

**APPLICATION FOR APPROVAL OF TRANSFER
AND EXERCISE OF COMMON CARRIER OR CONTRACT RIGHTS**

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

Application of Armstrong Relocation Company
(Applicant/Transferee-Buyer)
for the approval of the transfer and to exercise the right as a Common carrier, described at Docket
(common - contract)
No. A-00099283, issued to Jack Treier, Inc
(Transferor – Seller)
for transportation of household goods
(persons – household goods)

1. Armstrong Relocation Company, Pennsylvania, LLC
(Full and Correct Name of Applicant/Transferee)
2. Tri-State Moving Systems
(Trade Name, If Any)

The trade name has not but will be registered with the Secretary of the Commonwealth
(has or has not)

on _____ (attach copy of stamped registration form.)
(Date)

3. 1074 E. Main Street
(Business Street Address)

<u>Mount Joy, Lancaster County, Pennsylvania, 17552</u>		<u>717-492-4213</u>
(City)	(County) (State)	(Zip) (Telephone)

4. Applicant's attorney (for this application) is:

Craig A. Doll, Esquire
25 West Second Street
P.O. Box 403
Hummelstown, PA 17036-0403
(717) 566-9000
Cdoll76342@aol.com
Attorney I.D. 22814.

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5. All documents should be mailed to:

Transferee: Mark Brandenburger, 1074 E. Main St., Mt. Joy, PA 17552
(Name) (Address)

Transferor: John P. Treier, Jr. 1074 E. Main St., Mt. Joy, PA 17552
(Name) (Address)

6. Applicant does not hold Pa. P. U. C. authority under Docket Number
(does or does not)

A-_____ and operates as a _____ carrier.
(common or contract)

7. Applicant does not hold Interstate Commerce Commission authority at Docket
(does or does not)
No. A-_____.

8. Applicant is (check one):

☐ Individual.

☐ Partnership. Must attach a copy of the partnership agreement (unless a copy is presently on file with PUC), and list names and addresses of partners below (use additional sheet if necessary).

(Name)	(Address)

X Corporation. LLC organized under the laws of the state of Pennsylvania and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on December 30, 2014, Entity Number 4318972 (Attach copy of Certificate of Incorporation or Authority and statement of charter purpose). Include as an attachment a list of corporate officers and their titles and the names, addresses and number of shares held by each stockholder.

9. If applicant, its stockholder or partnership members are in control of or affiliated with any other carrier, state name of carrier(s), Docket Number(s) and nature of control or affiliation. Applicant is not affiliated with any other jurisdictional carrier, but is a member of independent Armstrong Relocation Companies.
10. Applicant proposes to acquire all of the operating rights now held by transferor.
(all or part)

Attach a sheet describing rights to be transferred to applicant and rights to be retained by transferor, if any. If any rights are to be omitted give reasons.

11. The reason for the transfer is Transferor is intending to retire

12. 12a. The following must be attached:

- X Sales Agreement
- X List of equipment to be used to render service. (Summarized by type)
- X Operating authority to be transferred/retained.
- X Statement of Financial Position
- X Statement of unpaid business debts of transferor and how they will be satisfied.
- X Statement of Safety Program. – See Attachments to Business Plan
- X Statement of transferee's experience. – See Business Plan

- b. Attach the following, as appropriate (check those attached):

- ☐ Partnership Agreement
- ☐ Trade Name registration certificate.
- X Certificate of Incorporation. (Pa. Corporations only) Entity Number 4318972
- ☐ Certificate of Authority. (Foreign (out-of-state) Corporations only).
- X Statement of Corporate charter purpose. (Corporations only)
- X List of Corporate officers and stockholders. (Corporations only)

- ☐ Copy of short form certificate showing date of death of transferor and name of executor/administrator/administratrix.

13. Transferor attests that all General Assessments and fines are paid, and agrees to continue to render the service which is to be transferred until this application is approved, whereupon transferor will surrender said certificate or permit for cancellation.

14. Transferee agrees to assume and pay any General Assessments that may be made against transferor as a common carrier for any and all operating periods up to the actual date of the transfer.

WHEREFORE, Transferee and Transferor request that the Commission grant the Transfer.

Transferee sign here: _____
(Each Partner Must Sign) (Date)

(Corporate Seal) _____

Jack Treier, Inc.

Transferor sign here: By: J. Treier, Chairman By: A. P. Z. President

(Corporate Seal) _____

- ☐ Copy of short form certificate showing date of death of transferor and name of executor/administrator/administratrix.

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WHEREFORE, Transferee and Transferor request that the Commission grant the Transfer.

Transferee sign here: M. Todd Watson 1/7/15
(Each Partner Must Sign) (Date)

(Corporate Seal) M. Todd Watson

Transferor sign here: _____

(Corporate Seal) _____

APPLICATION VERIFICATION

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

The undersigned understand(s) that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to Unsworn Falsification To Authorities.

TRANSFEROR (SELLER)

Jack Treier, Inc

By JOHN P. TREIER JR.

[Signature], CHAIRMAN

(Print Name)

(Signature)

(Date)

Jack Treier, Inc.

By Stephen P. Treier

[Signature] President

(Print Name)

(Signature)

(Date)

(Print Name)

(Signature)

(Date)

TRANSFeree (BUYER)

(Print Name)

(Signature)

(Date)

(Print Name)

(Signature)

(Date)

(Print Name)

(Signature)

(Date)

If the Applicant is a sole-proprietor, he/she must complete and sign the Application Verification form. If the application is for a partnership, all partners to the partnership agreement must sign this form. If the Applicant is incorporated, the President or Secretary must sign this form.

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TRANSFEROR (SELLER)

(Print Name)

(Signature)

(Date)

(Print Name)

(Signature)

(Date)

(Print Name)

(Signature)

(Date)

TRANSFeree (BUYER)

M. Todd Watson

(Print Name)

M. Todd Watson

(Signature)

1/7/15

(Date)

(Print Name)

(Signature)

(Date)

(Print Name)

(Signature)

(Date)

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