

COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION
PO BOX 3265
HARRISBURG, PA 17105-3265

REC'D PA PUC FISCAL
JUN 21 '18 AM 11:10

2017 ASSESSMENT REPORT-MOTOR CARRIERS

This Report **MUST BE FILED** not later than **APRIL 2, 2018**. Failure to file may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301).

TRADE OR CORPORATE NAME OF UTILITY: MAIDEN MOVING COMPANY	UTILITY CODE: 701709
CONTACT NAME:	EMAIL:
ADDRESS 1: 624 WILHELMINA AVENUE	ADDRESS 2 (Floor, Suite, etc.):
CITY, STATE, ZIP: HORSHAM PA 19044	PHONE NO.: 2150749232

OPERATING REVENUE FOR CALENDAR YEAR 2017 (January 1, 2017-December 31, 2017)
(Enter **WHOLE** dollars only)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Passenger 15 and Under
1. PA INTRASTATE OPERATING REVENUE	0	0		
PA EXEMPT INTRASTATE REVENUE (Please see attached "Exempt Revenue instructions" for applicable Number)				
A. #				
B. #				
C. #				
D. #				
2. TOTAL Exempt Revenue	0			
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	0	0		

UCR REGISTRATION INFORMATION

2018 UCR Registered YES NO US DOT #: _____

Internal Use Only

A-1 C-1 M

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

In accordance with Sections 505 and 506 of the Public Utility Code, as a means to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled with regard to the below-listed utility and/or individual.

Maiden Mornig Company
Utility Name

Francis J. Ambrose
Signature

Date _____
FRANCIS J. AMBROSE PRES.
Name (Printed) Title

AUTHORIZATION FOR ABANDONMENT

Approval of the abandonment is necessary or proper for the following reasons:

Reason(s) Out of Business - Ambrose took over (702890)

Per telephone call 6/21/18 Denise + Ann
Signature

AFFIDAVIT

I affirm that the information reported herein is complete, true and correct.

Francis J. Ambrose
(Signature of Individual or Officer)
6/15/18
(Date)

NOTARIZATION

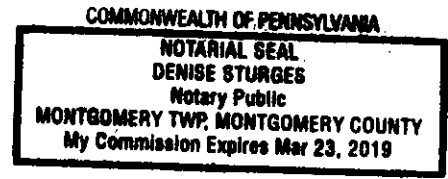
(Required)

Subscribed and sworn to before me this
15th day of June 2018

Denise Sturges
NOTARY SIGNATURE

Notary
OFFICIAL TITLE

OFFICIAL SEAL



March 23, 2019
(Date My Commission Expires)

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:

2156749232

TELEPHONE NO.:

Office () _____

Other () _____

Other () _____