Yes. No good customer service, not reliable*

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

*No*

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Kenneth W. Wimbush  
(Signature)

Kenneth Wimbush  
(Name, printed or typed)

7-24-13  
(Date)

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EBONY LEE 267-709-1146  
Name of Supporter

1934 Necto Ave Phila PA 19141  
Street Address City or Municipality State Zip Code

Keep it Moving  
Name of Applicant

- Describe the type of transportation service needed.

*Moving Services in Philadelphia*

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

*Moving within Philadelphia*

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

*as needed*

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

*Pook Service*

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

*NO*

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*EBONY LEE*  
(Signature)

EBONY LEE  
(Name, printed or typed)

**RECEIVED** 7/23/13  
(Date)

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~~A#~~ A-2012-2329517

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Tomichael Lambert  
Name of Supporter

159 West Manheim st. Phila. PA 19144  
Street Address City or Municipality State Zip Code

Keep It Moving LLC.  
Name of Applicant

- Describe the type of transportation service needed.  
*Moving hauling Service*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
*Phila. P.A.*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
*When Ever I move*
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?  
*NO*
- Have you supported similar applications in the past? If so, please supply name and docket number.  
*NO*

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*Tomichael Lambert* *7/28/13*  
(Signature) (Date)

Tomichael Lambert  
(Name, printed or typed)

**RECEIVED**

AUG -1 2013

TO: CHIARETTA, R. PUC  
 Agency: PUC  
 Floor:  
 External Carrier: Express Mail

2/2013 8:09:09 AM



1007

U.S. POSTAGE  
 PAID  
 PHILADELPHIA, PA  
 19149  
 AUG 01 2013  
 AMOUNT  
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 When used ...  
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 (PS Form 2976, or 2976A)



Addressee Copy  
 Label 11-B, March 2004

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Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)		
PO ZIP Code 1-11-09	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Out Day	Postage \$ 17.
Date Accepted 8 / 1 / 13	Scheduled Date of Delivery Month 8 Day 7	Return Receipt Fee \$
Time Accepted <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$
Flat Rate <input type="checkbox"/> or Weight lbs. ozs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Insurance Fee \$
	Int'l Alpha Country Code	Total Postage & Fees \$ 14.10
	Acceptance Emp. Initials - R	

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

CUSTOMER USE ONLY	
<input checked="" type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.	<i>[Signature]</i>
<input type="checkbox"/> NO DELIVERY	<input type="checkbox"/> Maller Signature
<input type="checkbox"/> Weekend	<input type="checkbox"/> Holiday

FROM: (PLEASE PRINT) PHONE ( 215 ) 739-2651  
 Keep It Moving, LLC.  
 P.O. Box 28458  
 Phila. Pa. 19149

TO: (PLEASE PRINT) PHONE ( )  
 Rosemary Chiavetta  
 Penna. Public Utility Commission  
 P.O. Box 3265  
 Harrisburg, Pa. 17105-3265

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