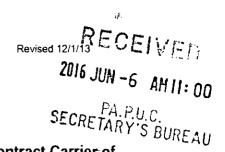
Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
(717) 772-7777
www.puc.pa.gov



Application for Motor Common Carrier or Motor Contract Carrier of Household Goods in Use.

	Household Goods in Use.
	THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE (FOR COMMON CARRIERS) OR PERMIT (FOR CONTRACT CARRIERS) TO OPERATE AS A COMMERCIAL CARRIER OF HOUSEHOLD GOODS IN USE.
1.	Legal Name of Applicant (Individual, Partnership or Corporation)
	Philapelphia Movers 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)
	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 Department of State? Yes NO If NO, you must register (see checklist on how to register)
	If YES, provide your PA Corporation Bureau Entity ID Number 6'40 8310

If YES, provide your PA Corporation Bureau Entity ID Number 6408310 (see checklist and indicate type of business entity registered)

5.	Physical Address (do not use PO Box)				
	600 Rep Wow Rp, APT. L5 Street Address				
	Philape Johia, PA 1915 City, State and Zp Code				
	323-331-0470 Telephone Number Philapelphia 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 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).				
	within PA only.				

Examples:

To transport as a common carrier, household goods in use between points in Mercer County.

 To transport as a contract carrier for the XYZ Company, household goods in use, from points in Elk County to points in PA.

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 and Motor Contract Carriers 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.

Dilmurop Talolov
(Print Name)

5-18.16
(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).

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to: DILMUROD JALOLOV Name 600 RED LION RD, APT. L5			Certificate of Organization Domestic Limited Liability Company DSCB:15-8913 (rev. 7/2015)				
Address PHILADELPHIA PA 19115 City State Zip Code Return document by email to: Pilmoukan Talalou 2 pm		• •	CONTRACTOR CONTRA				
Read all instructions prior to con				s://www.corporations.pa.gc			
e: \$125							
In compliance with the requir siring to organize a limited liability			ing to certificate	of organization), the under			
1. The name of the limited liability company (designator is required, i.e., "company", "limited" of "limited liability company" or abbreviation):							
PHILADELPHIA MOVERS LLC	;						
2. The (a) address of the limite (b) name of its commercial i (Complete (a) or (b) - not b	registered office provide						
(a) Number and Street	City	State	Zip	County			
600 RED LION RD, APT, L5	PHILADELPHIA	PA	19115	PHILADELPHIA			
(b) Name of Commercial Reg	istered Office Provider			County			
c/o:							
3. The name and address, inclusing on page 2): Name DILMUROD-JALOLOV		Address					
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Philadelphia Movers LLC 600 Red Lion Rd, Apt. L5 Philadelphia, PA 19115

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Secretary, PA Public Utility Commission 400 North Street, 2nd Floor Harrisburg, PA 17120