

Secretary  
Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
(717) 772-7777  
[www.puc.pa.gov](http://www.puc.pa.gov)

Revised 12/1/13

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PA P.U.C.  
SECRETARY'S BUREAU

## Application for Broker of Household Goods in Use

THIS APPLICATION IS TO BE USED FOR A LICENSE TO OPERATE AS A BROKER WHO WILL ARRANGE FOR THE TRANSPORTATION OF HOUSEHOLD GOODS IN USE BETWEEN POINTS IN PENNSYLVANIA.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

KURTIOUS MOVING LLC (individual)

- If you are an individual who has not formed any type of corporate entity, you should enter your name *as it will appear on your insurance documents*.
- If you are filing for a partnership, but *not a limited liability partnership*, the names of all partners must be entered on this line. Those names should be entered *as they will appear on your insurance documents*. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), *even if you are the sole shareholder member*, you must enter the name exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

KURTIOUS MOVING LLC

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator, therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** no \_\_\_ **Previous Authority?** no \_\_\_

If YES, at PUC No. A- \_\_\_\_\_

4. **Are you a business entity registered with the PA Dept. of State?** yes \_\_\_  
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 4257000  
LIMITED LIABILITY COMPANY \_\_\_\_\_  
(see checklist and indicate type of business entity registered)

5. **Physical Address** (do not use PO Box)

522 E BEAVER ST  
Street Address

BELLEFONTE, PA 16823  
City, State and Zip Code

814-574-8448  
Telephone Number

CENTRE  
County

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

6. **Mailing Address** (if different from Physical Address)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

7. **Attorney** (if applicable)

\_\_\_\_\_  
Attorney's Name & Telephone Number for this Filing

\_\_\_\_\_  
Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

8. **Does applicant hold interstate operating authority?**

no No                             Yes, at No. \_\_\_\_\_

9. **Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

\_\_\_\_\_  
To arrange for the transportation of household goods in use between points in Pennsylvania.

*Examples:*

- To arrange for the transportation of household goods in use between points in Pennsylvania.
- To arrange for the transportation of household goods in use between points in Clarion County.

10. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation 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 defray expenses incurred in regulating Brokers 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 statement(s) 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. Section 4904 relating to unsworn falsification to authorities.

          ENEK KURTI            
(Print Name)

                      
(Signature)           4/6/15            
(Date)

The 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, a member (if a limited liability company), or by the President or Secretary (if a corporation).

**Note:** Before you can provide service as a Pennsylvania licensed broker of household goods, you must submit evidence of financial responsibility to the Commission. Your evidence will be in the form of a Surety Bond in the amount of \$10,000.

**Application of Household Goods in Use**

Enea Kurti (sole proprietor- owner)

522 E Beaver St

Bellefonte, PA 16823

Phone 814 574 8448

PA Corporation Bureau Entity ID Number - 4257000

**Limited Liability Company**

Kurtious Moving LLC (name as registered with Commonwealth of Pennsylvania Department of State)

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

*Kurtious Moving 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: 4257000

*Budget Corporate Discount  
(BCD) = X064576*

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

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

Name <b>Cheyenne Moseley, Legalzoom.com, Inc.</b>		
Address <b>100 W. Broadway, Suite 100</b>		
City <b>Glendale, CA</b>	State <b>91210</b>	Zip Code

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



Commonwealth of Pennsylvania  
CERTIFICATE OF ORGANIZATION 3 Page(s)



T1409137060

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 ( <i>designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation</i> ): <b>Kurtious Moving LLC</b>
--

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	City	State	Zip	County
(b) Name of Commercial Registered Office Provider c/o: <b>United States Corporation Agents, Inc.,</b>				County <b>County of Delaware</b>

3. The name and address, including street and number, if any, of each organizer is ( <i>all organizers must sign on page 2</i> ):	
Name <b>Cheyenne Moseley, Legalzoom.com, Inc.</b>	Address <b>9900 Spectrum Drive, Austin, TX 78717</b>

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: \_\_\_\_\_

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 services:~~

8. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

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

24th day of March, 2014.



Cheyenne Moseley, Organizer, Legalzoom.com, Inc.

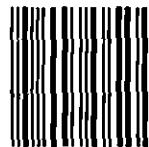
Signature

Signature

ENEK KURTI  
522 E Beaver St  
Bellefonte, PA 16823



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U.S. POSTAGE  
PAID  
BELLEFONTE, PA  
16823  
APR 08, 15  
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Secretary, PA Public  
Utility Commission  
400 North Street, 2nd Floor  
Harrisburg, PA 17120