

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

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DEC - 7 2018
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Revised 7/17/17
Revised 7/17/17

Application for Motor Common Carrier or Motor Contract Carrier of 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)

BIRDISH INC.

- 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)

TWO MEN AND A TRUCK of Princeton

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- None

4. **Are you a business entity registered with the PA Dept. of State?** **NO**

If NO, you must register (see checklist on how to register)

If YES, provide your **PA Corporation Bureau Entity ID Number** None

(See checklist and indicate type of business entity registered)

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5. If either a corporation or limited liability company please list members (LLC) or shareholders and officers (corporation).

BRITTANY ISHMAN

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6. Physical Address (do not use PO Box)

41 TWOSOME DRIVE SUITE #7

Street Address

MOORESTOWN, NJ 08057

City, State and Zip Code

856-533-5900

Telephone Number

BURLINGTON

County

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The address entered here should be the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

7. 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.

8. 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.

9. Does applicant have a USDOT Number?

____ No Yes, at No. _____

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10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).

TO TRANSPORT HOUSEHOLD GOODS IN USE BETWEEN POINTS IN PENNSYLVANIA.

11. 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 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.

BRITTANY ISHMAN

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(Print Name)

MAR 15 2019



(Signature)

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12/7/18
(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).

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.

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BIRDISH INC			
Legal Name of Applicant			
TWO MEN AND A TRUCK	of Princeton		
Trade Name, if any			
41 TWOSOME DRIVE SUITE #7	MOORESTOWN, NJ		
	08057		
Street Address (principal place of business)	City or Municipality	State	Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

BRITTANY ISHMAN, OWNER

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

None

3. Please provide evidence of minimum of two-years' experience with a licensed household goods carrier as required by 52 Pa. Code §3.381(c)(1)(iii)(A)(II)(-1-).

WORKED FOR TWO MEN AND A TRUCK INTERNATIONAL, INC. FOR FIVE YEARS AS HEAD OF SAFETY AND RISK MANAGEMENT. HOLDS CURRENT HOUSEHOLD GOODS AUTHORITY IN NEW JERSEY FOR THE PAST TWO YEARS.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of 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.

HAVE 2000SQ FEET OFFICE WITH A WAREHOUSE OF 5000SQ FEET, ALL TRUCKS HAVE GPS AND TABLETS FOR FULL COMMUNICATION WITH DRIVERS, HAVE A SALES TEAM OF FOUR IN THE OFFICE AND IN THE FEILD

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5. 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 territory you will be serving. In addition, please explain:
- Your hiring standards for drivers; **FULL BACKGROUND IS DONE BEFORE HIRING AS WELL AS DRUG SCREENS**
 - Your system for conducting criminal background checks; **INTELLICORP**
 - Your driver training program; **A DRIVER MUST COMPLETE 30 DAYS OF MOVES AS A MOVER BEFORE BEING ELIGIBLE TO BECOME A DRIVER. ONCE PROMOTED TO DRIVER THEY HAVE THREE DAYS ONLINE TRAINING AND SEVEN DAYS TRAINING WITH A TEAM LEAD BEHIND THE WHEEL.**
 - Your system for conducting driver license checks; **WE GO THROUGH AN INSURANCE COMPANY TO RUN ALL MVRs AND THEY SEND US COPY BEFORE THEY CAN DRIVE.**
 - Your policies regarding alcohol and drug use by your drivers. **NO TOLERANCE POLICY.**
6. 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 territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2016	FORD	STRAIGHT TRUCK	3	2	27,408
2017	FORD	STRAIGHT TRUCK	5	3	37,542
2018	INTERNATIONAL	STRAIGHT TRUCK	3	4	32,562
2018	INTERNATIONAL	STRAIGHT TRUCK	3	5	28,682
2018	FREIGHTLINER	STRAIGHT TRUCK	3	6	31,833
2018	INTERNATIONAL	STRAIGHT TRUCK	3	7	35,411
2018	INTERNATIONAL	STRAIGHT TRUCK	3	8	16,180

7. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan **WE HAVE A FULL MAINTENANCE BOARD AS WELL AS ONLINE PROGRAM THROUGH OUR ELOGS AND DVIR PROGRAM. ALL TRUCKS ARE INSPECTED BY THE STATE ONCE A YEAR AND ARE SERVICED EVERY 3-5K MILES**
 - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175). **ALL TRUCKS HAVE ANNUAL INSPECTIONS PER DOT. DVIRS ARE COMPLETED DAILY.**

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8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums. **CURANNLY HAVE INSURANCE AND MEET ALL STANDERDS**
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

YES NO

10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining 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

Brittany Ph
 (Signature)
Brittany Ishman owner
 (Name and Title, printed or typed)

12/7/18
 (Date)

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Statement of Financial Position (Balance Sheet)

As of (date) _____

ASSETS

Current Assets		
Cash	62,000	
Other Current Assets (specify - 401K, Equity, etc.)	120,000	
Total Current Assets		182,000
Tangible Assets		
Motor Vehicle Equipment	700,000	
Property (buildings, land, etc.)	0.00	
Office Equipment		10,000
TOTAL ASSETS		710,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	50,000	
Credit cards/revolving credit	30,000	
Other Liabilities (Attach schedule)	0.00	
Total Current Liabilities		80,000
Long Term Liabilities (Due after one year of date)		
Mortgage	0.00	
Long term commercial loan	550,000	
Other Liabilities (Attach Schedule)	0.00	
Total Long Term Liabilities		550,000
TOTAL LIABILITIES		630,000

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O.BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

Two Men And A Truck Of Princeton
41 Twosome Dr Suite 7
Morrestown NJ 08057

TWO MEN AND A TRUCK of Princeton

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WE WOULD LIKE TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEBSITE AT www.dos.pa.gov/BusinessCharities OR YOU MAY CONTACT US BY TELEPHONE AT (717)787-1057. INFORMATION REGARDING BUSINESS AND UCC FILINGS CAN BE FOUND ON OUR SEARCHABLE DATABASE AT www.corporations.pa.gov/Search/CorpSearch.


ENTITY NUMBER : 6841970

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

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City State Zip Code <hr/> <input checked="" type="checkbox"/> Return document by email to: <u>qc0477@twomen.com</u>	Registration of Fictitious Name DSCB:54-311 (rev. 7 2015)  TML190223MC0236
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Read all instructions prior to completing. This form may be s

Fee: \$70

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is:
TWO MEN AND A TRUCK of Princeton

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:
Moving and Storage

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):
41 Twosome Drive, Suite 7, Moorestown, NJ 08057 - Burlington

Number and street	City	State	Zip	County
-------------------	------	-------	-----	--------

4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State	Zip
Brittany Ishman	41 Twosome Drive, Suite 7, Moorestown, NJ 08057			

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FEB 14 2019

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

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City State Zip Code <input checked="" type="checkbox"/> Return document by email to: <u>qc0477@twomen.com</u>	Registration of Fictitious Name DSCB:54-311 (rev. 2/2017)  311
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$70 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is:
TWO MEN AND A TRUCK of Princeton

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:
Moving and Storage

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is **not** acceptable):
41 Twosome Drive, Suite 7 Moorestown, NJ 08057 Burlington

Number and street	City	State	Zip	County
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4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State	Zip
<u>Brittany Ishman</u>	<u>41 Twosome Drive, Suite 7, Moorestown, NJ 08057</u>			

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Commonwealth copy

5. Each entity, other than an individual, interested in such business is (are):

None

Name	Form of Organization	Organizing Jurisdiction
41 Twosome Drive, Suite 7, Moorestown, NJ 08057		
Principal Office Address		
None		
PA Registered Office, if any		
Birdish, Inc	S-Corp	
Name	Form of Organization	Organizing Jurisdiction
41 Twosome Drive, Suite 7, Moorestown, NJ 08057		
Principal Office Address		
None		
PA Registered Office, if any		

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this

10 day of January, 2019

Bittany Polman
Individual Signature

Individual Signature

Individual Signature

Individual Signature

Birdish, Inc.

Entity Name

Entity Name

Bittany Polman
Signature

Signature

Owner

Title

Title



BIRDINC-01

EGAME1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/07/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Selzer Company 975 Easton Road Ste. 100 Warrington, PA 18976	CONTACT NAME: PHONE (A/C, No, Ext): (215) 491-2700	FAX (A/C, No):	
	E-MAIL ADDRESS:		
INSURED Birdish, Inc. 41 Twosome Drive, ste 7 Moorestown, NJ 08057	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Protective Insurance Company		12416
	INSURER B: Hallmark Insurance Company		34037
	INSURER C: NJM Insurance Company		12122
	INSURER D: Granite State Ins. Co.		23809
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			MC-000000306-00	09/21/2018	09/21/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired Auto Phys Dmg			MC-000000306-00	09/21/2018	09/21/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll \$ 1,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			77HU189092	09/21/2018	09/21/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			W40364-2-18	03/31/2018	03/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Inland Marine			02-LX-027573305-0	09/21/2018	09/21/2019	Cargo 100,000
D	Inland Marine			02-LX-027573305-0	09/21/2018	09/21/2019	Warehouse 200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Niasia Rouse at Slate House Group Property Management and Roebing Lofts are additional insured with respect to general liability for move conducted by named insured per form CG2026 subject to all policy terms and provisions.

CERTIFICATE HOLDER Niasia Rouse at Slate House Group Property Management Roebing Lofts 71 Clark Street Trenton, NJ 08611	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Lisa Toppey</i>
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17 Mail BACK

DEPARTMENT OF THE TREASURY
SERVICES REQUEST AND CONTROL RECEIPT

DATE/TIME RECEIVED:

- EXPEDITED STD.
- EXPEDITED—1 HOUR
- EXPEDITED—2 HOUR
- REGULAR
- RESUBMITTED
- SAME DAY FOR LLC

EXPEDITED SERVICES AVAILABLE - 8.5 BUSINESS HOURS (24 Hours) - STANDARD, 1 HOUR & 2 HOUR FROM TIME OF RECEIPT, FOR AN ADDITIONAL FEE.

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035650
 (7) file

CUSTOMER INFORMATION
 NAME: Brittany Shuman
 ADDRESS: 4467 Pleasant River Dr.
Diamondale, MI 48821
 PHONE: 517-648-5959

METHOD OF RETURN FOR INDIVIDUALS
 MAIL BACK
 PICKUP _____
 FAX BACK _____ mail BACK

PICKUP TIME: _____
 RESUBMIT DATE: _____ (if applicable)

TYPE OF SERVICE REQUESTED

ANNUAL REPORT STATUS
 AMENDMENT ALT NAME
 NEW FILING PROFIT NONPROFIT LLC LP
 DISSOLUTION WITHDRAWAL CANCELLATION
 STANDING LONG SHORT
 STANDING LLC LONG SHORT
 CERTIFICATE RELATIVE NAME CHANGE
 CERTIFICATE RELATIVE MERGER
 STATUS
 COPY WORK

NOTARY CAB
 RENEWAL OTHER
 APOSTILLE TRADEMARKS
 CERTIFICATION

UCC
 UCC 1
 UCC 3
 UCC 11 PHOTOCOPY

NAME REQUESTED (maximum 3 per transmittal)
TWO MEN AND A TRUCK OF
Princeton
0450084518

TELEPHONE NO. _____
 FAX NO. _____
 CERTIFIED COPY _____

METHOD OF PAYMENT \$65.00

CASH
 CHECK NO. _____
 CREDIT CARD 5891 06/19
 DEPOSITORY ACCOUNT/PIN # _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

COMMENT:
DBA for Birdish, Inc.

BATCHED BY: _____
 SESSION BY: _____

FEES AND PAYMENTS:

1 CORP FILING 50 1 STANDING _____
 2 NOTARY _____ 1 STATUS _____
 3 UCC _____ OTHER _____
 4 PHOTOCOPIES _____ CERT COPY _____
 5 EXPEDITED 15

SESSION NUMBER _____
 JOB NUMBER _____
 AUDIT CODE _____

STATE OF NEW JERSEY
Certificate of Authority

DIVISION OF TAXATION
TRENTON, N.J. 08695

The person, partnership or corporation named below is hereby authorized to collect:
NEW JERSEY SALES & USE TAX

pursuant to N.J.S.A. 54:32B-1 ET SEQ.

This authorization is good ONLY for the named person at the location specified herein.
This authorization is null and void if any change of ownership or address is effected.

BIRDISH, INC.
TWO MEN AND A TRUCK OF PRINCETON
41 TWOSOME DR STE 7
MOORESTOWN NJ 08057

Tax Registration No: **XXX-XXX-981/000**

Tax Effective Date: **10-01-16**

Document Locator No.: **C0000631814**

Date Issued **10-14-16**

Acting Director, Division of Taxation

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

STATE OF N.J. STATE OF N.J. STATE OF N.J. STATE OF N.J. STATE OF N.J. STATE OF N.J. STATE OF N.J. STATE OF N.J. STATE OF N.J. STATE OF N.J.
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U.S. POSTAGE AND TELEGRAPH
FIRST-CLASS
Mar 13 2019
Mailed from ZIP 08077
4oz First-Class Pkg Svc Zone 2



CommercialBasePrice

071500876836

FIRST - CLASS PKG SVC

BRITTANY ISHMAN
41 TWOSOME DR
STE 7
Moorestown NJ 08057

B099

0025

SHIP TO:

**COMMONWEALTH OF PA
PO BOX 3265
HARRISBURG PA 17105 - 3265**

USPS TRACKING #



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