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) |
| | Moving By Cury, 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. <i>EXAMPLE: John Doe is the applicant and wants to use the name</i> "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 PA PUC Authority? $\underline{\times}$ NO Previous Authority? $\underline{\times}$ NO |
| | If yes, at PUC No. A |
| 4. | Are you a business entity registered with the PA Department of State?NO If No, you must first register (see checklist) |
| | If Yes, provide your PA Corporation Bureau Entity ID Number 6991438 (see checklist and indicate type of business entity registered) |

| Allentown, PA 18101 City, State and Zip Code County (610) 462-6811 Curyjarred@gmail.com This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice. Physical Address (If different than mailing address. Do not use a post office box.) 729 N 17th St Street Address Allentown, PA 18104 City, State and Zip Code County (610) 462-6811 Curyjarred@gmail.com Telephone Number The address entered here should reflect the actual location of the business. This is the address he Commission needs in order to dispatch Enforcement Officers to inspect equipment. If leading, it will be assumed that the PHYSICAL ADDRESS is the same as the MAILING ADDRES Attorney (if applicable) Attorney's Name & Telephone Number for this Filling | Jarred Cury | Sole Member |
|--|--|--|
| Mailing Address 515 W Hamilton St, Ste 502 Street Address Allentown, PA 18101 Lehigh City, State and Zip Code County (610) 462-6811 County E-mail Address This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice. Physical Address (If different than mailing address. Do not use a post office box.) 729 N 17th St Street Address Allentown, PA 18104 Lehigh City, State and Zip Code County (610) 462-6811 Curyjarred@gmail.com E-mail Address The address entered here should reflect the actual location of the business. This is the addreshe Commission needs in order to dispatch Enforcement Officers to inspect equipment. If It is plank, it will be assumed that the PHYSICAL ADDRESS is the same as the MAILING ADDRESS Attorney (if applicable) Attorney's Name & Telephone Number for this Filing Attorney's Name should only be entered if an attorney is filing the application for a client are the application is being sent under the attorney's cover letter. | | 515 W Hamilton St, Ste 502 |
| Street Address Allentown, PA 18101 Lehigh County (610) 462-6811 Telephone Number E-mail Address This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice. Physical Address (If different than mailing address. Do not use a post office box.) 729 N 17th St Street Address Allentown, PA 18104 Lehigh City, State and Zip Code (610) 462-6811 Telephone Number E-mail Address The address entered here should reflect the actual location of the business. This is the address commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment of th | | |
| Street Address Allentown, PA 18101 Lehigh County (610) 462-6811 Telephone Number E-mail Address This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice. Physical Address (If different than mailing address. Do not use a post office box.) 729 N 17th St Street Address Allentown, PA 18104 Lehigh City, State and Zip Code (610) 462-6811 Telephone Number E-mail Address The address entered here should reflect the actual location of the business. This is the address commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If the Commission needs in order to dispatch Enforcement Officers to inspect equipment of th | Mailing Address | |
| Allentown, PA 18101 City, State and Zip Code (610) 462-6811 Telephone Number This is the e-mail address to which the Commission will send all official documents issued by to Commission until further notice. Physical Address (If different than mailing address. Do not use a post office box.) 729 N 17th St Street Address Allentown, PA 18104 City, State and Zip Code (610) 462-6811 Telephone Number The address entered here should reflect the actual location of the business. This is the address here Commission needs in order to dispatch Enforcement Officers to inspect equipment. If leadank, it will be assumed that the PHYSICAL ADDRESS is the same as the MAILING ADDRESS Attorney (if applicable) Attorney's Name & Telephone Number for this Filling Attorney's name should only be entered if an attorney is filling the application for a client and he application is being sent under the attorney's cover letter. | | |
| City, State and Zip Code (610) 462-6811 Telephone Number E-mail Address This is the e-mail address to which the Commission will send all official documents issued by to Commission until further notice. Physical Address (If different than mailing address. Do not use a post office box.) 729 N 17th St Street Address Allentown, PA 18104 Lehigh City, State and Zip Code (610) 462-6811 Telephone Number The address entered here should reflect the actual location of the business. This is the address he Commission needs in order to dispatch Enforcement Officers to inspect equipment. If leblank, it will be assumed that the PHYSICAL ADDRESS is the same as the MAILING ADDRESS Attorney (if applicable) Attorney's Name & Telephone Number for this Filing Attorney's name should only be entered if an attorney is filing the application for a client and he application is being sent under the attorney's cover letter. | Street Address | |
| City, State and Zip Code (610) 462-6811 Telephone Number E-mail Address This is the e-mail address to which the Commission will send all official documents issued by to Commission until further notice. Physical Address (If different than mailing address. Do not use a post office box.) 729 N 17th St Street Address Allentown, PA 18104 Lehigh City, State and Zip Code (610) 462-6811 Telephone Number The address entered here should reflect the actual location of the business. This is the address he Commission needs in order to dispatch Enforcement Officers to inspect equipment. If leblank, it will be assumed that the PHYSICAL ADDRESS is the same as the MAILING ADDRESS Attorney (if applicable) Attorney's Name & Telephone Number for this Filing Attorney's name should only be entered if an attorney is filing the application for a client and he application is being sent under the attorney's cover letter. | Allentown, PA 18101 | Lehigh |
| Telephone Number E-mail Address This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice. Physical Address (If different than mailing address. Do not use a post office box.) 729 N 17th St Street Address Allentown, PA 18104 City, State and Zip Code County (610) 462-6811 Curyjarred@gmail.com Telephone Number E-mail Address The address entered here should reflect the actual location of the business. This is the addreshe Commission needs in order to dispatch Enforcement Officers to inspect equipment. If leading, it will be assumed that the PHYSICAL ADDRESS is the same as the MAILING ADDRESS Attorney (if applicable) Attorney's Name & Telephone Number for this Filing Attorney's name should only be entered if an attorney is filing the application for a client are the application is being sent under the attorney's cover letter. | City, State and Zip Code | |
| Telephone Number E-mail Address This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice. Physical Address (If different than mailing address. Do not use a post office box.) 729 N 17th St Street Address Allentown, PA 18104 City, State and Zip Code County (610) 462-6811 Curyjarred@gmail.com Telephone Number E-mail Address The address entered here should reflect the actual location of the business. This is the addreshe Commission needs in order to dispatch Enforcement Officers to inspect equipment. If leading, it will be assumed that the PHYSICAL ADDRESS is the same as the MAILING ADDRESS Attorney (if applicable) Attorney's Name & Telephone Number for this Filing Attorney's name should only be entered if an attorney is filing the application for a client are the application is being sent under the attorney's cover letter. | (610) 462-6811 | • |
| This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice. Physical Address (If different than mailing address. Do not use a post office box.) 729 N 17th St Street Address Allentown, PA 18104 City, State and Zip Code County (610) 462-6811 Curyjarred@gmail.com The address entered here should reflect the actual location of the business. This is the addreshe Commission needs in order to dispatch Enforcement Officers to inspect equipment. If leading, it will be assumed that the PHYSICAL ADDRESS is the same as the MAILING ADDRESS Attorney (if applicable) Attorney's Name & Telephone Number for this Filing Attorney's name should only be entered if an attorney is filing the application for a client are the application is being sent under the attorney's cover letter. | Telephone Number | |
| curyjarred@gmail.com Complete Complete | THE CONTRACT OF A STATE OF THE CONTRACT OF THE | |
| curyjarred@gmail.com Complete Complete | THE CONTRACT OF A STATE OF THE CONTRACT OF THE | |
| Telephone Number E-mail Address The address entered here should reflect the actual location of the business. This is the address he Commission needs in order to dispatch Enforcement Officers to inspect equipment. If leading the commission needs in order to dispatch Enforcement Officers to inspect equipment. If leading, it will be assumed that the PHYSICAL ADDRESS is the same as the MAILING ADDRESS Attorney (if applicable) Attorney's Name & Telephone Number for this Filing E-mail Address E-mail Address An attorney's name should only be entered if an attorney is filing the application for a client are the application is being sent under the attorney's cover letter. | Street Address Allentown, PA 18104 | |
| 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. If leading, it will be assumed that the PHYSICAL ADDRESS is the same as the MAILING ADDRESS. Attorney (if applicable) Attorney's Name & Telephone Number for this Filing Attorney's Address E-mail Address An attorney's name should only be entered if an attorney is filing the application for a client are the application is being sent under the attorney's cover letter. | Street Address Allentown, PA 18104 City, State and Zip Code | |
| the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If leading, it will be assumed that the PHYSICAL ADDRESS is the same as the MAILING ADDRESS. Attorney (if applicable) Attorney's Name & Telephone Number for this Filing Attorney's Address E-mail Address An attorney's name should only be entered if an attorney is filing the application for a client are the application is being sent under the attorney's cover letter. | Street Address Allentown, PA 18104 City, State and Zip Code (610) 462-6811 | County curyjarred@gmail.com |
| Attorney's Name & Telephone Number for this Filing Attorney's Address E-mail Address An attorney's name should only be entered if an attorney is filing the application for a client ar he application is being sent under the attorney's cover letter. | Allentown, PA 18104 City, State and Zip Code (610) 462-6811 Telephone Number | County curyjarred@gmail.com E-mail Address |
| Attorney's Address E-mail Address An attorney's name should only be entered if an attorney is filing the application for a client ar he application is being sent under the attorney's cover letter. | Street Address Allentown, PA 18104 City, State and Zip Code (610) 462-6811 Telephone Number The address entered here should refine Commission needs in order to design and the commission needs in the co | County curyjarred@gmail.com E-mail Address lect the actual location of the business. This is the address lispatch Enforcement Officers to inspect equipment. If le |
| An attorney's name should only be entered if an attorney is filing the application for a client ar he application is being sent under the attorney's cover letter. | Allentown, PA 18104 City, State and Zip Code (610) 462-6811 Telephone Number The address entered here should refine Commission needs in order to do lank, it will be assumed that the PHY | County curyjarred@gmail.com E-mail Address lect the actual location of the business. This is the address lispatch Enforcement Officers to inspect equipment. If le |
| he application is being sent under the attorney's cover letter. | Allentown, PA 18104 City, State and Zip Code (610) 462-6811 Telephone Number The address entered here should refine Commission needs in order to dolank, it will be assumed that the PHY | County curyjarred@gmail.com E-mail Address lect the actual location of the business. This is the address ispatch Enforcement Officers to inspect equipment. If leteration is the same as the MAILING ADDRES is the same as the MAILING ADDRES. |
| Do vou have a USDOT Number? | Allentown, PA 18104 City, State and Zip Code (610) 462-6811 Telephone Number The address entered here should refine Commission needs in order to oblank, it will be assumed that the PHY Attorney (if applicable) | County curyjarred@gmail.com E-mail Address lect the actual location of the business. This is the addres lispatch Enforcement Officers to inspect equipment. If leteral contents is the same as the MAILING ADDRESS is the same as the MAILING ADDRESS error this Filing |
| | Attorney's Name & Telephone Number Attorney's Address Allentown, PA 18104 City, State and Zip Code (610) 462-6811 Telephone Number The address entered here should refine Commission needs in order to dolank, it will be assumed that the PHY Attorney (if applicable) Attorney's Name & Telephone Number Attorney's Address An attorney's name should only be e | County curyjarred@gmail.com E-mail Address lect the actual location of the business. This is the addres lispatch Enforcement Officers to inspect equipment. If leters is the same as the MAILING ADDRES is the same as the MAILING ADDRES er for this Filing E-mail Address ntered if an attorney is filing the application for a client and |

| 10. | What type of commodities do you intend to transport other than your own? Please note applicable exemptions on pages 4-5. | | | | |
|-----------------------|--|--|--|--|--|
| | The commodities we intend to transport other than our own are office and commercial business goods. | | | | |
| | | | | | |
| | | | | | |
| 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. | | | | |
| Verif | ication of Application | | | | |
| I/We h | nereby state that the statement(s) made in this application is/are true and correct to the f my/our knowledge and belief. | | | | |
| The upenalt | ndersigned understands that false statements herein are made subject to the ies of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities. | | | | |
| <u>Ja</u> (Print l | red Cury Name) | | | | |

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).

PUC EXEMPTIONS

Agricultural Products (see exemptions – farm owners)

Anti-skid Materials in dump trucks (except 5 axle tractor-trailers)

Ashes in dump trucks (except 5 axle tractor-trailers)

Buy and Sell Operation - own property to purchasers

Chemical Wood from wood lots (see Wood Lot definition)

Cooperative Associations for members on a nonprofit basis

Excavated Materials in dump trucks (except 5 axle tractor-trailers) - purpose of excavation is to create a hole or cavity, not valuable soil

Farm Owner or Operator - transporting agricultural products from the farm or farm supplies to the farm. This may include independent contractor if hauling exclusively for farm owners (but still must be agricultural products from farm or farm supplies to farm)

NOTE: livestock is agricultural

Federal Government moves - Under contract with a federal department or agency

Free Transportation - no compensation of any type

Hazardous Waste - Flue dust and Electric arc furnace dust

Incidental to primary non-transportation business

Interstate Transportation - See Federal Highway Administration

Lessor - under a vehicle sale lease, where lessor has no responsibility for vehicle maintenance, supervision or control

Logs (saw or veneer) from wood lots (see Wood Lot definition)

Motor Vehicles - wrecked or disabled

must be towed (tow truck, wrecker-type, flatbed, lowboy, etc.)

does not have to be from accident or breakdown

can be from place vehicle was towed to after accident if it's being towed to a place for repairs resulting from accident

replacement vehicles are exempt if to or from accident or breakdown

stolen or repossessed vehicles

NOT INCLUDED salvaged vehicles to and from auctions

Non-Profit Cooperative Enterprises

Private Transportation of Property by the owner to himself or to purchasers directly from him, in vehicles owned and operated by the owner of the property

Property from storage, if in storage 90 days or more

Pulpwood from wood lots (see Wood Lot definition)

Railroad ballast stone is considered a road construction material

Road Construction Materials: this does NOT include material for parking lots. Includes stone for railroad ballast, must be to: construction site repair site of road (private, public and stockpile)

Rubbish in dump trucks (recycled materials are NOT rubbish)

Voting Machines to and from polling place

Warehoused Merchandise - transportation to or from warehouse and customer's home or business performed by warehouseman. Tristate hhgs tariff, rule 45(b): a shipment in storage for more than 90 days becomes liability of warehouseman

Waste (no value) - DOES NOT include goods for recycling (have value)

Wood Chips from wood lots

Wood Lot Definition - an area devoted to the growing of forest trees

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

Norris McLaughlin & Marcus, P.A. 515 W. Hamilton Street Suite 502 Allentown PA 18101

Moving by Cury, LLC

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 fillings can be found on our searchable database at www.corporations.pa.gov/Search/CorpSearch.

Entity number: 6991438

Dec 2

Entity#: 6991438
Date Filed: 12/23/2019
Effective Date: 01/01/2020
Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

| Wilcome document by mail to: Certificate of Organization | | | | | |
|---|--|--|---|---|---|
| - | rred Cury | | Domestic Limited Liability Company | | |
| Name 515 | W Hamilton St Ste 502 | | DSCB:15-8821 (rev. 2/2017) | | |
| . Addrc | ee , | | | | |
| City | entown PA | 18101 | 1 13 8711 4 8 11 M 8 (1811 1881 11814 48181 11818 | [118]\$ ((8((8)\$ 18 188)) | 1 4 4 1 9 9 1 1 1 7 4 4 4 1 1 1 1 1 1 1 1 1 1 |
| | State | Zip Code | TFA19 | 91224TC0371 | |
| ☑ Re | turn document by email to: ccecala@norris-law | .com | | | |
| Re | ead all instructions prior to completing. Th | is form may be; | | | |
| Fe | e: \$125 🔲 l qualify for a veteran | /reservist-owned sr | nall business fee exemp | otion (see ins | structions) |
| บธ | In compliance with the requirements dersigned desiring to organize a limited li | of 15 Pa.C.S. § 88: ability company, he | 21 (relating to certificat | e of organiza | ation), the |
| | | | | | |
| 1. | The name of the limited liability compar (designator is required, e.g., "company," "l. | imited" or "limited is | ability company of an arm | . 7.7 | |
| | | masca in spinsell to | dutily company or any | annreviation i | hereoj) |
| 2. | Complete part (a) or (b) - not both: | | | | |
| | (a) The address of this limited liability (post office box alone is not acceptable) | company's register | ed office in this Commo | onwealth is: | |
| | 1 64614 11: 11: 0: 1 - 1: | | | | |
| | c/o 515 W. Hamilton Street, Sulte 502 | Allentown | PA | 18101 | Lehigh |
| | Number and Street | Allentown | PA State | 18101 Zip | Lehigh |
| | | City | State | Zip | County |
| | Number and Street (b) The name of this limited liability co | City | State | Zip | County |
| | Number and Street (b) The name of this limited liability cois: | City | State al registered office pro- | Zip vider and cou | County |
| 2 | Number and Street (b) The name of this limited liability cois: c/o: Name of Commercial Registered Office Provider | City mpany's commerci | State al registered office pro- | Zip | County |
| 3. | Number and Street (b) The name of this limited liability cois: c/o: | City mpany's commerci | State al registered office pro- | Zip vider and cou | County |
| 3. | Number and Street (b) The name of this limited liability cois: c/o: Name of Commercial Registered Office Provider | City mpany's commerci | State al registered office pro- | Zip vider and cou | County |
| 3. | Number and Street (b) The name of this limited liability consists: c/o: Name of Commercial Registered Office Provider The name of each organizer is (all organizer) | City mpany's commerci | State al registered office pro- | Zip vider and cou | County |
| 3, | Number and Street (b) The name of this limited liability consists: c/o: Name of Commercial Registered Office Provider The name of each organizer is (all organizer) | City mpany's commerci | State al registered office pro- | Zip vider and cou | County |
| 3. | Number and Street (b) The name of this limited liability consists: c/o: Name of Commercial Registered Office Provider The name of each organizer is (all organizer) | City mpany's commerci | State al registered office pro- | Zip vider and cou | County |
| 3, | Number and Street (b) The name of this limited liability consists: c/o: Name of Commercial Registered Office Provider The name of each organizer is (all organizer) | City mpany's commerci | State al registered office pro- | Zip vider and cou | County |
| | Number and Street (b) The name of this limited liability cois: c/o: Name of Commercial Registered Office Provider The name of each organizer is (all organizer) Alyssa M. Hicks, Esquire | City mpany's commerci izers must sign on p | State al registered office pro- | Zip vider and cou | County unty of venue |
| 4. | Number and Street (b) The name of this limited liability consists: c/o: Name of Commercial Registered Office Provider The name of each organizer is (all organizer) Alyssa M. Hicks, Esquire Effective date of Cortificate of Organizati | City mpany's commerci izers must sign on p on (check, and if a | State pl registered office prov cage 2): | Zip vider and coulousty | County unty of venue |
| 4. | Number and Street (b) The name of this limited liability cois: c/o: Name of Commercial Registered Office Provider The name of each organizer is (all organization) Alyssa M. Hicks, Esquire Effective date of Certificate of Organization shall be | City mpany's commerci izers must sign on p on (check, and if ap e effective upon fil | State al registered office pro- congress: age 2): appropriate complete, on ing in the Department of | Zip vider and coulonty county se of the follo | County unty of venue |
| 4. | Number and Street (b) The name of this limited liability consists: c/o: Name of Commercial Registered Office Provider The name of each organizer is (all organizer) Alyssa M. Hicks, Esquire Effective date of Cortificate of Organizati | City mpany's commerci izers must sign on p on (check, and if ap e effective upon fil | State pl registered office prov cage 2): | Zip vider and cou county ce of the follo of State. at | County unty of venue |

DSCB:15-8821-2

| ٦. | Restricted professional companies only. Check the bux if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s). |
|----|---|
| | The company is a restricted professional company organized to render the following restricted professional service(s): |
| | Chiropractic Dentistry Law Medicine and surgery Optometry Osteopathic medicine and surgery Podiatric medicine Public accounting Psychology Veterinary medicine |
| 6. | Benefit companies only. |
| | Check the box immediately below if the limited liability company is organized as a benefit company: This limited liability company shall have the purpose of creating general public benefit. |
| | Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public henefit(s). See instructions for examples of specific public benefit. |
| | This limited liability company shall have the purpose of creating the enumerated specific public benefit(s): |
| | |
| | |
| 7. | For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s). |
| N | TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this |
| | 23rd day of |
| | Alffan Aclas- Signature |
| | Signature |
| | Signature |
| | |