

Ryan Moving, LLC  
604 State Route 130  
Trafford, PA 15085  
724-640-4817

RECEIVED  
2015 MAY -6 AM 10:46  
PA P.U.C.  
SECRETARY'S BUREAU

May 4, 2015

Secretary of the Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA 17105-3265

RE: Transfer of P.U.C. rights

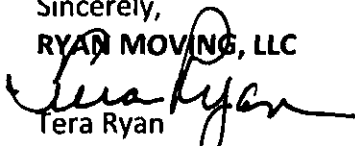
To Whom it May Concern:

Enclosed please find the following:

- 1) Application for transfer of P.U.C. rights from Ryan Moving & Storage Inc of Pittsburgh to the new owner, Ryan Moving, LLC.
- 2) Filing fee in the amount of \$350.00.
- 3) Sales agreement

Should you have any questions, please feel free to contact me at 412-848-4973.

Sincerely,  
RYAN MOVING, LLC



Tera Ryan  
Director of Corporate Development

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

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

Application of Ryan Moving, LLC  
(Applicant/Transferee-Buyer)

for the approval of the transfer and to exercise the right

as a common carrier, described at Docket  
(common - contract)

No. \_\_\_\_\_, Folder No. \_\_\_\_\_, issued to

Ryan Moving & Storage Inc of Pittsburgh  
(Transferor - Seller)

for transportation of household  
(persons - household goods)

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**SEE INSTRUCTIONS BEFORE COMPLETING APPLICATION**

1. Ryan Moving, LLC  
(Full and Correct Name of Applicant/Transferee)

2. same  
(Trade Name, If Any)

The trade name \_\_\_\_\_ has \_\_\_\_\_ been registered with the Secretary of the Commonwealth  
(has or has not)

on 2/3/2015 (attach copy of stamped registration form.)  
(Date)

3. 604 State Route 130  
(Business Street Address) (P. O. Box, If Any)

Trafford Westmoreland PA 15085 724-640-4817  
(City) (County) (State) (Zip) (Telephone)

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

\_\_\_\_\_  
(Name) (Address) (Telephone)

5. Any documents should be mailed to:

Transferee:  Ryan Moving, LLC - ATTN: James P. Ryan, 501 State Route 130, Trafford, PA 15085   
(Name) (Address)

Transferor:  Ryan Moving & Storage Inc of Pittsburgh – ATTN: Erik T. Ryan, PO Box U, Irwin, PA 15642   
(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).

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(Name)	(Address)
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- Corporation. Organized under the laws of the state of \_\_\_\_\_ and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on \_\_\_\_\_ (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.

10. Applicant proposes to acquire all (PA PUC A84252) 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 dissolution of Ryan Moving & Storage Inc of Pittsburgh

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12a. The following must be attached:

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

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

- Partnership Agreement
- Trade Name registration certificate.
- Certificate of Incorporation. (Pa. Corporations only)
- Certificate of Authority. (Foreign (out-of-state) Corporations only).
- Statement of Corporate charter purpose. (Corporations only)

- 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: James P. Ryan 4-29-15  
(Each Partner Must Sign) (Date)

(Corporate Seal) \_\_\_\_\_

Transferor sign here: [Signature]  
(Corporate Seal) \_\_\_\_\_

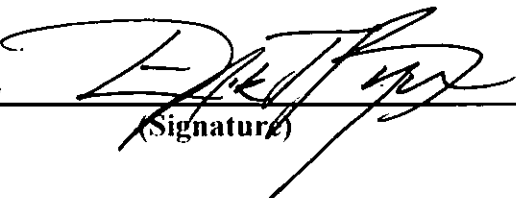
APPLICATION VERIFICATION

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)

Ryan Moving & Storage Inc of Pittsburgh by Erik T. Ryan, President

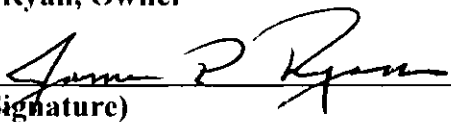
ERIK T RYAN  4/29/15  
(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

TRANSFeree (BUYER)

Ryan Moving, LLC by James Ryan, Owner

JAMES P RYAN  4-29-15  
(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.

## VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

**Ryan Moving, LLC**

Legal Name of Applicant

Trade Name, if any

**501 State Route 130**

Street Address (principal place of business)

**Trafford**

City or Municipality

**PA 15085**

State

Zip Code

The Verified Statement of the Applicant is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.

**James P. Ryan, Owner, Ryan Moving, LLC**

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

**Agent for Allied Van Lines**

3. Describe your business experience, particularly any experience relating to the operation of a transportation service. You may also include an explanation of education or training that you believe may be relevant.

**Over 30 years direct experience in the transportation and storage of household goods across the United States. Vice-President, Operations for 15 years.**

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized, and the facility to house vehicles. Household goods in use carriers should include a description of their storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers. Finally, please state your intended business hours.

The main office is located at 501 State Route 130, Trafford, PA 15085. The office is approximately 2,600 square feet. All administrative operations will transpire within this location. The warehouse is located at 500B – Jayhawk Drive, Jeannette, PA 15644. The warehouse is 16,200 square feet and will accommodate parking for the equipment listed within this application. All household goods are placed within vaults. All inventories, deliveries, HHG for storage, Bill of Lading, and/or claims are documented at time of service. The disposition of each shipment will be housed at the Trafford location. All requests for transportation are either account related or COD. When a request for a move occurs, it generates a sales call. Upon booking a move, operations will establish communication with the shipper to review dates, the assigned crew, and any other special items that may need to be addressed. Upon the day of the move, the driver reports to dispatch for final instructions. Each crew is assigned a cell phone for communication throughout the day. The intended business hours will be M-F from 8:00-5:00, Saturdays by appt.

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. (Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).

Office personnel will include approximately five (5) people: Owner, sales, accounting (billing), receptionist, dispatch.

6. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the geographical territory you will be serving. In addition, please explain:

Currently, four (4) CDL drivers and three (3) under CDL will be employed. Due to population and business size, the current number of drivers will be able to provide reasonable and efficient service to our customers.

- a. Your hiring standards for drivers: **Per Allied Van Lines.**
  - b. Your system to ensure prospective drivers will be subject to a criminal background check: **Internal policy for Ryan Moving and requirement of Allied Van Lines.**
  - c. Your driver training program: **Safety and training program through Allied Van Lines.**
  - d. Your system for ensuring that your drivers are properly licensed at all times: **Internal policy for Ryan Moving and requirement of Allied Van Lines.**
  - e. Your system to ensure that all drivers will be subject to a criminal background check every two years: **Requirement of Allied Van Lines.**
  - f. Your policies regarding alcohol and drug use by your drivers. **Zero tolerance per internal policy for Ryan Moving and requirement of Allied Van Lines.**
7. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
1995	GMC	Straight Truck	3	20082
1999	Chevy	Pack	3	P3
1989	International	Straight Truck	3	20236
2007	Freightliner	Straight Truck	3	20431
2000	International	Straight Truck	3	21425
1995	International	Straight Truck	3	22127
1993	International	Straight Truck	3	22132
2000	Freightliner	Tractor	2	32847
1990	International	Tractor	2	33014
2006	Freightliner	Tractor	2	32944
2000	Kentucky	Trailer		60776
1996	Kentucky	Trailer		72912
1996	Kentucky	Trailer		72868
1985	Great Dane	Trailer		60547



8. Describe your vehicle safety program. Please include the following in your explanation:
- a. Your periodic vehicle maintenance plan: **Daily preventative maintenance by the driver. Ant discrepancies found are noted on a maintenance request form. Upon receipt of request form, maintenance takes care of request. Through Allied Van Lines, quarterly inspections are performed on each vehicle. In addition, there is the annual state inspection.**
  - b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) that are applicable to the type of vehicles used in your business: **Per maintenance plan.**
  - c. Your system for ensuring your vehicles will maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Section 29.403 (applicable to passenger applicants only). **Not applicable.**
  - d. Your system for replacing vehicles once they are greater than eight model years in age in compliance with 52 Pa. Code, Section 29.314(d) (applicable to taxicabs) or 52 Pa. Code, Section 29.333(e) (applicable to limousines). **Not applicable.**
  - e. Your system for ensuring the filing of an annual vehicle list (taxicabs and limousines). **Not applicable.**
  - f. Your system for ensuring your vehicles will comply with the requirements of 49 CFR Parts 393 and 396, as adopted by the PUC at 52 Pa. Code, Chapter 37 (applicable to HHG applicants). **Per maintenance plan.**
9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.

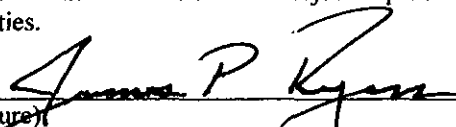
**Pre-approval application from Mover's Choice Insurance and Duncan Insurance**

10. Please describe your customer service standards. Within your description, please explain:
- a. Your plan to inform customers of the procedures for filing complaints with the PUC: **Each customer is given a disclosure at time of sales estimate. Each is disclosure is explained to and acknowledged by the customer.**
  - b. Your intended customer complaint resolution procedure. **Upon notification of claim, the customer is contacted and a claim file is established. All claims are resolved within 30 days.**
11. Criminal Record. Have you, any members (if LLC or LLP), shareholders, or officers (corporations) been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?  
 YES     NO

*Financial Data.* In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. Therefore you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if the proposed business can be feasible. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

**Verification of Statement**

The undersigned deposes and says 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 penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

  
 \_\_\_\_\_  
 (Signature)  
**James P. Ryan, Owner**  
 \_\_\_\_\_  
 (Name and Title, printed or typed)

4-29-15  
 \_\_\_\_\_  
 (Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) May 4, 2015 (New Company)**

ASSETS

Current Assets			
Cash	145,000		
Accounts Receivable			
Notes Receivable			
Other Current Assets (specify)			
Total Current Assets			145000
Tangible Assets			
Motor Vehicle Equipment	75000		75000
Less: Accumulated Depreciation			
-			=
Building and Structures			
Less: Accumulated Depreciation	-		
-			=
Office Equipment			
Less: Accumulated Depreciation	-		
-			=
Land			
Investments and Funds (specify)			
Intangible Assets			
Other Assets (advances and idle equipment -- specify)			
<b>TOTAL ASSETS</b>			<b>220000</b>

LIABILITIES

Current Liabilities (Due within one year of date)			
Accounts Payable			
Notes Payable			
Equipment Obligations			
Other Liabilities (Attach schedule)			
Total Current Liabilities			
Long Term Liabilities (Due after one year of date)			
Accounts Payable			
Notes Payable			
Equipment Obligations	75000		
Other Liabilities (Attach Schedule)			
Total Long Term Liabilities			
<b>TOTAL LIABILITIES</b>			<b>75000</b>

NET WORTH (Partnerships and individuals, only) 145000

<u>OWNER'S EQUITY</u> (Corporations only)			
Capital Stock			
Additional Paid-in Capital			
Retained Earnings			
Less: Treasury Stock	-		=
Total Owner's Equity			
<b>TOTAL LIABILITIES &amp; OWNER'S EQUITY</b>			<b>75000</b>

**STATEMENT OF FINANCIAL POSITION**  
**One Year Projected Income Statement**

REVENUE and GAINS

Operating Revenue	1,400,000
Net Revenue from non-carrier operations	400,000
Dividend and interest revenues	_____
Other non-operating revenue	_____
Gains	_____
<b>Total Revenue and Gains</b>	<b>1,800,000</b>

EXPENSES

Equipment Maintenance and Garage Expense	14,000
Insurance Expense	25,000
Employee Salaries	100,000
Supervisory Salaries	_____
Officer Salaries	_____
Fuel Expense	20,000
Purchased Transportation (Lease Expense)	_____
Materials and Supplies Expense	7,000
General Office Expense	_____
Advertising Expense	15,000
Telephone Expense	2,000
Accounting Expense	_____
Legal Expense	_____
Uncollectible Revenue	2,000
Depreciation Expense	_____
Amortization	_____
Operating Taxes and Licenses	15,000
Rent Expense	60,000
Loss	_____
<b>Total Operating Expenses and Losses</b>	<b>260,000</b>

Net Income Before Taxes

**1,540,000**

**Provision for Income Taxes**

as est. by PA and IRS \_\_\_\_\_

Net Income (Loss)

\_\_\_\_\_

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Entity #: 4328542  
Date Filed: 02/03/2015  
Effective Date: 02/05/2015  
Pedro A. Cortés  
Acting Secretary of the Commonwealth

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

Name		
James P Ryan		
Address		
604 State Route 130,		
City	State	Zip Code
Trafford	PA	15085

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

Fee: \$125.00

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 (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):  
Ryan Moving LLC

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
604 State Route 130	Trafford	PA	15085	Westmoreland

(b) Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_

c/o: \_\_\_\_\_

3. The name and address, including street and number, if any, of each organizer is (all organizers must sign on page 2):

Name	Address
James P Ryan	604 State Route 130 , Trafford , Westmoreland , PA , United States , 15085

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 term~~

~~Management of the company is vested in a manager or managers.~~

6. The specified effective date, if any is: 02/05/2015 5:36 PM  
(month date year hour, if any)

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 service(s):~~

8. For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

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

03 day of February, 2015

James P Ryan

Signature

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

APRIL 30, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

**Ryan Moving LLC**

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

*Pedro A. Contes*

Acting Secretary of the Commonwealth

Certification Number: 12607195-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>

SALES AGREEMENT

THIS SALES AGREEMENT dated this 29<sup>th</sup> day of April 2015.

THIS AGREEMENT between Ryan Moving and Storage, Inc of Pittsburgh (Ryan Pittsburgh) and Ryan Moving LLC (Ryan LLC), collectively the Parties ("Parties"), sets forth the terms and conditions agreed to by the Parties regarding the sale and transfer of PA PUC Rights being more specifically identified as PA PUC #A84252. This agreement shall be governed by the laws of the County of Westmoreland in the Commonwealth of Pennsylvania.

**Payment:** Ryan LLC shall make a one-time payment to Ryan Pittsburgh on May 31, 2015 in the amount of \$200.00 for the purchase of said rights.

As part of this transfer, **Ryan Pittsburgh** will participate with **Ryan LLC** in the application process for *Approval for Transfer & Exercise of Common Carrier or Contract Rights (Revision 11/13)* as set forth by the PA PUC.

The signatories below warrant and represent that they have the competent authority on behalf of their respective entities to enter into the obligations set forth in this Agreement.

**RYAN PITTSBURGH:**

Date: 4/29/15

  
\_\_\_\_\_  
(Signature)

Name:

Erik T. Ryan  
(Printed)

Title:

President, Ryan Moving & Storage, Inc. of Pittsburgh

**RYAN LLC:**

Date: 4-29-15

  
\_\_\_\_\_  
(Signature)

Name:

James P. Ryan  
(Printed)

Title:

Member, Ryan Moving, LLC

Ryan Moving, LLC  
604 SR 130  
Trafford, PA  
15085



1000

17105

U.S. POSTAGE  
PAID  
TRAFFORD, PA  
15085  
MAY 04, 15  
AMOUNT

\$0.91  
00030981-09

Secretary of the P.U.C.  
P.O. Box 3265  
Harrisburg, PA

17105 - 3265