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Pennsylvania Public Utility Commission PO Box 3265 Harrisburg, PA 17105-3265 (717) 787-1227 2013 DEC -2 PM 11: 08

PA.P.U.C. SECRETARY'S BUREAU

# Application for Motor Common Carrier or Motor Contract Carrier of Household Goods in Use.

THIS APPLICATION IS TO BE USED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE (FOR COMMON CARRIERS) OR PERMIT (FOR CONTRACT CARRIERS) TO OPERATE AS A COMMERCIAL CARRIER OF HOUSEHOLD GOODS IN USE.

rade Name (if using a fictiti	ious name registered with the Dept. of State)
NA	
	· · · · · · · · · · · · · · · · · · ·
ictitious name and Reg	istration number (if applicable)
NH	
<u> </u>	
<b>hysical Address</b> (do not ւ	use PO Box)
1200 Arm	54.
ty, State and Zip Code	4 15106
ty, State and Zip Code	
919-488-3626	Allegheny
919 - 488 · 3636 elephone Number	County
ailing Address (if differen	t from Physical Address)
Civ. A 111	ol sla 2-
<u> </u>	MD 20817
A LA I	Mr noots
Relikerda,	20811
ty, State and Zip Code	
ttorney (if applicable)	
MA	
torney's Name & Telephone N	Jumber for this Filing

No	Yes, at P	UC No. A 8911	793
Does appl	icant hold interstate fe	deral operating autl	nority?
No	Yes, at N	o. <u>1534531</u>	_ MC # G48G54
Are you o	ne of the following? If	yes, check below.	
[] Indi	vidual .		
[] Part	nership		
·	de the Entity ID Number		
·	·		oplies to this Application A Department of State
[] Limit	ted Partnership	given to you by the P	
[] Limit	ted Partnership ted Liability Partnership	Corporation Bu	A Department of State reau Entity ID Number reau Entity ID Number
[] Limit	ted Partnership	Corporation Bu	A Department of State reau Entity ID Number reau Entity ID Number
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[ ] Limit [ ] Limit [ ] Corp [ ] Corp If NO, conbusiness i	ted Partnership  ted Liability Partnership  ted Liability Company  poration – For Profit  poration – Nonprofit  atact the PA Department in PA:  rations (Profit or –	Corporation Bu  Corporation Bu  Corporation Bu  Corporation Bu  Corporation Bu	reau Entity ID Number  reau Entity ID Number  294  reau Entity ID Number  reau Entity ID Number  reau Entity ID Number  reau Entity ID Number

PA Limited Partnerships, Limited Liability Partnerships Limited Liability Companies File for an Application of Registration

Fictitious Name Registration

File **only if** Trade Name will be different than the business name you register with the Department of State

#### 10. Attachment Checklist

Individual:	[ ] Certified Check, money order, or check from attorney [ ] Copy of Current Safety Rating (if available)
Partnership:	<ul> <li>[ ] Certified Check, money order, or check from attorney</li> <li>[ ] List of names and addresses of ALL Partners</li> <li>[ ] Copy of Current Safety Rating (if available)</li> </ul>
Limited Partnership:	[ ] Corporation Bureau Entity Number as entered above in #9
r artifership.	<ul> <li>[ ] Certified Check, money order, or check from attorney</li> <li>[ ] List of names and addresses of ALL Partners</li> <li>[ ] Copy of Current Safety Rating (if available)</li> </ul>
Limited Liability Partnership:	[ ] Corporation Bureau Entity Number as entered above in #9
raitheiship.	<ul> <li>[ ] Certified Check, money order, or check from attorney</li> <li>[ ] List of names and addresses of ALL Partners</li> <li>[ ] Copy of Current Safety Rating (if available)</li> </ul>
Limited Liability Company:	Corporation Bureau Entity Number as entered above in #9
company.	[V] Certified Check, money order, or check from attorney [V] List of names and addresses of ALL Members and Title of each Member (even if only one member)
	[ ] Copy of Current Safety Rating (if available)
Corporation – For Profit:	[ ] Corporation Bureau Entity Number as entered above in #9
, or , rom.	<ul> <li>[ ] Certified Check, money order, or check from attorney</li> <li>[ ] List of ALL Corporate Officers and Titles, name of each Shareholder and distribution of shares</li> </ul>
	[ ] Copy of Current Safety Rating (if available)
Corporation – Non-Profit:	[ ] Corporation Bureau Entity Number as entered above in #9
	<ul> <li>[ ] Certified Check, money order, or check from attorney</li> <li>[ ] List of ALL Corporate Officers, Titles and those on Board of Directors</li> <li>[ ] Copy of Current Safety Rating (if available)</li> </ul>

### 11. Describe the service area proposed by this application.

(Use the space below or attach additional sheet if space provided is not sufficient).

To transport as a common carrier, household product of use hetreen points in all Counties in Pennsylvania.

#### 12. Certification:

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Passengers; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

## **Verification of Application**

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

\_\_\_\_\_

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

(Print Name)

(Signature)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by any officer (if a corporation).

Address for all Members:	
6400 Goldsboro Rd., Ste 300	
Bethesda, MD 20817	
WM Texas Pack-Rat, LLC	Member
WM Pack-Rat, LLC	Member
WM Storage, Inc.	Member
Pack-M LLC	Member
Corigliano, David	Member
Pack-Rat Hartford LLC	Member Member
Pack-Rat Northeast LLC	Member
Pack-Rat USA LLC	Member
First State Pack-Rat, Inc. CoKaMo, LLC	Member
TD of Nashville/TD of Indianapolis	Member
Barefoot, Brian	Member
Barnes, Ben	Member
Baum, Robert	Member
Beck, Traynor	Member
Bishop, John	Member
Capital Trust	Member
Aspen Pacific Group, Inc.	Member
Connolly, Richard	Member
Costas, John	Member
Desai, Amar	Member
DiBella, Mark	Member
Envest LLC	Member
Gramm, Phil	Member
Grano, Joseph	Member
Grasso, Richard	Member
Hague, Tim	Member
Hosmer, Jim	Member
Kazeminy, Nasser	Member
Kristan, Connie	Member
Lawson Trust FBO Lawson, Robert	Member
Lawson Trust FBO Lawson, Michael	Member
Lawson Trust FBO Lawson, Jeffry	Member
Lawson Trust FBO Lawson, Steve	Member
Lawson, Jeffry	Member
Lawson, Steve	Member
Levy, Seth	Member
Little, Maylon	Member
Lockamy, Tim	Member
Luzak, Kevin	Member Member
MacGilvray, James Pack-M LLC	Member
Poirier, Robert	Member
Platt, Donald	Member
Prince Family LLC	Member
Piscina, Joseph	Member
Ranieri, Lewis	Member
Safir, Ron	Member
Silver, Robert	Member
Sutton, Mark	Member
Terry, Dale	Member
Weiss, Melvyn	Member
Trees, Rhett	Member
Justice, Hal	Member
Kozubowski, Jae	Member
Zoll, David	Member

1-800-Pack-Rat, LLC - Confidential

. List of Members

<u>Title</u>

1-800-Pack-Rat, LLC - Confidential

# 1-800-PACK-RAT

The simplest way to store or move your stuff.

1-800-PACK-RAT 6400 Goldsboro Rd Suite 300 Bethesda, MD 20817



Tecretary, PA Poblic Utility Commissioni P.O. BOX 3265 Harrishurg, PA 17105-3265

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