

LEWIS P. HANNAH & ASSOCIATES
ATTORNEY AT LAW

1315 Walnut Street
Suite 1326
Philadelphia, PA 19107
(215)735-7701
(215)735-7703 FAX

114 E. Lincoln Hwy
Coatesville, PA 19320
(610)380-1100
(610)380-8767 FAX
lphcourtfilings@verizon.net

Lewisphannahlaw.com

November 20, 2014

RECEIVED

NOV 20 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, Pennsylvania 17120

Re: A-2012-2334103; 610 Hauling, LLC, t/a College Hunks Hauling Junk

Dear Secretary Chiavetta:

Enclosed, please find the following documents with respect to the above referenced application:

A. Verified Statements of Support

1. Mark Yoder
2. Greater West Chester Chamber of Commerce
3. Matt Chambers
4. Sarah Neary
5. Brook Frey
6. Logan Miller
7. Nicholas Deminski
8. Joella Blackshear
9. Melissa Zultewicz

B. Statement of Financial Position:

C. Expanded responses to inquiries numbered 1 and 6

Page: 2
Rosemary Chiavetta, Secretary
November 20, 2014

Based upon the Commission's Order entered November 13, 2014 I await the results of the review of the TUS. Please include same in the document folder accordingly.

Very truly yours,

A handwritten signature in black ink, appearing to read "Lewis P. Hannah", with a long horizontal flourish extending to the right.

Lewis P. Hannah

LPH/rah

Encl.

cc: Michael Ort

Robert Bingham

A2012-2334103

RECEIVED

NOV 20 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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.

Mark Yoder - Greater West Chester Chamber
Name of Supporter
119 N. High St. West Chester, PA 19382
Street Address City or Municipality State Zip Code
College Hunter Hunting Junk
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.
In and around West Chester
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Monthly
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
Mostly National organizations, looking for a local business
- Have you supported similar applications in the past? If so, please supply name and docket number.
No

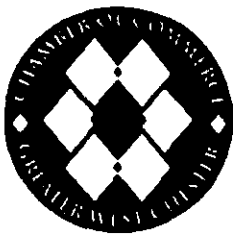
VERIFICATION OF STATEMENT

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.

Mark Yoder
(Signature)
Mark Yoder
(Name, printed or typed)

11/3/14
(Date)



DAVE FAIRMAN
Director of Membership

610.696.4046
dave@gwcc.org

www.GreaterWestChester.com
119 North High Street, West Chester, PA 19380

A-2012-2334103

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.

GREATER WEST CHESTER CHAMBER OF COMMERCE
Name of Supporter

119 N. HIGH ST., WEST CHESTER, PA 19380
Street Address City or Municipality State Zip Code

COLLEGE HUNKS HAULING JUNK
Name of Applicant

- Describe the type of transportation service needed.
MOVING SERVICES — RESIDENTIAL AND COMMERCIAL
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
WEST CHESTER BOROUGH (WEST CHESTER, PA)
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
AS NEEDED
- 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

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 #904 relating to unsworn falsification to authorities.

(Signature)
D. W. FAIRMAN
(Name, printed or typed)

11/3/14
(Date)

RECEIVED

NOV 20 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

A-2012-2334103

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.

Matt Chambers

Name of Supporter

20 Lindenwood Dr

Exton

PA 19341

Street Address

City or Municipality

State

Zip Code

610 Hauling LLC


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. DOWNTOWN to Exton
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? Moving is needed on a daily basis. I typically use it once a year
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? Yes and availability was an issue. They didn't have the dates I needed. So I would rent a truck and do it myself. Which can also be difficult because trucks are often rented out.
- 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.


 (Signature)
MATTHEW CHAMBERS
 (Name, printed or typed)

11/2/14
 (Date)

RECEIVED

NOV 20 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

A-2012-2334103

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.

Sarah Neary
Name of Supporter

419 South Walnut West Chester Pa 19382
Street Address City or Municipality State Zip Code

Michael Ort
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.
Chester County, Specifically West Chester
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Daily Basis
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
In past experiences, I've used other moving services which were unprofessional.
- Have you supported similar applications in the past? If so, please supply name and docket number.
No, I have not supported similar applications in the past.

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.

Sarah Neary
(Signature)

Sarah Neary
(Name, printed or typed)

November 10, 2014
(Date)

RECEIVED

NOV 20 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

A-2012-2334103

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.

Brooke M Frey
Name of Supporter
111 N High St. Apt 3L West Chester PA 19380
Street Address City or Municipality State Zip Code
College Hunks
Name of Applicant

- Describe the type of transportation service needed.
Moving truck
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
From West Chester to delco
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
often
- 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

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.

B.F.
(Signature)
Brooke Frey
(Name, printed or typed)

11/10/14
(Date)

RECEIVED

NOV 20 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

A-2012-2334103

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.

Leagan Miller
Name of Supporter

911 Valley Drive West Chester PA 19380
Street Address City or Municipality State Zip Code

College Home Hauling junk
Name of Applicant

- Describe the type of transportation service needed.
moving, house to house,
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
West Chester Township,
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
~~weekly~~ I would personally use such a service every few years, but a service is in high demand
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
yes, plenty of broken items of mine
- 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.

Leagan Miller
(Signature)

Leagan Miller
(Name, printed or typed)

11-10-14
(Date)

RECEIVED

NOV 20 2014
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

A-2012-2334103

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.

Nicholas Jacob Deminski
Name of Supporter

503 Mackenzie Drive West Goshen PA 19380
Street Address City or Municipality State Zip Code

610 Hauling
Name of Applicant

- Describe the type of transportation service needed.
Moving
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
West Chester Area to Kennett Square, PA.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Monthly
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? /
Yes. Horrible experience and unaccountability.
- 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.

Nicholas Jacob Deminski
(Signature)

Nicholas Jacob Deminski
(Name, printed or typed)

11/8/14
(Date)

RECEIVED

A-2012-2334103

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.

Jolla Blackshear
Name of Supporter

3010 N. Demberger St Philadelphia PA 19132
Street Address City or Municipality State Zip Code

College Bunks Laundry Junk
Name of Applicant

- Describe the type of transportation service needed.
Money Services
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
North Philadelphia - Germantown
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
~~no other providers~~ *broken items*
- 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.

Jolla Blackshear
(Signature)

Jolla Blackshear
(Name, printed or typed)

11/18/14
(Date)

RECEIVED

NOV 20 2014

A-2012-2334103

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.

Melissa ZUTWICZ
Name of Supporter

1329 Lombard St. Apt 307 Phila PA 19147
Street Address City or Municipality State Zip Code

Michael Ort
Name of Applicant

- Describe the type of transportation service needed.
 Moving truck
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
 Center City Philly
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
 Yearly
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
 Yes. They brace some belongings
- 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.

Melissa Zutwitz
(Signature)

Melissa ZUTWICZ
(Name, printed or typed)

11/14/14
(Date)

RECEIVED

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement for 2014

REVENUE and GAINS

Operating Revenue	445,203.24
Net Revenue from non-carrier operations	
Dividend and interest revenues	339.00
Other non-operating revenue	
Gains	
Total Revenue and Gains	445,542.24

EXPENSES

Equipment Maintenance and Garage Expense	7,866.12
Insurance Expense	14,863.66
Employee Salaries	77,897.88
Supervisory Salaries	
Officer Salaries	
Fuel Expense	21,036.84
Purchased Transportation (Lease Expense)	
Materials and Supplies Expense	34,896.12
General Office Expense	4,898.64
Advertising Expense	42,755.52
Telephone Expense	1,592.04
Accounting Expense	1,500.00
Legal Expense	6,094.80
Uncollectible Revenue	
Depreciation Expense	4,861.00
Amortization	2,400.30
Operating Taxes and Licenses	9,491.28
Rent Expense	10,000.00
Loss	240.00
Total Operating Expenses and Losses	240,394.20

Net Income Before Taxes

	205,148.04
Provision for Income Taxes	64,706.00
<u>Net Income (Loss)</u>	140,442.04

RECEIVED

NOV 20 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

1. A 1500 sq ft warehouse space located in West Chester, PA. The building has two loading docks and ample parking for both company and employee vehicles. In addition the lot is gated and is locked at the close of business each day. Office equipment consists of wireless internet, computers, printers/copier/scanner and a paper shredder. Also a file room that is able to be locked is used to house PUC and normal business records. Customer requests for service will come through either our online booking website or received through a central call center located in Tampa, Fl. Jobs are entered into a our scheduling software that can be accessed from mobile and computer devices. Jobs entered into this system are then contacted by a local employee to discuss the details of the job and to ultimately book if the customer chooses to do so. All moving trucks will have access to a cell phone and each truck has GPS tracking. This allows us to see where trucks are at all times and to monitor that they are being driven responsibly. Jobs are booked between the hours of 8am-6pm Monday-Saturday.

6a. All drivers will have previous driving experience. Experience in the moving industry is preferred. All potential employees first fill out an online application to see if they might be a possible fit for this position. We ask questions about how they work in a team, how they handle a difficult situation, and how there values compare to the core values of the company. All potential employees will be then contacting for a phone interview and then 2 face to face interviews with management. We strive for the highest level of customer service and monitor it very closely. Each job gets a survey upon completion that monitors how the crew did. So we will be looking for employees that meet that high standard and can "WOW" our clients.

b. A background (criminal) will be performed for each employee. We use ADP a background check service for all potential employees. We have a checklist of items that must be passed prior to an employee starting and one of those items is a background check must be run and the results received and reviewed prior to an employee starting.

c. The training program will consist of classroom and on the job training. For the classroom portion we use an online training portal that consists of a variety of lessons that focus on company history, standards, how to properly lift, how to properly handle items, how to safely handle the vehicle etc. Each lesson consists of videos, and documents that they must watch and read. At the completion of each lesson there is a quiz that must be passed before they can continue. Failure to pass the class results in the employee having to redo training. Upon completion they receive a certificate stating they passed. Management can also go in and review all there results. In addition each new employee goes out and observes an experienced crew a minimum of 4 times before they get scheduled to their own crew. We also do sample moves in our warehouse on how to properly wrap and protect the items being moved.

d. Employees license will be checked prior to starting. After that it will be randomly checked throughout the year. A minimum of 3 times each year. A calendar is maintained that management uses that alerts them on when to run the licenses.

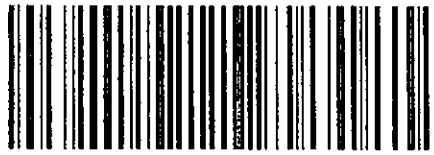
RECEIVED

NOV 20 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

e. The calendar mentioned above will also be used to ensure background checks are ran every two years. We also use this calendar for when to conduct employee reviews as well.

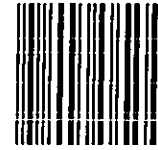
f. There is a ZERO tolerance policy for drug and alcohol use. Employees can be randomly checked.



7012 2920 0000 9135 6317



1000



17120

U.S. POSTAGE
PAID
PHILADELPHIA, PA
19110
NOV 20 14
AMOUNT

\$1.61
00032524-09

Lewis P. Hannah, Esquire
Lewis P. Hannah & Associates
1315 Walnut Street, Suite 1326
Philadelphia, PA 19107

RECEIVED

NOV 20 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, Pennsylvania 17120