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Before the Pennsylvania Public Utility Commission

**APPLICATION  
MOTOR COMMON OR CONTRACT CARRIER  
HOUSEHOLD GOODS IN USE**

- 1. INTRALINE LLC \_\_\_\_\_  
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)
  
- 2. \_\_\_\_\_  
TRADE NAME IF ANY  
The trade name, if fictitious, \_\_\_\_\_ been registered with the  
(has or has not)  
Secretary of the Commonwealth on \_\_\_\_\_. Attach a date  
stamped copy of the registration form.
  
- 3. \_\_\_\_\_ 100 ELARIA DRIVE, READING, PA 19608 \_\_\_\_\_  
PHYSICAL ADDRESS (include County and Zip Code)
  
- 4. \_\_\_\_\_  
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS
  
- 5. \_\_\_\_\_ 267-761-8980 \_\_\_\_\_  
TELEPHONE NUMBER (REQUIRED)
  
- 6. \_\_\_\_\_  
ATTORNEY'S NAME AND TELEPHONE NUMBER FOR THIS FILING  
(Do not supply an Attorney's name if you want all correspondence and notice of  
process mailed directly to you.)  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
ATTORNEY'S ADDRESS
  
- 7. APPLICANT \_\_\_\_\_ DOES \_\_\_\_\_ HAVE A US DOT NUMBER  
(does or does not)  
AT \_\_\_\_\_ 2462936 \_\_\_\_\_.

- 8.** APPLICANT   DOES NOT   HAVE A SATISFACTORY SAFETY RATING  
(does or does not )  
ISSUED WITHIN THE LAST TWENTY- FOUR MONTHS BY THE US DOT,  
PA PUC OR OTHER STATE REGULATORY AGENCY. (ATTACH COPY)
- 9.** DESCRIBE THE SERVICE TO PROVIDED WITHIN PENNSYLVANIA - -  
COMMON CARRIER OR CONTRACT CARRIER IN THE FOLLOWING  
AREA:

The Applicant wishes to haul general freight from all points in Pennsylvania to all point  
in Pennsylvania.

(Attach a separate sheet if space provided in not sufficient.)

**10.** CHECK ONE THAT APPLIES TO THIS APPLICATION:

- INDIVIDUAL**
- PARTNERSHIP:**  
Attach a copy of a partnership agreement.  
 List the names and addresses of all partners.
- LLC or LLP**  
Attach a copy of the Certificate of Incorporation, Certificate of Authority,  
or the Foreign Corporation Registration. Include a list of all members  
(even if there is only one member) and title of each member.

- CORPORATIONS**  
Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the Foreign Corporation Registration.
- List of all corporate officers/ titles, names of shareholders and number of shares held.

**11. ATTACHMENT CHECKLIST:**

**FOR CORPORATIONS:**

- Copy of Certificate of Incorporation, Certificate of Authority, or the Foreign Corporation Registration.
- List of officers/titles and distribution of shares.

**FOR PARTNERSHIPS:**

- Copy of partnership agreement.
- List the names and addresses of **ALL** partners.

**LLCs or LLPs**

- Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the Foreign Corporation Registration. Include a list of all members (even if there is only one member) and title of each member.

**FOR ALL APPLICANTS:**

- Fictitious trade name registration (if applicable)
- Copy of current safety rating (if available)
- Certified check, money order or attorney's check

**12. CERTIFICATION:**

APPLICANT CERTIFIES THAT IT IS NOT NOW ENGAGED IN ANY INTRASTATE TRANSPORTATION OF HOUSEHOLD GOODS IN USE 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 DEFRAID EXPENSES INCURRED IN REGULATING MOTOR COMMON CARRIERS OF HOUSEHOLD GOODS IN USE; 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 IS/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. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

  
\_\_\_\_\_  
(SIGNATURE) 12/31/13  
(DATE)

JACK HUA  
  
\_\_\_\_\_  
(PRINT NAME)

(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 OR BY THE PRESIDENT OR SECRETARY IF A CORPORATION.)

Check the application to ensure that all pertinent parts are completed. Incomplete applications will be returned. If you need help, you may call 717-787-3834.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS  
401 NORTH STREET, ROOM 206  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722  
WWW.CORPORATIONS.STATE.PA.US/CORP

Intraline, llc

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

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE 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: 4233645

Intraline, llc  
100 Elaria Drive  
Reading, PA 19608

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PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Entity #: 4233845  
Date Filed: 12/18/2013  
Effective Date: 01/01/2014  
Carol Alchele  
Secretary of the Commonwealth

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

Name Intraline, llc.		
Address 100 Elaria drive		
City Reading, PA	State PA	Zip Code 19608

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

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):  
Intraline, llc.

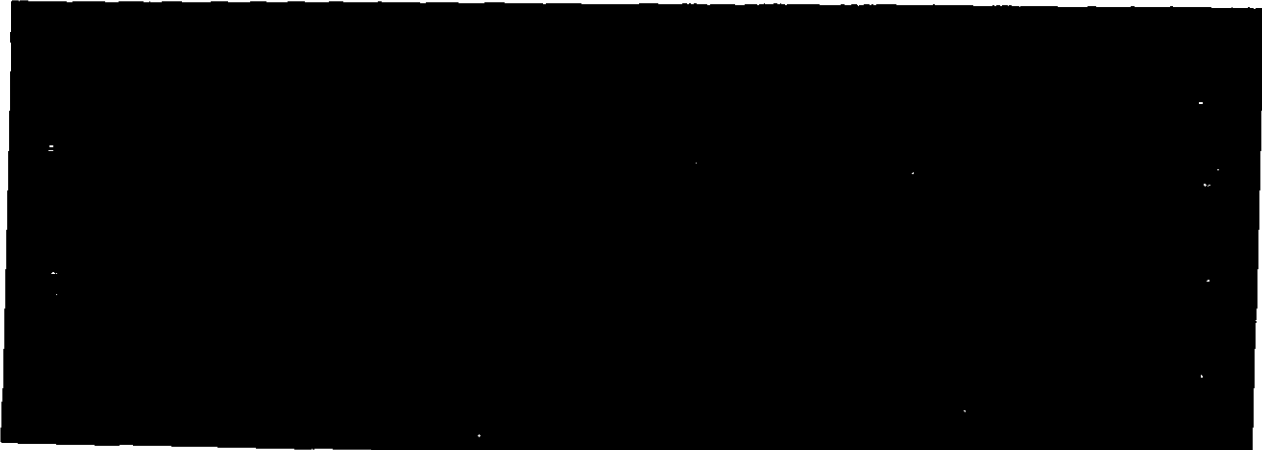
2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street 100 Elaria Drive	City Reading	State PA	Zip 19608	County Berks
(b) Name of Commercial Registered Office Provider c/o:				County

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

Name Jack Hua	Address 100 Elaria Drive Reading, PA 19608

Dept. of State  
DEC 16 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.~~

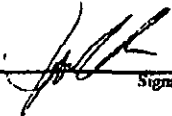
6. The specified effective date, if any is: 01/01/2014  
month date year hour, if any

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 8 1/2 x 11 sheet.

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

11th day of December 02013.

  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature



Jack Hua  
100 Eria Dr  
Reading PA 19608

HARRISBURG PA 171

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PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

The Secretary  
Pennsylvania Public Utility Commission  
PO Box 3265  
Harrisburg PA 17105-3265

17105326565

