

SCHUBERT ♦ GALLAGHER

LAW OFFICES



TYLER ♦ MULCAHEY

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: rmulcahey@sgtmlaw.com

RECEIVED  
2015 DEC -2 AM 9:30  
PA.P.U.C.  
SECRETARY'S BUREAU

November 30, 2015

Rosemary Chiavetta, Secretary  
Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA 17105-3265

**Re: Application of Olympia Moving & Storage, LLC  
t/a Olympia Moving & Storage**

Dear Ms. Chiavetta:

Please be advised that this office represents above captioned Applicant. Accordingly, I enclose herewith an original Application for Motor Common Carrier of Property on behalf of my client, together with our check in the amount of \$100.00 for the filing fee.

Kindly acknowledge receipt of the enclosure by time-stamping the enclosed copy of this letter and returning to me in the self-addressed envelope provided.

Respectfully submitted,

Richard T. Mulcahey, Jr.

RTMJR/hs  
Enclosures

cc: Olympia Moving & Storage, LLC (w/encls.)  
Gerald D. Borovick, Esquire (w/encls.)

## Application for Motor Common Carrier of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

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

OLYMPIA MOVING & STORAGE, LLC

- 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)

OLYMPIA MOVING & STORAGE

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 PA PUC Authority?**  NO **Previous Authority?**  NO

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

4. **Are you a business entity registered with the PA Department of State?** YES.

If No, you must first register (see checklist)

**If Yes, provide your PA Corporation Bureau Entity ID Number 6311354**

(see checklist and indicate type of business entity registered)

5. **Physical Address** (do not use post office box)

**17 BRIDGE STREET**

Street Address

**WATERTOWN, MASSACHUSETTS 02472**

City, State and Zip Code

**800-222-4744**

Telephone Number

**MIDDLESEX**

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)

**Richard T. Mulcahey, Jr., Esq. 215-587-0107**

Attorney's Name & Telephone Number for this Filing

**121 South Broad St., 20<sup>th</sup> Flr., Philadelphia. PA 19107-4533**

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. **Do you hold interstate operating authority?**

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

9. **What type of commodities do you intend to transport?**

**PROPERTY - GENERAL COMMODITIES**

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 Motor Common Carriers of Property; 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**

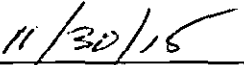
I hereby state that the statement(s) made in this application are true and correct to the best of my knowledge and belief.

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.

MICHAEL J. GILMARTIN

\_\_\_\_\_  
(Print Name)

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

  
\_\_\_\_\_  
(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).

BEFORE THE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION


In Re: Application of Olympia Moving & Storage, LLC,  
t/a Olympia Moving & Storage

The sole member and manager of Applicant, a Pennsylvania limited liability company, is:

Michael J. Gilmartin  
17 Bridge Street  
Watertown, MA 02472

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Return document by mail to:  
Richard T. Mulcahey, Jr.  
Name  
121 South Broad Street, 20th Floor  
Address  
Philadelphia PA 19107-4533  
City State Zip Code  
 Return document by email to: \_\_\_\_\_

**Certificate of Organization**  
  
TML151021KS0683

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

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 (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):  
Olympia Moving & Storage, 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:  
(*Complete (a) or (b) – not both*)

(a) Number and Street	City	State	Zip	County
121 South Broad Street, 20th Floor, Philadelphia,		PA	19107-4533	Philadelphia

(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
Spike, Inc.	17 Bridge Street
	Watertown, MA 02472

**PA DEPT. OF STATE  
OCT 16 2015**

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: \_\_\_\_\_

(MM/DD/YYYY and 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 8½ x 11 sheet.

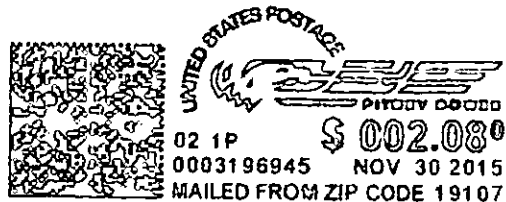
IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this

14<sup>th</sup> day of October, 2015.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



02 1P \$ 002.08<sup>0</sup>  
0003196945 NOV 30 2015  
MAILED FROM ZIP CODE 19107

LAW OFFICES

SCHUBERT ♦ GALLAGHER

121 SOUTH BROAD STREET, 20TH FLOOR



TYLER ♦ MULCAHEY

PHILADELPHIA, PA 19107-4533

**TO:**

Rosemary Chiavetta, Secretary  
Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA 17105-3265