

SCHUBERT ♦ GALLAGHER

LAW OFFICES



TYLER ♦ MULCAHEY

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2014 JUN 30 AM 10:59

PA P.U.C.
SECRETARY'S BUREAU

Richard T. Mulcahey, Jr.
Also Member of New York Bar
Direct Dial No.: (215) 587-0107
e-mail: rmulcahey@sgtmlaw.com

June 26, 2014

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

**Re: Application of Gentle Giant Moving Company (DC), LLC
t/d/b/a Gentle Giant Moving and Storage
PUC Docket No. A-2013-2393811**

Dear Secretary Chiavetta:

Please be advised that this office represents the above-captioned Applicant. By letter dated June 19, 2014, I filed a Restrictive Amendment and Stipulation addressing the concerns of the remaining Protestants and requested that the Hearing in this matter, which was scheduled for June 26, 2014, be cancelled and that the matter be transferred to the Commission's staff for review.

As a follow-up to my request, I am enclosing herewith 20 Verified Statements in Support of the Application. My client filed an Applicant Statement with the original filing and I am also enclosing a copy of the Applicant's most recent Consolidated Financial Statements and Supplementary Information, ending December 31, 2013. Please assign this matter for review by the Commission's Staff.

Kindly acknowledge receipt of the enclosures 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

Enclosures

cc: Gentle Giant Moving Company (DC), LLC

SCHUBERT, GALLAGHER, TYLER & MULCAHEY, A PROFESSIONAL CORPORATION

505631-1

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.

RECEIVED

2014 JUN 30 AM 11:00

PA P.C. SECRETARY'S BUREAU

CLARE FISCHER-DAVIES

Name of Supporter

341 N. STATE ST. Philadelphia PA 19104

Street Address

City or Municipality

State

Zip Code

GENTLE GIANT MOVING COMPANY

Name of Applicant

Describe the type of transportation service needed.

moving services - local & long distance

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

greater Philadelphia area from other locations

- 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?

Gentle giant has the best service of any moving company I ~~also~~ have used.

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

no

preferred provider

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.

Clare Fischer-Davies

(Signature)

6/18/14

(Date)

CLARE FISCHER-DAVIES

(Name, printed or typed)

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.

Ardith & Stephen Garland
Name of Supporter

625 Kenilworth Street Philadelphia PA 19147
Street Address City or Municipality State Zip Code

Gentle Giant Moving Company
Name of Applicant

- Describe the type of transportation service needed.

Long distance moving & storage with exceptional personal service

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

Our next origin will be Philadelphia. We will not know the destination until we are ready to move.

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

We have used Gentle Giant four times for moving and once (for a period of two years) for storage in the past 30 years.

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

We have not used another provider for long distance moving and storage. We have used Mambo Movers, who only work locally, to assist with local moves for our children and to help us pack for construction. If we move any distance, we definitely want to use

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

No. with whom we have a long term relationship and who we trust.

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Stephen J. Garland Ardith G. Garland 6/16/2014
(Signature) (Date)

Stephen J. Garland Ardith G. Garland
(Name, printed or typed)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

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TOM TSCHOP

Name of Supporter

2009 OGDEN ST. PHILA PA 19103

Street Address

City or Municipality

State

Zip Code

Gentle Giant Moving & Storage

Name of Applicant

- Describe the type of transportation service needed.

Moving my possessions when I move from apartment to apartment

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

I've only used them to move from different locations in Philadelphia to other Phila locations

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

Every other year.

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

Just want to do it myself.

Gentle Giant is MUCH easier & more convenient!

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

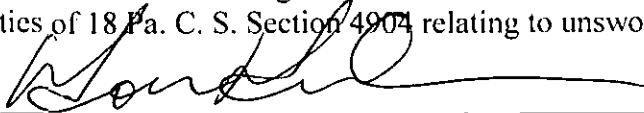
No.

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(Signature)



(Name, printed or typed)

Thomas K. Tschop

(Date)

6/15/11

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.

RICHARD THEPANTHER
Name of Supporter

1706 MT VERNON ST PHILLY PA 19130
Street Address City or Municipality State Zip Code

GENTLE GIANT MOVING AND STORAGE
Name of Applicant

- Describe the type of transportation service needed.

XL FURNITURE (COUCHES + DRESSERS ETC) + BEDS

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

NORTHERN PHILLY TO SCRANTON, PA

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

BI-ANNUALLY

- 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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RICHARD THEPANTHER
(Signature)

6/25/14
(Date)

RICHARD THEPANTHER
(Name, printed or typed)

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.

JOHN COMBS

Name of Supporter

2009 OGDEN ST

Street Address

PHILADELPHIA

City or Municipality

PA

State

19130

Zip Code

GENTLE GIANT MOVING + STORAGE

Name of Applicant

- Describe the type of transportation service needed.

HOUSEHOLD FURNITURE

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

FROM PHILLY, PA TO READING, PA - ABOUT AN HOUR DRIVE

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

ONCE A YEAR USUALLY, AS I RENT AND AM OFTEN MOVING

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

NO, NOT CAREFUL/TRUSTWORTHY WITH VALUABLES

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

NO, BUT IVE HEARD GREAT THINGS ABOUT GENTLE GIANT IN BOSTON AND WOULD LOVE TO SEE THEM DOWN

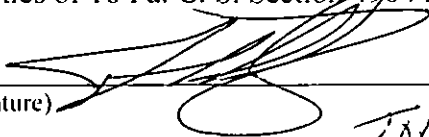
VERIFICATION OF STATEMENT

HERE

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(Signature)



(Name, printed or typed)

JOHN COMBS

(Date)

6/24/14

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.

Nick Weeks
Name of Supporter

460 Krams ave Philadelphia PA 19127
Street Address City or Municipality State Zip Code

Gentle Giant Moving & Storage
Name of Applicant

- Describe the type of transportation service needed.

Household goods moving.

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

460 Krams ave Philadelphia PA, 19127

1021 Crusher rd Perkiomenville PA, 18024

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

every year

- 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

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Nick Weeks
(Signature)

Nick weeks
(Name, printed or typed)

6/24/2014
(Date)

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.

JOSHUA SHERER
Name of Supporter

219 DAWSON ST PHILA PA 19128
Street Address City or Municipality State Zip Code

Gentle Giant Moving & Storage
Name of Applicant

- Describe the type of transportation service needed.

Household Goods Moving

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

*From: 219 Dawson St, PHILA PA 19128
TO: 300 DEVONSHIRE CIR, WEST CHESTER PA 19382*

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

2-3 times per year

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

We have been using personal vehicles to haul furniture between our homes, but a moving company like Gentle Giant would be perfect.

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

No.

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Joshua L. Sherer
(Signature)
JOSHUA L SHERER
(Name, printed or typed)

24 June 2014
(Date)

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.

Carolyn Abele

Name of Supporter

721 Seffert Street

Street Address

Philadelphia

City or Municipality

PA 19128

State

Zip Code

Gentle Giant Moving Company

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.

Moving from my current neighborhood (Roxborough) to Blue Bell

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

We will need the services mentioned above for the move from our current residence in Roxborough to our new residence in Blue Bell. Additional in-home services will also be needed once we arrive at our new residence. We expect to call on Gentle Giant for additional moving related services on an annual basis.

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

We have used other moving companies in the area and have been dissatisfied with the level of service they provided.

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

No

VERIFICATION OF STATEMENT

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INSTRUCTIONS FOR OBTAINING VERIFIED STATEMENTS IN SUPPORT OF THE APPLICATION

The attached form is for documenting witness statements demonstrating the need for the proposed service. This form may be duplicated as needed for use by supporting witnesses.

In accordance with 52 Pa. Code §41.14(a) “An applicant seeking motor common carrier authority has a burden of demonstrating that approval of the application will serve a useful public purpose, responsive to a public demand or need.”

Accordingly, verified witness statements provide a means for demonstrating such a public demand or need.

Please be aware that the verified statements will be reviewed based upon the Commission’s decision *Application of Blue Bird Coach Lines, Inc. (A-00088807, F.2, Am-K)* 72 Pa. PUC 262 (1990) which indicates:

- (1) the supporting witnesses must give evidence which is probative and relevant to the application proceeding
- (2) the supporting witnesses must identify Pennsylvania origin and destination points between which they require transportation and those points must correspond with the scope of the operating territory specified in the application, including request for vice versa authority
- (3) the number of witnesses which will represent a cross section of the public on the issue of need will vary with the breadth of the intended territory and commodity description

Also see 52 Pa. Code §3.381(c)(1)(3)(A)

The following form may be used to obtain witness statements in support of your application. Failure to demonstrate a public need will result in dismissal of your application. Failure to obtain evidence from a cross section of the public may result in the Commission granting limited authority consistent with the need demonstrated by the applicant.

Carole

(Signature)

Carolyn Abele

(Name, printed or typed)

6/24/2014

(Date)

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.

Jeremy Abele

Name of Supporter

721 Seffert Street

Street Address

Philadelphia

City or Municipality

PA 19128

State

Zip Code

Gentle Giant Moving Company

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.

Moving from my current neighborhood (Roxborough) to Blue Bell

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

We will need the services mentioned above for the move from our current residence in Roxborough to our new residence in Blue Bell. Additional in-home services will also be needed once we arrive at our new residence. We expect to call on Gentle Giant for additional moving related services on an annual basis.

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

We have used other moving companies in the area and have been dissatisfied with the level of service they provided.

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

No

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Jeremy Abele
(Signature)
Jeremy Abele
(Name, printed or typed)

6-18-2014
(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

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Jeremy Abele

Name of Supporter

721 Seffert Street

Street Address

Philadelphia

City or Municipality

PA 19128

State

Zip Code

Gentle Giant Moving Company

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.

Moving from my current neighborhood (Roxborough) to Blue Bell

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

We will need the services mentioned above for the move from our current residence in Roxborough to our new residence in Blue Bell. Additional in-home services will also be needed once we arrive at our new residence. We expect to call on Gentle Giant for additional moving related services on an annual basis.

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

We have used other moving companies in the area and have been dissatisfied with the level of service they provided.

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

No

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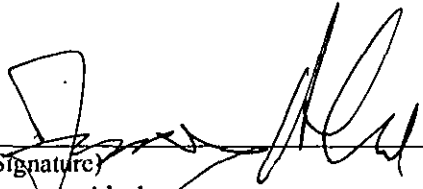
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The following form may be used to obtain witness statements in support of your application. Failure to demonstrate a public need will result in dismissal of your application. Failure to obtain evidence from a cross section of the public may result in the Commission granting limited authority consistent with the need demonstrated by the applicant.



(Signature)
Jeremy Abele

(Name, printed or typed)

6/24/2014

(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

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Daniel B Dobson
Name of Supporter
440 South Broad St, #1804; Philadelphia PA 19146
Street Address City or Municipality State Zip Code

Name of Applicant

- Describe the type of transportation service needed.

Residential Moving

- 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?

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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Daniel B Dobson
(Signature)

6/16/2014
(Date)

Daniel B Dobson
(Name, printed or typed)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

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Steve Masters
Name of Supporter
621 W Mt Airy Ave Phila PA 19119
Street Address City or Municipality State Zip Code
Gentle Giant
Name of Applicant

- Describe the type of transportation service needed.

Moving and storage

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

To and from Philadelphia and suburbs

- 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?

We used Gentle Giant in the past to move our belongings from Cambridge MA to Philadelphia PA

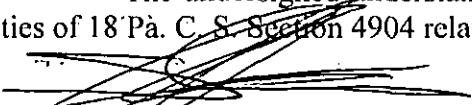
- Have you supported similar applications in the past? If so, please supply name and docket number.

No.

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(Signature) Steve Masters
(Name, printed or typed)

6/16/2014
(Date)

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.

Holly Price
Name of Supporter
3032 W Coulter St. Philadelphia PA 19129
Street Address City or Municipality State Zip Code
Gentle Giant Moving Company Inc.
Name of Applicant

- Describe the type of transportation service needed.

Moving Company

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

Philadelphia ↔ Philadelphia

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

~~weekly~~ *frequently for those who move*

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

I trust Gentle Giant above all other moving companies.

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

no

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Holly Price
(Signature)
Holly Price
(Name, printed or typed)

6/16/14
(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

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Kevin Adams

Name of Supporter

3721 Stanton Street

Street Address

Philadelphia

City or Municipality

PA 19129

State

Zip Code

Gentle Giant Moving Company

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.

Moving from our home in the City to the suburbs & additional in-house moving services.

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

Services will be needed on an annual basis.

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

We have used other moving companies in the area and have been dissatisfied with the level of service they provided.

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

No

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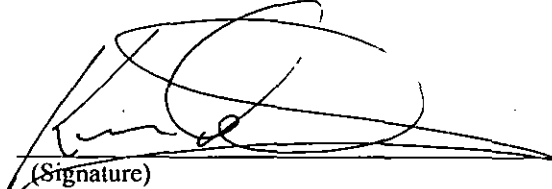
Accordingly, verified witness statements provide a means for demonstrating such a public demand or need.

Please be aware that the verified statements will be reviewed based upon the Commission’s decision *Application of Blue Bird Coach Lines, Inc. (A-00088807, F.2, Am-K) 72 Pa. PUC 262 (1990)* which indicates:

- (1) the supporting witnesses must give evidence which is probative and relevant to the application proceeding
- (2) the supporting witnesses must identify Pennsylvania origin and destination points between which they require transportation and those points must correspond with the scope of the operating territory specified in the application, including request for vice versa authority
- (3) the number of witnesses which will represent a cross section of the public on the issue of need will vary with the breadth of the intended territory and commodity description

Also see 52 Pa. Code §3.381(c)(1)(3)(A)

The following form may be used to obtain witness statements in support of your application. Failure to demonstrate a public need will result in dismissal of your application. Failure to obtain evidence from a cross section of the public may result in the Commission granting limited authority consistent with the need demonstrated by the applicant.



(Signature)

Kevin Adams

(Name, printed or typed)

6/24/2014

(Date)

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.

Erin Vaccaro

Name of Supporter

1904 Spruce Street

Street Address

Philadelphia

City or Municipality

PA 19103

State

Zip Code

Gentle Giant Moving Company

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.

Moving apartments within Philadelphia

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

We expect to call on Gentle Giant for moving related services on an annual basis.

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

We have used other moving companies in the area and have been dissatisfied with the level of service they provided.

- 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.

**INSTRUCTIONS FOR OBTAINING
VERIFIED STATEMENTS IN SUPPORT OF THE APPLICATION**

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Erin Vaccaro

(Signature)

Erin Vaccaro

(Name, printed or typed)

6/24/2014

(Date)

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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.

Eric Hellberg

Name of Supporter

2032 Spruce Street

Street Address

Philadelphia

City or Municipality

PA 19103

State

Zip Code

Gentle Giant Moving Company

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.

Moving apartments within Philadelphia

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

We expect to call on Gentle Giant for moving related services on an annual basis.

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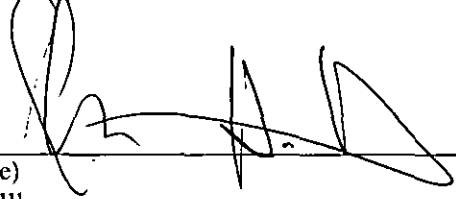
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(Signature)
Eric Hellberg

(Name, printed or typed)

6/24/2014
(Date)

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.

SAM NEWHOUSE

Name of Supporter			
419 S. 44 th St. #2	PHILADELPHIA	PA	19104
Street Address	City or Municipality	State	Zip Code

Name of Applicant			
GENTLE GIANT MOVING COMPANY			

- Describe the type of transportation service needed.

I NEED assistance moving my possessions + furniture to my new residence later this summer.

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

I am planning soon to move from West Philly (44th + Osage) to Nicetown (28th + Cambridge), also in Philly.

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

This would be a one-time need this year, possibly needed again next year.

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

I hired movers here but they could not provide a truck + only had two men. It took 3 hours + my girlfriend + I had to move a lot of the boxes myself, drive the U-Haul truck + pay these expenses

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

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(Signature) SAM NEWHOUSE

(Name, printed or typed)

6/16/14

(Date)

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.

Melvin Goodwin
Name of Supporter

2021 Wallace street Philadelphia Pa 19130
Street Address City or Municipality State Zip Code

Gentle Giant Moving and Storage
Name of Applicant

- Describe the type of transportation service needed.

everything in my apt!

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

across the city temporarily and then to
BOSTON, MA

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

WEEKLY, -Possibly - I know many people in the area
that could use this service

- 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 but GG has a good history and we
need better companies here

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Melvin Goodwin
(Signature)
Melvin Goodwin
(Name, printed or typed)

6/26/14
(Date)

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.

JASON RILS
Name of Supporter

2031 WALNUT ST #4F PHILADELPHIA PA 19103
Street Address City or Municipality State Zip Code

GENTLE GIANT
Name of Applicant

- Describe the type of transportation service needed.

Home moving

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

Boston, NYC, DC, Philly

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

yearly or every 2 yrs.

- 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.

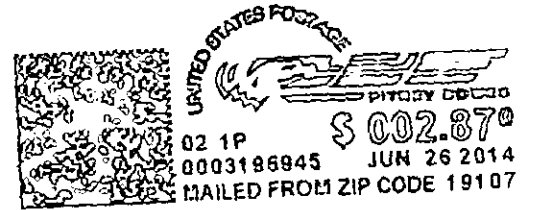
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(Signature) J-R (Date) 6/16/14

(Name, printed or typed) JASON RILS



LAW OFFICES

SCHUBERT ♦ GALLAGHER

121 SOUTH BROAD STREET, 20TH FLOOR



TYLER ♦ MULCAHEY

PHILADELPHIA, PA 19107-4533

TO:

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