

PhilaGorilla Movers, LLC

PA Corporation Bureau Entity ID Number: 4284939

Docket Number: A-2015-2461572

MC Number: MC890467

US Dot Number: 2553083

Members:

Christian Henry Ziegler III
304 Station Ave
Philadelphia, PA 19047

Title: Member-50% Shareholder

Nelson Richard Carlson
1323 S Hicks St.
Philadelphia, PA 19146

Title: Member-50% Shareholder

RECEIVED

JAN 21 2016

**PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU**



CMPC



1007

U.S. POSTAGE PAID LANGHORNE, PA 19047 JAN 21, 18 AMOUNT \$22.95 00103885-07

To: PUC

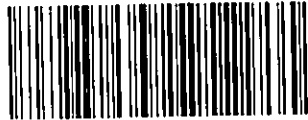
Agency: PUC

Floor:

External Carrier: EXPRESS

1/22/2016 10:07:49 AM

FOR DOMESTIC AND INTERNATIONAL USE PLACE MAILING LABEL HERE



EL087084134US



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EMS

WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE

2000 Hwy 111 - 2L, PNB 927
Langhorne, PA 19020

PAYMENT BY ACCOUNT: (if applicable)

DELIVERY OPTIONS (Customer Use Only)

- SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available)
- 10:30 AM Delivery Required (additional fee, where available)

TO: (PLEASE PRINT) PHONE: (413) 442-7777
Mrs. Rosemary Ch...
ZIP - 4* (U.S. ADDRESSES ONLY)
17105-3265

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 insurance included.



PRIORITY MAIL EXPRESS™

ORIGIN (POSTAL SERVICE USE ONLY)			
<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code 19042	Scheduled Delivery Date (MM/DD/YY) 1/21/16	Postage \$ 27.11	
Date Accepted (MM/DD/YY) 1/21/16	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted 11:11 <input type="checkbox"/> AM <input type="checkbox"/> PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Weight 1.025 lbs.	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 27.11	
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MM/DD/YY) 1/21/16	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	

LABEL 11-B, SEPTEMBER 2015 PSN 7690-02-000-9996 3-ADDRESSEE COPY

VERY DATE *
VERY TIME +
INCLUDED
ED
ED UPON REQUEST