

COMPLETE  
MOVING  
SERVICE

**Kissel Moving**

AND STORAGE

1254Voskamp Street

Pittsburgh PA 15212

phone  
(412) 231-3428  
FAX  
(412) 231-6755

Pennsylvania Public Utility Commission  
Attn: Secretary  
P O Box 3265  
Harrisburg PA 17105-3265

RE: PUC Transfer/Sales Agreement

Gentlemen:

As the current owner of Kissel Moving and Storage I have decided to retire and am giving my PUC to my son Patrick A. Kissel, Jr. Patrick has worked for the company his entire life and I feel confident that he will have no problem taking over the business and understanding all PUC regulations.

There are no unpaid business debts to be transferred. All required insurance is in place and will be taken over by Patrick with the transfer of my PUC. Your assistance in this matter is greatly appreciated.

Best Regards,

*Mildred A. Kissel*

Mildred A. Kissel

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PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

Application of PATRICK A. KISSEL, JR.  
(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-00120714, Folder No. \_\_\_\_\_, issued to

MILDRED A. KISSEL  
(Transferor - Seller)

for transportation of HOUSE HOLD GOODS  
(persons - household goods)

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SEE INSTRUCTIONS BEFORE COMPLETING APPLICATION

1. PATRICK A. KISSEL, JR.  
(Full and Correct Name of Applicant/Transferee)

2. KISSEL MOVING + STORAGE, LLC  
(Trade Name, If Any)

The trade name X been registered with the Secretary of the Commonwealth  
(has or has not)

on 3/25/13 (attach copy of stamped registration form.)  
(Date)

3. 1254 VOSKAMP STREET \_\_\_\_\_  
(Business Street Address) (P. O. Box, If Any)

PITTSBURGH ALLEGHENY PA 15212 412-231-3428  
(City) (County) (State) (Zip) (Telephone)

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

NONE  
(Name) (Address) (Telephone)

5. Any documents should be mailed to:

Transferee: PATRICK A. KISSEL, JR  
(Name)

1254 VOSKAMP ST.  
PITTSBURGH PA 15212  
(Address)

Transferor: MILDRED A. KISSEL  
(Name)

550 PINE CREEK RD  
WEXFORD PA 15090  
(Address)

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

A-00124048 and operates as a COMMON carrier.  
(common or contract)

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

No. A-\_\_\_\_\_.

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).

PATRICK A. KISSEL, JR. 113 LIVINGSTON RD, WEST MIFFLIN, PA 15122  
(Name) (Address)

---

Corporation. Organized under the laws of the state of \_\_\_\_\_ and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on \_\_\_\_\_ (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. ABC EASY MOVING + STORAGE A-00124048

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 MILDRED (CURRENT CERTIFICATE HOLDER)  
IS RETIRING AND GIVING THE BUSINESS TO HER SON,

12a. The following must be attached:

- Sales Agreement
- List of equipment to be used to render service. (Summarized by type)
- Operating authority to be transferred/retained.
- Statement of Financial Position
- Statement of unpaid business debts of transferor and how they will be satisfied.
- Statement of Safety Program.
- Statement of transferee's experience.

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

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

- 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: Patrick A Kissel jr 6-19-13  
(Each Partner Must Sign) (Date)

(Corporate Seal) \_\_\_\_\_

Transferor sign here: Mildred A Kissel

(Corporate Seal) \_\_\_\_\_

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SECRETARY'S BUREAU

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)

MILDREDA KISSEL *Mildred A Kissel* 6-19-13  
(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

TRANSFereeE (BUYER)

PATRICK A. KISSEL, JR. *Patrick A Kissel jr* 6-19-13  
(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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SECRETARY'S BUREAU

## 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.

PATRICK A. KISSEL, JR.  
Legal Name of Applicant

KISSEL MOVING + STORAGE, LLC  
Trade Name, if any

1254 Voskamp St.      PITTSBURGH      PA      15212  
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. KISSEL, JR.

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2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.  
OWNER OF ABC EASY MOVING + STORAGE
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 IN THE MOVING INDUSTRY SINCE I WAS 16.  
I HAVE A CDL AND I ALSO OWN + OPERATE ABC EASY MOVING + STORAGE.
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

The total building is 17,350 sq. ft. Pole building is 6,000 sq. ft. and 28 ft. high. Located in the main building is approximately 5,100 sq. ft. of renovated office space on the second level. Main floor of the building is used to warehouse our wooden storage crates as well as all hand equipment and pads. Our lot is fenced in and the building does have a security system.

We track all jobs on the computer, compiling spreadsheets of all estimates and work orders. Customer requests are handled over the phone as well as through e-mail. Customers are given a starting time when they book the job. We call a few days ahead to remind them what time to expect the truck to arrive and also ask if they have any questions or concerns at that time.

Our truck schedules are compiled daily for the following day. Drivers and laborers check with the office daily with regard to the following days schedule. All workers have cell phones so we can contact them at any time.

Our hours for moving are from 7:00am to 5:00pm. Our office hours are 9:00am to 5:00pm.



vehicles. Household goods in use carriers should include a description of their storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers. Finally, please state your intended business hours.

SEE SEPARATE SHEET.

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). WE HAVE 1 ESTIMATOR/ADM. ASSISTANT, 1-SECRETARY, 4-LABORERS, HAVING 2 PEOPLE IN THE OFFICE IS SUFFICIENT TO HANDLE THE CALLS AND ESTIMATES, THE 4 LABORERS ENABLE US TO HAVE 2 CREWS RUNNING EVERYDAY,
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 system to ensure prospective drivers will be subject to a criminal background check;
  - Your driver training program;
  - Your system for ensuring that your drivers are properly licensed at all times;
  - Your system to ensure that all drivers will be subject to a criminal background check every two years;
  - Your policies regarding alcohol and drug use by your drivers.

WE CURRENTLY HAVE 2 DRIVERS, AND THE OWNER AVAILABLE TO DRIVE WHEN NECESSARY. ALL EMPLOYEES ARE SUBJECTED TO A CRIMINAL BACKGROUND CHECK BEFORE THEY ARE HIRED. COMPANY POLICY STIPULATES NO DRUGS OR ALCHOL WILL BE TOLERATED. EMPLOYEES ARE SUBJECT TO RANDOM DRUG & ALCOHOL TESTING. PERSONNEL FILES ARE MAINTAINED FOR EACH EMPLOYEE, EACH EMPLOYEE UNDERGOES A YEARLY REVIEW, AT THIS TIME A CURRENT DRIVERS LICENSE MUST BE PROVIDED. EVERY OTHER YEAR A BACKGROUND CHECK WILL BE DONE AS PART OF THE REVIEW, ANY PERSON HIRED SPECIFICLY AS A DRIVER WOULD HAVE TO HAVE PRIOR EXPERIENCE DRIVING THE TRUCKS AND A CDL. THE OWNER GOES OUT WITH ANY NEW DRIVER TO EVALUATE THEIR DRIVING ABILITY BEFORE THE NEW HIRE IS PERMITTED TO DRIVE ON ANY JOB.

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. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years. *WE HAVE 3 TRUCKS WE WILL BE USING. THIS NUMBER VEHICLES + THE NUMBER OF EMPLOYEES GIVES US THE MAXIMUM USAGE OF OUR VEHICLES.*

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
1997	INTERNATIONAL	STRAIGHT TK	3	1HTSCAAN4VH463688
1999	FORD	F-800	3	3FENF80C0XMA19918
2000	IZUZU	STRAIGHT TK	3	JTALC4B147Y7007804

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 maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Section 29.403 (applicable to passenger applicants only);
  - Your system for replacing vehicles once they are greater than eight model years in age in compliance with 52 Pa. Code, Section 29.314(d) (applicable to taxicabs) or 52 Pa. Code, Section 29.333(e) (applicable to limousines);
  - Your system for ensuring the filing of an annual vehicle list (taxicabs and limousines);
  - 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).

*ALL VEHICLES GO THRU A DAILY VISUAL INSPECTION BEFORE LEAVING TO GO ON ANY JOB. DRIVERS ARE RESPONSIBLE FOR INFORMING THE OFFICE OF ANY POSSIBLE PROBLEMS WITH THE TRUCKS. MAINTENANCE FOLDERS ARE KEPT FOR EACH VEHICLE SO THAT ROUTINE MAINTENANCE AND ANNUAL INSPECTIONS CAN BE SCHEDULED IN A TIMELY MANNER.*

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. *INSURANCE IS IN PLACE, PAYMENTS ARE SPREAD THRU THE YEAR SO THAT ALL PREMIUMS WILL BE AT AN EASILY PAYABLE INSTALLMENT.*

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; *- ON BACK OF BILL OF LADING.*
- Your intended customer complaint resolution procedure.

*WE STRIVE TO COMPLETE THE MOVE TO THE FULL SATISFACTION OF EVERY CUSTOMER. INFO IS GATHERED AT THE TIME THE MOVE IS BOOKED, SPECIAL EMPHASIS ON ANY ITEMS REQUIRING SPECIAL ATTENTION TO BE MOVED PROPERLY. ANY CUSTOMER COMPLAINTS WILL BE RESOLVED BY WORKING WITH THE CUSTOMER TO PROVIDE AN ACCEPTABLE SOLUTION.*

11. Criminal Record. Have you, any members (if LLC or LLP), shareholders, or officers (corporations) been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

YES  NO

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.

Patrick A Kissel Jr  
(Signature)  
PATRICK A. KISSEL, JR  
(Name and Title, printed or typed)      PRESIDENT

10/17/13  
(Date)

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**Statement of Financial Position (Balance Sheet)**

As of (date) 10/1/2013

ASSETS

<b>Current Assets</b>			
Cash		<u>12,922.00</u>	
Accounts Receivable		<u>2,300.00</u>	
Notes Receivable			
Other Current Assets (specify)			
<b>Total Current Assets</b>			<u>15,222.00</u>
<b>Tangible Assets</b>			
Motor Vehicle Equipment		<u>108,000.00</u>	
Less: Accumulated Depreciation			
-			= <u>108,000.00</u>
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)			
<b>TOTAL ASSETS</b>			<u>83,222.00</u>

LIABILITIES

<b>Current Liabilities (Due within one year of date)</b>			
Accounts Payable			
Notes Payable		<u>2,1628.00</u>	
Equipment Obligations			
Other Liabilities (Attach schedule)			
<b>Total Current Liabilities</b>			_____
<b>Long Term Liabilities (Due after one year of date)</b>			
Accounts Payable			
Notes Payable			
Equipment Obligations			
Other Liabilities (Attach Schedule)			
<b>Total Long Term Liabilities</b>			_____
<b>TOTAL LIABILITIES</b>			<u>2,1628.00</u>

NET WORTH (Partnerships and individuals, only)

OWNER'S EQUITY (Corporations only)

Capital Stock			
Additional Paid-in Capital			
Retained Earnings			
Less: Treasury Stock	-		= _____
<b>Total Owner's Equity</b>			_____

**TOTAL LIABILITIES & OWNER'S EQUITY** 80,594.00

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

REVENUE and GAINS

<b>Operating Revenue</b>	1108,3102.00
<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>	1108,3102.00

EXPENSES

<b>Equipment Maintenance and Garage Expense</b>	3,204.00
<b>Insurance Expense</b>	12,102.00
<b>Employee Salaries</b>	55,500.00
<b>Supervisory Salaries</b>	N/A
<b>Officer Salaries</b>	N/A
<b>Fuel Expense</b>	5,000.00
<b>Purchased Transportation (Lease Expense)</b>	1,320.00
<b>Materials and Supplies Expense</b>	3,000.00
<b>General Office Expense</b>	2,400.00
<b>Advertising Expense</b>	4,102.00
<b>Telephone Expense</b>	5,786.00
<b>Accounting Expense</b>	1,228.00
<b>Legal Expense</b>	1,200.00
<b>Uncollectible Revenue</b>	200.00
<b>Depreciation Expense</b>	_____
<b>Amortization</b>	_____
<b>Operating Taxes and Licenses</b>	20,294.00
<b>Rent Expense</b>	34,152.00
<b>Loss</b>	_____
<b>Total Operating Expenses and Losses</b>	150,148.00

Net Income Before Taxes

**Provision for Income Taxes**

Net Income (Loss)

18,214.00

Mildred A. Kissel  
t/a  
Kissel Moving and Storage

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LOCAL MOTOR FREIGHT TARIFF

NAMING

RATES, RULES AND REGULATIONS

GOVERNING

THE RIGHT

To transport as a common carrier:

1. Property, excluding household goods in use, between points in Pennsylvania; and
2. Household goods in use, between points in Allegheny County, and from points in said county, to points in Pennsylvania, and vice versa.

For rates, rules, regulations and provisions applying to the transportation of HOUSEHOLD GOODS IN USE, see Tariff Freight Pa. P.U.C. No. 53 (Carrier Directory No. 53), loose-leaf revisions thereto and successive issues thereof, issued by Tristate Household Goods Tariff Conference, Inc., Agent.

ISSUED: OCTOBER 7, 2004

EFFECTIVE: OCTOBER 8, 2004

Issued on one (1) day's notice under authority of Pennsylvania Public Utility Commission Special Permission No. 28116.

Issued By:  
Mildred A. Kissel, Owner  
550 Pine Creek Road  
Wexford, PA 15090

**TRISTATE HOUSEHOLD GOODS TARIFF CONFERENCE, INC.**

Original Page 60-E

FREIGHT PA. P.U.C. NO. 54

▲ **KISSEL MOVING AND STORAGE, Mildred A. Kissel t/a** Wexford, PA Certificate No. A-00120714

In lieu of the applicable rates provided for in Tariff Freight Pa. P.U.C. No. 50 for the above carrier, the following rates shall apply for all shipments originating in Allegheny and transported distances of forty (40) miles and less.

**TRANSPORTATION RATE TABLE A - CLASS 1 SHIPMENTS (Item 5)**

Subject to Notes 1 to 7 below, the transportation charges on any shipment shall be a COMBINATION of the applicable TRAVELING CHARGE named in Column 1 plus HOURLY CHARGE at applicable rates named in Columns 2, 3, and 4.

EQUIPMENT AND MEN	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
	TRAVELING CHARGES ANY DAY (Flat Charges in Dollars)	HOURLY RATES (in Dollars)		
		WEEKDAYS AND SATURDAYS 6:01 AM to 6:00 PM	SUNDAYS AND HOLIDAYS (ANY HOUR)	WEEKDAYS AND SATURDAYS 6:01 PM to 6:00 AM
VEHICLE and Driver .....	See Note 6 Below	50.00	70.00	60.00
Additional men: each.....		20.00	40.00	30.00
SUPERVISORS: each.....		30.00	60.00	45.00

- NOTE 1 - When a Holiday falls on a Saturday, the rates named in Columns 1 and 3 shall be applicable.  
 NOTE 2 - Minimum total transportation charges: Sundays and Holidays: 8 hours at rates named in Columns 1 and 3.  
 NOTE 3 - Minimum total transportation charges: Saturdays: 5 hours at rates named in Columns 1 and 2 or Columns 1 and 4.  
 NOTE 4 - Minimum total transportation charges: Other than Saturdays, Sundays and Holidays: 4 hours at rates named in Columns 1 and 2 or Columns 1 and 4.  
 NOTE 5 - Where service commences at the request of the shipper after 6:00 PM and before 6:00 AM, rates shall be shown in Column 4.  
 NOTE 6 - When distance from original point of origin to final destination is:  
 (a) 15 miles or less - flat charge shall be one hour at the applicable rates.  
 (b) Over 15 miles (to 40 miles inclusive) - flat charge shall be one and one-half hours at the applicable rates.  
 NOTE 7 - Transportation of pianos will be subject to the following additional charges:

<u>TYPE OF PIANO</u>	<u>ADDITIONAL UNIT CHARGE</u>	<u>SERVICE TO OTHER THAN STREET FLOOR</u>
Spinnet	\$65.00	\$10.00 per floor (additional)
Upright	\$75.00	\$20.00 per floor (additional)
Grand	\$100.00	\$25.00 per floor (additional)

Abbreviations, Reference Marks and Symbols are explained on Page 4.

ISSUED: October 25, 2004

EFFECTIVE: October 26, 2004

Issued on one (1) day's notice under authority of the Pennsylvania Public Utility Commission Special Permission No. 28116.

Issued by: **KENNETH D. SATALOFF, Executive Secretary** P. O. Box 1385 Mt Laurel, NJ 08054-7385

## TRISTATE HOUSEHOLD GOODS TARIFF CONFERENCE, INC.

Original Page 60-F

FREIGHT PA. P.U.C. NO. 54

▲ **KISSEL MOVING AND STORAGE, Mildred A. Kissel t/a**      Wexford, PA      Certificate No. A-00120714

In lieu of the applicable rates provided for in Tariff Freight Pa. P.U.C. No. 51 Section 2 for the above carrier, the following rates shall apply for shipments originating at or destined to points in Allegheny County and transported distances in excess of forty (40) miles.

(Rate In Cents Per 100 Pounds)

Break Point indicates weight at which a lower charge develops by use of lowest weight and applicable rate in next higher weight bracket. (See Rule 34)

MILES	500 to 999 LBS. INCL.	BREAK POINT	1,000 to 1,999 LBS. INCL.	BREAK POINT	2,000 to 3,999 LBS. INCL.	BREAK POINT	4,000 to 7,999 LBS. INCL.	BREAK POINT	8,000 to 11,999 LBS. INCL.	BREAK POINT	12,000 to 15,999 LBS. INCL.	BREAK POINT	16,000 LBS. AND OVER
*31 - 40	7493	645	4835	1576	3809	3199	3046	6579	2505	10443	2180	14899	2030
41 - 50	7582	650	4930	1575	3882	3200	3106	6537	2538	10355	2190	15153	2074
51 - 60	7689	646	4969	1575	3912	3221	3150	6517	2568	10461	2237	15177	2122
61 - 70	7735	655	5064	1557	3942	3224	3177	6653	2642	10306	2269	15238	2161
71 - 80	7819	653	5103	1574	4017	3197	3211	6694	2687	10258	2297	15255	2190
81 - 90	7909	654	5169	1564	4043	3216	3251	6762	2748	10166	2328	15313	2228
91 - 100	7987	652	5211	1566	4079	3249	3313	6889	2762	10175	2342	15283	2237
101 - 110	8049	655	5273	1563	4122	3262	3361	6648	2793	10320	2402	15114	2269
111 - 120	8152	652	5312	1563	4152	3265	3389	6772	2869	10164	2430	15124	2297
121 - 130	8212	655	5375	1555	4180	3316	3465	6899	2894	10163	2451	15197	2328
131 - 140	8268	655	5419	1570	4254	3283	3491	6774	2956	9999	2483	15214	2342
141 - 150	8342	653	5451	1577	4298	3337	3586	6626	2970	10061	2490	15248	2373
151 - 160	8418	652	5492	1581	4342	3327	3611	6651	3002	10101	2527	15209	2402
161 - 170	8509	652	5552	1580	4386	3321	3642	6636	3021	10081	2538	15338	2433
171 - 180	8612	655	5639	1566	4416	3326	3672	6732	3090	9911	2552	15373	2452
181 - 190	8658	655	5672	1583	4490	3287	3690	6734	3106	9914	2566	15358	2463
191 - 200	8734	656	5731	1573	4508	3281	3698	6743	3117	9952	2585	15412	2490
201 - 220	8838	652	5760	1575	4537	3277	3717	6780	3150	10065	2642	15176	2506
221 - 240	8907	657	5852	1571	4598	3248	3734	6807	3177	10149	2687	15113	2538
241 - 260	8970	661	5928	1556	4611	3289	3791	6747	3197	10367	2762	14783	2552
261 - 280	9075	659	5984	1552	4643	3281	3809	6744	3211	10438	2793	14700	2566
281 - 300	9182	659	6048	1556	4706	3238	3809	6744	3211	10722	2869	14416	2585
301 - 320	9255	660	6112	1543	4716	3253	3835	6782	3251	10749	2912	15099	2748
321 - 340	9328	664	6191	1529	4733	3281	3882	6735	3268	10961	2985	14971	2793
341 - 360	9370	669	6272	1512	4743	3274	3882	6827	3313	10942	3021	15253	2880
361 - 380	9464	667	6314	1508	4760	3276	3898	6838	3332	11128	3090	15306	2956
381 - 400	9491	670	6360	1497	4760	3276	3898	6898	3361	11247	3150	15248	3002
401 - 420	9567	667	6384	1505	4805	3257	3912	6998	3422	11260	3211	15397	3090
421 - 440	9644	669	6448	1496	4822	3257	3926	7085	3477	11434	3313	15343	3177
441 - 460	9686	670	6491	1486	4822	3257	3926	7266	3566	11354	3374	15417	3251
461 - 480	9759	671	6552	1476	4835	3261	3942	7294	3594	11476	3437	15511	3332
481 - 500	9780	672	6570	1472	4835	3261	3942	7391	3642	11456	3477	15526	3374

\* The bracket (31 - 40) to be used only in connection with pick-up or delivery of storage-in-transit shipments (See Section 3).

Abbreviations, Reference Marks and Symbols are explained on Page 4.

ISSUED: October 25, 2004

EFFECTIVE: October 26, 2004

Issued on one (1) day's notice under authority of the Pennsylvania Public Utility Commission Special Permission No. 28116.

Issued by: **KENNETH D. SATALOFF, Executive Secretary**      P. O. Box 1385      Mt Laurel, NJ 08054-7385



**TRISTATE HOUSEHOLD GOODS TARIFF CONFERENCE, INC.**

Original Page 60-G

FREIGHT PA. P.U.C. NO. 54

▲ **KISSEL MOVING AND STORAGE, Mildred A. Kissel t/a** Wexford, PA Certificate No. A-00120714  
 In lieu of the applicable rates provided for in Tariff Freight Pa. P.U.C. Nos. 50-T and 51-W, the following rates shall apply.

PACKING, UNPACKING AND CONTAINER CHARGES				
Except as indicated, containers to be retained by the shipper or consignee.				
DESCRIPTION OF CONTAINER	PER	PACKING	UNPACKING	CONTAINER
		(Rates in Dollars and Cents)		
<b>DRUM, DISH-PACK</b> (Drum, dish-pack, barrel or other specially designed containers, used in packing glassware, chinaware, bric-a-brac, table lamps or similar fragile articles).....	Each	\$ 22.77	\$ 5.34	\$ 13.40
<b>CARTONS:</b> (See Notes A and B)				
Less than 3 cu. ft. (Not less than 200 lb. test).....	Each	5.96	1.31	2.80
3 cu. ft. (Not less than 200 lb. test).....	Each	9.24	1.94	4.15
4.5 cu. ft. (Not less than 200 lb. test).....	Each	11.28	2.78	4.90
6 cu. ft. (Not less than 200 lb. test).....	Each	12.68	2.98	5.80
6.5 cu. ft. (Not less than 275 lb. test).....	Each	14.50	3.27	6.50
NOTE A: Cubical content must be shown on all cartons.				
NOTE B: In the event that two or more standard containers must be joined together because of the size, shape or character of the item(s) to be packed, the charge for the container, packing and/or unpacking shall be the combined charge reflected herein for all containers used.				
Lamp Shade Carton .....	Each	\$6.65	\$3.56	\$7.47
Pole Lamp Carton .....	Each	5.47	2.48	9.00
(When carrier provides for the rental of a Pole Lamp Carton which must be returned to carrier (See Note 1) .....	Each	---	---	5.50
<b>WARDROBE CARTON</b> not less than 10 cu. ft ...	Each	7.00	1.11	11.00
(When carrier provides for the rental of a Wardrobe Carton (Not less than 10 cu. ft.) which must be returned to carrier .....	Each	---	---	7.00
<b>CORRUGATED CONTAINERS:</b> (Specially for paintings, mirrors, glass or marble tops and similar fragile articles).....	Each	20.85	4.80	11.50
(When carrier provides for the rental of a Corrugated Container which must be returned to carrier (See Note 1).....	Each	---	---	6.00
<b>CRATES, OTHER THAN CORRUGATED</b> (Specially constructed for mirrors, paintings, glass or marble tops and similar fragile articles.)				
Gross measurement of crate.....	Cu. Ft. or fraction thereof	8.00	1.11	---
Minimum charge per crate.....	Each	40.00	4.80	---
<b>SANDI-WRAP (PROTECTIVE COVERING)</b> will be provided at an additional charge as follows:				
Love Seat .....	\$9.00	Mattress: Other than Double, Queen, King .....	\$6.00	
Sofa Size .....	\$9.00	Mattress: Double, Queen, King .....	\$9.00	
Upholstered Chair Size .....	\$6.00	Non-Upholstered Chair Size .....	\$2.00	
Ottoman .....	\$2.50	Grandfather Clock (Paper pads and Sani-Wrap) .....	\$10.00	
Curio Cabinet (Paper pads and Sani-Wrap).....			\$10.00	

NOTE 1: When wardrobe cartons, mirror cartons or Pole Lamp Cartons are used when not a "Full Pack", carrier will assess hourly rates for packing and unpacking plus container charge shown above.

Abbreviations, Reference Marks and Symbols are explained on Page 4.

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# **Kissel Moving and Storage, LLC**

1254 Voskamp Street      Pittsburgh PA 15212  
412-231-3428              Fax: 412-213-6755  
kisselmoving@verizon.net

## Safety Rules and Regulations

- 1 *All employees will report to work in a neat appearance, wearing work pants Belted at the waist. No low rise pants to be worn on the job.*
- 2 *No Tennis Shoes will be permitted.*
- 3 *Work boots with non-slip soles must be worn to protect ankles and feet. Steel toe boots are preferred.*
- 4 *No smoking will be permitted in the customers homes, moving van and warehouse.*
- 5 *No drugs or alcohol will be tolerated. You must submit to random drug testing.*
- 6 *Under no circumstances can you transport any passengers in company vehicles.*

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

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

Name	Robert L. Regis, CPA, The Regis Group, Inc.		
Address	1308 Evergreen Avenue		
City	State	Zip Code	
Pittsburgh	PA	15209	

Commonwealth of Pennsylvania  
CERTIFICATE OF ORGANIZATION 3 Page(s)



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*): **KISSEL MOVING & STORAGE, 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
1254 VOSKAMP STREET	PITTSBURGH	PENNSYLVANIA	15212	ALLEGHENY

(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
PATRICK A. KISSEL, JR.,	113 LIVINGSTON ROAD, WEST MIFFLIN, PA 15122

PA DEPT. OF STATE

MAR 25 2013  
PA DEPT. OF STATE

MAR 25 2013

4. *Strike out if inapplicable term*

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

5. *Strike out if inapplicable:*

~~Management of the company is vested in a manager or managers.~~

6. The specified effective date, if any is: MARCH 20, 2013

month date year hour, if any

7. *Strike out if inapplicable: The company is a restricted professional company organized to render the following restricted professional service(s):*

8. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this

\_\_\_\_\_ day of 3/21/13.

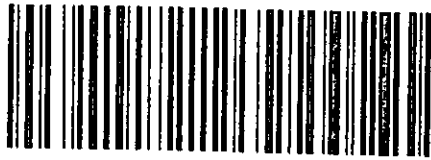
Patrick A Kessel Jr  
Signature

Signature

Signature

Kissel Moving & Storage  
1254 Voskamp Street  
Pittsburgh PA 15212

**CERTIFIED MAIL™**

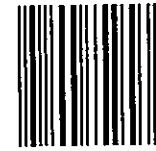


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UNITED STATES  
POSTAL SERVICE

1000



17105

U.S. POSTAGE  
PAID  
PITTSBURGH, PA  
15209  
OCT 17, 13  
AMOUNT

**\$8.57**  
00012172-03

RETURN RECEIPT  
REQUESTED

PA Public Utility Commission  
Attn Secretary  
P O Box 3265  
Harrisburg PA 17105-3265