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121 SOUTH BROAD STREET, 20TH FLOOR PHILADELPHIA, PA 19107-4533

> PHONE: 215.569.3535 FAX: 215.557.7426 WWW.SGTMLAW.COM

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

July 7, 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 my letter dated June 26, 2014 to you, (a copy of which I enclose for your convenience) I enclosed 20 Verified Statements in Support of the Application filed by my client. In my follow-up letter to you of June 27, 2014 (a copy of which is also enclosed herein) I enclosed two additional Verified Statements requesting that they be included with the previous Verified Statements received by your office.

In our July 3, 2014 mail, I received seven additional Verified Statements and request that they be included with the previous Verified Statements received by your office.

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 (w/encls. Via E-mail)

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 El	is		
429 Shurs Ln	Name of Supporter Philg delphig	PA	19/28
Street Address	City or Municipality	State	Zip Code
(Ritle	<u>Giunt</u> Maing T Stor	igge_	

- Describe the type of transportation service needed.
- Havehold Gods Marily What will be the usual origin and destination? Please give specific locations, such as names of citics, boroughs, or townships. 4295 hurs Ln Phila, 12 19168 Moving to Lewitightry, PA Sour Mostes School Rd 17837 How frequently is this service needed? Example: Is it on a daily, weekly, or monthly

- basis? Every 3.5 years
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? No, I wish to use Gentle Giart because of their reputation and excellent truck record. Have you supported similar applications in the past? If so, please supply name and not to use them?
- docket number.

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 penaltics of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authoritics.

(Signatul

(Name, printed or typed)

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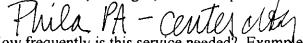
THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

	PEBECCA MI	CHARLES	
		Name of Supporter	
	2001 N, 13TA	STREET PHILA	PA 19127_
-	Street Address	City or Municipality	State Zip Code
	Gentle Gi	iant 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.



- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? Every 3-5 yrs
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
 I have heard of Gentle Giant's good reputation and want to ensure that you move with a quality company
- Have you supported similar applications in the past? If so, please supply name and docket number.

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(Name, printed or typed)

(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.

JESSICA	KURONEN
	No por los

	Name of Supporter			
2416 CORALST	PML AP50(PH)A	PA	19125	
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.

PHILADELPHIA CENTER GTY/NORTH PHILLY SUBURES

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
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 - Every 3-5 yrs
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

I have heard of Gentle Giant's good reputation and want to ensure that you move with a quality company

Have you supported similar applications in the past? If so, please supply name and docket number.
 No

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(Signature) SILA KURONEN

6.25.1 (Date)

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(Name, printed or typed)

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.

MATASSIA	KURONEN		
Name o	f Supporter		
1627 DIAMOND ST	PHILADELPHIA	PA	1912
Street Address	City or Municipality	State	Zip Code
Gentle Giant N	Aoving & Storage	•	
Name o	of Applicant		
• Describe the type of transportation serve	ice needed.		
Household Goods Moving			
• What will be the usual origin and destin	ation? Please give specific	locations, s	uch as
names of cities, boroughs, or townships			
Novih Vhillin		S	2(
• How frequently is this service needed?	Example: Is it on a daily, v	veekly, agn	ionthly
basis?		i i i i i i i i i i i i i i i i i i i	
Every 3-5 yrs		AR	
• Have you tried to use other providers of	service in this area, and if s	o, why dog	
not to use them?	service in this area, and it s	o, why doo	
I have heard of Gentle Giant's good rep	utation and want to ensure t	hat you mo	ve with a
quality company		í /	Ļ0
Have you supported similar applications	in the next? If so please s	upply name	and

 Have you supported similar applications in the past? If so, please supply name and docket number.
 No

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NATASSIA KUDONEN (Signature)

<u>06.25.2014</u>

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(Name, printed or typed)

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.

ALEXANDRA	RUANE	3	
Name of S	Supporter		
2346 N. PARK AVE	PHILA	PA	19122
Street Address	City or Municipality	State	Zip Code
Gentle Giant Me	oving & 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.

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? Every 3-5 yrs
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

I have heard of Gentle Giant's good reputation and want to ensure that you move with a quality company

Have you supported similar applications in the past? If so, please supply name and docket number.
 No

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(Signature)

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(Date) 6 / 26 / 14

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(Name, printed or typed)

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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.

SAMANTHA MITCHELL Name of Supporter
28.37 CAMBRIDGE 5T PHILADE LAMIA 1913 Street Address City or Municipality State Zip Code
CENTLE GIANT MEDILLS MOUNG & STORAGE Name of Applicant
• Describe the type of transportation service needed. 1 WEED HELP MOUING HOUSE HOLD GOODS
 What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Difference of the second secon
IN PHILADELPHIA, FROM BREWERLTOWN TO FAIRMOUNT
 How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? Import WEPM PEW TEAPS
 Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? HED, HAVE USED UHAUL D- PREFER PROFESSIONALS
 Have you supported similar applications in the past? If so, please supply name and docket number.
VERIFICATION OF STATEMENT
VERIFICATION OF STATEMENT $\mathcal{A}_{\mathcal{A}}^{\mathcal{A}}$ $\mathcal{A}_{\mathcal{A}}^{\mathcal{A}}$
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_____ ature THA MATCHELL (Name, printed or typed)

knowledge, information, and belief.

<u>(Date)</u>

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 419 S. 44th St. # Z Name of Supporter PHILADELPHIA PA City or Municipality State GENTLE GIANT MOVING COMPANY Name of Applicant Describe the type of transportation service needed. NEED assistance moving my passessions + funiture to my new residence letter this summer, T What will be the usual origin and destination? Please give specific locations, such as I am planning for townships. I am planning for to more from West Philly (44th+ Osage) to Nicetown (28th + Combridge), also in Philly. • How frequently is this service needed? Example: Is it on a daily, weekly, or monthly asis? This would be a one-time need this year, passibly needed again next year. basis? This wowe with head again new y Have you tried to use other providers of service in this area, and if so, why do you preser not to use them? I hive wovers here but they could not provide a hive wovers here but they could not provide a uch + only head two weng it took 3 horry + my gittiieved th Have you supported similar applications in the past? If so, please supply name and twoch + docket number.

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6/16/14 (Date) SECRETARY'S BUREAU 0.9 A9 (Signature) NEWHOUSE 01 :01 HA 6- 70 M 102 (Name, printed or typed) RECEN ET

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."

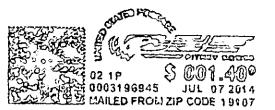
Accordingly, verified witness statements provide a means for demonstrating such a public demand or need.

 Please be aware that the verified statements will be reviewed based upon the Commission's decision <u>Application of Blue Bird Coach Lines, Inc.</u> (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.



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