

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED 1 LEASED _____.

9. CHECK ONE THAT APPLIES TO THIS APPLICATION:

INDIVIDUAL

PARTNERSHIP. ATTACH A COPY OF A PARTNERSHIP AGREEMENT AND LIST THE NAMES AND ADDRESSES OF ALL PARTNERS BELOW:

(Attach a separate sheet if space provided is not sufficient.)

CORPORATION. ORGANIZED UNDER THE LAWS OF THE STATE OF Pennsylvania AND QUALIFIED TO DO BUSINESS IN PENNSYLVANIA BY REGISTERING WITH THE SECRETARY OF THE COMMONWEALTH ON August 16, 1999. ATTACH A DATE-STAMPED COPY OF THE APPLICATION FOR CERTIFICATE OF INCORPORATION OR CERTIFICATE OF AUTHORITY. INCLUDE A LIST OF CORPORATE OFFICERS WITH TITLES, NAMES OF SHAREHOLDERS AND NUMBER OF SHARES HELD, AND ADDRESSES.

10. ATTACHMENT CHECKLIST:

FOR CORPORATIONS ONLY:

DATE STAMPED COPY OF APPLICATION FOR CERTIFICATE OF INCORPORATION OR CERTIFICATE OF AUTHORITY.

LIST OF OFFICERS/TITLES AND DISTRIBUTION OF SHARES.

FOR PARTNERSHIPS ONLY:

COPY OF PARTNERSHIP AGREEMENT.

FOR ALL APPLICANTS:

FICTITIOUS TRADE NAME REGISTRATION (IF APPLICABLE).

COPY OF CURRENT SAFETY RATING (IF AVAILABLE)

PROOF OF INSURANCE (See item 5 on instruction sheet).

CERTIFIED CHECK, MONEY ORDER OR ATTORNEY'S CHECK.

11. CERTIFICATION:

APPLICANT CERTIFIES THAT IT IS NOT NOW ENGAGED IN ANY INTRASTATE TRANSPORTATION OF PROPERTY 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/WE HEREBY STATE THAT THE STATEMENTS 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.

David P. Burkholder David P. Burkholder 1/29/01
(PRINT NAME) (SIGNATURE) (DATE)

Constance M. Burkholder Constance M. Burkholder 1/29/01

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 OR BY THE PRESIDENT OR SECRETARY IF A CORPORATION.

MINIMUM LIMITS OF INSURANCE
PENNSYLVANIA PUBLIC UTILITY COMMISSION AUTHORIZED
CARRIERS OF PROPERTY

General Commodities and/or Household goods in use.

Bodily Injury:

\$300,000 per accident per vehicle to cover liability for bodily injury, death or property damage incurred in an accident.

Insurance coverage of motor carriers of property shall meet the requirements of 75 PA C.S. Ss. 1711 (relating to required benefits).

Cargo:

\$5,000 for loss or damage to cargo being transported.

Cargo Insurance may be waived if you meet any one of three criteria:

1. All transportation will be provided in dump trucks.
2. All transportation will be limited to farm products, garbage, ashes, rubbish, coal debris, earth, crushed stone, amesite, and similar construction materials.
3. The value of any one load being transported will not be more than \$500.00 in value.

Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet. **NONE**

Statutory close corporation only: Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.).

Cooperative corporations only: (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: _____

TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this 14th day of August, 1999.

David F. Bankholder
(Signature)

Constance M. Bankholder
(Signature)

TICKETING STATEMENT DSCB:15-134A (Rev) DEPARTMENTS OF STATE AND REVENUE

BUREAU USE ONLY: Dept. of State Ent. Number Revenue Box Number Filing Period Date 3 4 5 SIC Report Code

NG FEE: NONE

Form (file in triplicate) and all accompanying documents shall be mailed to: COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE CORPORATION BUREAU P.O. BOX 8722 HARRISBURG, PA 17105-8722

Check proper box:

- Pa. Business-stock Pa. Business-nonstock Pa. Business-Management Pa. Professional Pa. Business-statutory close Pa. Business-cooperative Pa. Nonprofit-stock Pa. Nonprofit-nonstock Foreign-business Foreign-nonprofit Motor Vehicle for Hire Insurance Foreign-Certificate of Authority to D/B/A

Corporation registering as a result of (check box):

- X Incorporation (Pa.) Domestication Consolidation Authorization of a foreign corporation Division Summary of Record

Name of corporation: davco packing services, ltd.

Location of (a) initial registered office in Pennsylvania or (b) the name and county of the commercial registered office provider: 115 Chapel Lane, Ephrata, PA 17522 Lancaster

(b) c/o: Name of commercial registered office provider County

State or Country of Incorporation: PENNSYLVANIA 4. Specified effective date, if applicable: 8-16-1999

Federal Identification Number: APPLIED FOR

Describe principal Pennsylvania activity to be engaged in, within one year of this application date: Packing services to moving and relocation companies.

Names, residences and social security numbers of the chief executive officer, secretary and treasurer:

Name Address Title Social Security # David P Burkholder 115 Chapel Lane, Ephrata, PA 17522 CEO/SEC/TREAS Constance M Burkholder 115 Chapel Lane, Ephrata, PA 17522 Vice Pres

If professional corporation, include officer's professional license numbers with the respective Pennsylvania Professional Board.

Property National Mutual Casualty Insurance Company
 Penn National Security Insurance Company
 P.O. Box 2201 - Harrisburg, PA 17102
 (717) 214-4841

RENEWAL DECLARATION * * EFFECTIVE 08/17/00
RENEWAL OF POLICY AU9 0086139

BUSINESS AUTO COVERAGE FORM

POLICY NUMBER	FROM	POLICY PERIOD	TO	COVERAGE IS PROVIDED IN THE	AGENCY	P
AU9 0086139	08/17/00	08/17/01		PA NATIONAL MUTUAL CAS INS CO	122153200	
NAMED INSURED AND ADDRESS				AGENCY		
DAYCON PACKING SERVICES LTD PO BOX 938 BROWNSTOWN PA 17508				MURRAY INSURANCE ASSOC INC P O BOX 1728 LANCASTER PA 17608		

POLICY PERIOD: POLICY COVERS FROM: 12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE INSURED STATED HEREIN.

FORM OF NAMED INSURED'S BUSINESS: CORPORATION

IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

SCHEDULE OF COVERAGES AND COVERED AUTOS.

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS	LIMIT		PREMIUM
		THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS		
LIABILITY (CSL)	01	\$ 1,000,000		\$ 510
BODILY INJURY (SPLIT LIMITS)		\$		\$
PROPERTY DAMAGE		\$		\$
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)	05	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.		\$ 4
ADDED P.I.P. (or equivalent added No-fault coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT		\$
AUTO MEDICAL PAYMENTS		\$		\$
UNINSURED MOTORIST (CSL)	02	SEE SCHEDULE		\$ 8
UNINSURED MOTORIST (SPLIT LIMITS)		\$		\$
UNINSURED MOTORIST PD ‡		\$		\$
UNDERINSURED MOTORIST	02	SEE SCHEDULE		\$ 31
COMPREHENSIVE	PHYSICAL DAMAGE COVERAGE 07 08	SEE ITEM THREE FOR DEDUCTIBLE FOR EACH COVERED AUTO BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING		ACTUAL CASH VALUE OR COST OF REPAIR WHICHEVER IS LESS MINUS DED. FOR EACH COVERED AUTO
SPECIFIED CAUSES OF LOSS		\$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM		
COLLISION	07 08	SEE ITEM THREE FOR DED. FOR EACH COVERED AUTO		\$ 318
TOWING AND LABOR		\$ FOR EACH DISABLEMENT OF A PRIVATE PASSENGER AUTO		\$
PREMIUMS FOR ENDORSEMENTS				\$
"THIS POLICY PROVIDES COVERAGE FOR COLLISION DAMAGE TO RENTAL VEHICLES, SUBJECT TO POLICY CONDITIONS."				ESTIMATED TOTAL POLICY PREMIUM \$ 1013.00

FOR RATES AND ENDORSEMENTS, SEE THE POLICY AT ITS ISSUE DATE

710789	0398*	710198	1091*	710442	0796*	710477	0593*	710820	1298*
IL0017	1185*	710576	0594*	710816	1298*	710817	1298*	CA2237	0395*
CA0001	0797*	IL0021	1194*	IL0910	0181*	IL0246	0498*	CA0180	0997*
710679	0599*	CA0022	0299*						

Tom

ACORD INSURANCE BINDER

DATE
01/29/01

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER
Murray Insurance Associates
P. O. Box 1728
Lancaster, PA 17608-1728

COMPANY
PA National Mutual Casua
BINDER #
BINDER175451

EFFECTIVE		EXPIRATION	
DATE	TIME	DATE	TIME
01/29/01	12:01	08/17/01	X 12:01 AM NOON

CODE: B++
AGENCY CUSTOMER ID: 20571
INSURED
Davcon Packing Services, Ltd.
PO Box 938
Brownstown, PA 17508-0938

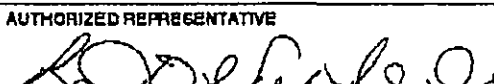
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)
Loc#1: PO Box 938, Brownstown, PA 17508-0938

COVERAGES **LIMITS:**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR RETRO DATE FOR CLAIMS MADE:		EACH OCCURRENCE	\$	
		FIRE DAMAGE (Any one fire)	\$	
		MED EXP (Any one person)	\$	
		PERSONAL & ADV INJURY	\$	
		GENERAL AGGREGATE	\$	
		PRODUCTS - COMPROP AGG	\$	
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT	\$	
		BODILY INJURY (Per person)	\$	
		BODILY INJURY (Per accident)	\$	
		PROPERTY DAMAGE	\$	
		MEDICAL PAYMENTS	\$	
		PERSONAL INJURY PROT	\$	
		UNINSURED MOTORIST	\$	
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: _____ OTHER THAN COLL: _____		ACTUAL CASH VALUE		
		STATED AMOUNT	\$	
		OTHER		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT	\$	
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT	\$	
		AGGREGATE	\$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:		EACH OCCURRENCE	\$	
		AGGREGATE	\$	
		SELF-INSURED RETENTION	\$	
		WC STATUTORY LIMITS		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		E.L. EACH ACCIDENT	\$	
		E.L. DISEASE - EA EMPLOYEE	\$	
		E.L. DISEASE - POLICY LIMIT	\$	
SPECIAL CONDITIONS/OTHER COVERAGES Miscellaneous Coverage - Transportation Motor Truck Cargo - Owners Form - Limit Any One Vehicle Limit #1: 50,000 Ded.#1: \$1,000		FEES	\$	
		ESTIMATED TOTAL PREMIUM	\$	

NAME & ADDRESS

	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE		
		

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title Insurance Binder

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

TJ

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

The addressee named here has paid the PA P.U.C. for the following bill:

DAVCON PACKING SERVICES LTD
PO BOX 938
BROWNSTOWN PA 17508

DOCUMENT
FOLDER

DATE 2/22/01
RECEIPT # 198121

IN RE: Application fees for DAVCON PACKING SERVICES LTD

Docket Number A-00117540..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: BBNB PMO 114288

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCKETED
FEB 23 2001