

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

Application for Motor Common Carrier of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

1. Legal Name of Applicant (Individual, Partnership or Corporation)

Corrigan – Pennsylvania, LLC

2. Trade Name (Attach a copy of fictitious name registration if applicable)

Corrigan Parks Moving

3. Do you currently hold PA PUC Authority? __ Yes, A-8925215

4. Are you a business entity registered with the PA Department of State? Yes
If No, you must first register (see checklist)

If Yes, provide your PA Corporation Bureau Entity ID Number 7467645

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

Nathan Corrigan – Senior Vice President – 51% ownership – 9382 Sunset Lake,
Saline, MI 48176

Kevin Corrigan – Regional Vice President – 48% ownership – 8615 Meadowland Ct,
Saline, MI 48176

David Corrigan – President – 1% ownership – 3535 Oak Park Dr, Saline, MI 48176

6. Mailing Address

3600 E. Ellsworth Road
Ann Arbor, MI 48108
734-973-4400, kcorrigan@corrigan.com

7. Physical Address (If different than mailing address. Do not use a post office box.)

740 Commonwealth Dr, Warrendale, PA 15086

8. Attorney (if applicable)

Andrew J. Horowitz, Esq.
Obermayer Rebmann Maxwell & Hippel LLP
525 William Penn Place, Ste. 1710
Pittsburgh, PA 15219
412-288-2461
andrew.horowitz@obermayer.com

9. Do you have a USDOT Number?

Yes, at No. 0153343

10. What type of commodities do you intend to transport other than your own? Please note applicable exemptions on pages 4-5.

Applicant is primarily a household goods moving company, but wishes to be able to also conduct office and commercial moves.

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 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 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.

(Print Name) *Kevin Corrigan*

(Signature) *Kevin Corrigan*

(Date) *7/29/2022*

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).

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

CT Corporation System
Counter Pickup
PA

Corrigan Parks Moving

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.

Thank you for registering with the Department of State to do business in Pennsylvania. Like many other businesses, you may have employees, sell taxable products, or provide a taxable service to consumers in Pennsylvania. Please visit www.pa100.state.pa.us to register for Business Taxes with the PA Department of Revenue & Labor and Industry or visit www.Business.pa.gov to find answers to most common registration questions.

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 : 7479142

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

Return document by mail to:

Name CT-COUNTER
nicole.grimme@walterskluwer.com

Address 1419929u so 1

City _____ State _____ Zip Code _____

Return document by email to _____

Registration of Fictitious Name
DSCB:54-311
(rev. 2/2017)



TCO220314JD2251

Read all instructions prior to completing. This form may be

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:
Corrigan Parks Moving

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, storage and relocation services.

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

<u>23923 Research Drive</u>	<u>Farmington Hills</u>	<u>MI</u>	<u>48335</u>	<u>Oakl</u>
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

PA DEPT OF STATE

MAR 14 2022

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

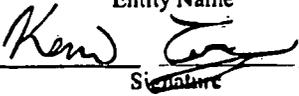
Corrigan - Pennsylvania, LLC	Limited Liability Company	Michigan
Name	Form of Organization	Organizing Jurisdiction
23923 Research Drive, Farmington Hills, MI 48335		
Principal Office Address		
PA Registered Office, if any		
Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA 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

9 day of March, 2022

Individual Signature	Individual Signature
Individual Signature	Individual Signature
Corrigan - Pennsylvania, LLC	
Entity Name	Entity Name
	Signature
Signature	
Regional Vice President	Title
Title	

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
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CT Corporation System

Corrigan - Pennsylvania, LLC

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Entity number : 7467645

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: CT - COUNTER Name: <u>1416774589</u> Address: <u>nicole.grimme@wolterskluwer.com</u> City: _____ State: _____ Zip Code: _____ <input checked="" type="checkbox"/> Return document by email to: _____	Foreign Registration Statement DSCB:15-412 (rev. 2/2017)  TCO220228DP1046
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Read all instructions prior to completing. This form may

Fee: \$250

I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 412 (relating to foreign registration statement), the undersigned foreign association hereby states that:

1. The type of association is (check only one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | |

2. The full and proper name of the foreign association as registered in its jurisdiction of formation is:

Corrigan – Pennsylvania, LLC

2A. If the name in 2 does not contain a required designator or if the name in 2 is not available for use in the Commonwealth, the alternate name under which the association is registering in this Commonwealth is:

3. The jurisdiction of formation is: Michigan

4. The street and mailing address of the association's principal office.

<u>23923 Research Drive</u>	<u>FarmingtonHills</u>	<u>MI</u>	<u>48335</u>
Number and street	City	State	Zip

4A. The street and mailing address of the office, if any, required to be maintained by the law of the association's jurisdiction of formation in that jurisdiction:

_____	_____	_____	_____
Number and street	City	State	Zip

5. The (a) address of the association's proposed registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) OR (b) - not both:

(a) _____
Number and street City OR State Zip County

(b) c/o: C T Corporation System _____
Name of Commercial Registered Office Provider County *Dauphin*

6. Check one of the following:

- The association may not have series.
- The association may have one or more series.

7. Effective date of registration of foreign association (check, and if appropriate complete, one of the following):

- The Foreign Registration Statement shall be effective upon filing in the Department of State.
- The Foreign Registration Statement shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

8. To be completed by Limited Liability Companies only. Check, and if appropriate complete, one of the following:

- The association is a limited liability company which is not organized to render any of the below professional service(s).
 - The association is a restricted professional limited liability company organized to render one or more of the following professional service(s): (If this box is checked, one or more of the fields below must be checked.)
- Chiropractic Dentistry Law Medicine and surgery
 Optometry Osteopathic medicine and surgery Podiatric medicine Public accounting
 Psychology Veterinary medicine

IN TESTIMONY WHEREOF, the undersigned association has caused this Foreign Registration Statement to be signed by a duly authorized representative thereof this 24th day of February, 2022.

Corrigan - Pennsylvania, LLC
Name of Association

Nathan Corrigan
Signature

SENIOR VICE PRESIDENT
Title