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Rosemary Chiavetta
Secretary
PUC
400 North Street
Harrisburg, PA 17120

February 28, 2023

RE: Kelvin D Ferguson & Sons LLC

Dear Secretary Chiavetta,

- 1) this is my cover letter.
- 2) For your review is the corrected application of Kelvin D Ferguson & Sons LLC
- 3) Question #10 has been expanded and explained
- 4) The geographical area has been explained. The 170-mile move was a onetime move several years ago by Kelvin Ferguson (deceased) for a family friend for no remuneration.
- 5) Kelvin D Ferguson & Sons LLC does not have a website, and since receiving notice its social media has remained idle.
- 6) Kelvin D Ferguson & Sons LLC has filed an Application for Motor Common Carrier of Household Goods in Use.

Thank you for your anticipated cooperation with this minority taxpaying business. I look forward to working with you so that Kelvin D Ferguson & Sons LLC can continue to work hard and make a living in today's struggling economy. I ask that this be expedited if possible.

Sincerely,

Elizabeth M Tarasi
Elizabeth M. Tarasi

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

Application for Broker of Household Goods in Use

THIS APPLICATION IS TO BE USED FOR A LICENSE TO OPERATE AS A BROKER WHO WILL ARRANGE FOR THE TRANSPORTATION OF HOUSEHOLD GOODS IN USE BETWEEN POINTS IN PENNSYLVANIA.

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

Kelvin D Ferguson & Sons 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. *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?** _____

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** yes
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 6998584
(see checklist and indicate type of business entity registered)

5. **Mailing Address**

232 Hazel Rd
Street Address
Pittsburgh Pa 15235 Allegheny
City, State and Zip Code County
412-403-3173 kdfandsonsmoving@gmail.com
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.

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

100 Hafner Ave
Street Address
Pittsburgh Pa 15223
City, State and Zip Code
412-403-3173 Allegheny
Telephone Number County

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 left blank, it will be assumed that the PHYSICAL ADDRESS is the same as the MAILING ADDRESS

7. **Attorney (if applicable)**

Elizabeth M Tarasi 412-391-7135
Attorney's Name & Telephone Number for this Filing
510 Third Ave 2nd Fl Pittsburgh Pa 15219 emt@tarasilaw.com
Attorney's Address E-mail 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.

8. **Does applicant hold interstate operating authority?**

No Yes, at No. _____

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

To arrange for the transportation of goods between points in City of Pittsburgh, Western Pennsylvania, and the Allegheny County area

Examples.

- *To arrange for the transportation of household goods in use between points in Pennsylvania.*
- *To arrange for the transportation of household goods in use between points in Clarion County.*

10.. **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 Brokers 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. § 4904 relating to unsworn falsification to authorities.

Djuan Ferguson

(Print Name)

Djuan Ferguson

(Signature)

2/28/23

(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).

Note: Before you can provide service as a Pennsylvania licensed broker of household goods, you must submit evidence of financial responsibility to the Commission. Your evidence will be in the form of a Surety Bond in the amount of \$10,000.

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.

PUC Application Docket No.

Kelvin D Ferguson & Sons LLC

Legal Name of Applicant

Kelvin D Ferguson & Sons

Trade Name, if any

232 Hafner Ave 100 Hafner

Pittsburgh

Pa

15223

Direct Address (principal place of business)

City or Municipality

State

Zip Code

24 Furnace St EXT

McKees Rocks

Pa

15136

The Verified Statement of the Applicant is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc have authorized the witness to speak for the business

Djuan Ferguson owner of the business

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

none

3. Describe your business experience, particularly any experience relating to the operation as a broker for the transportation of persons. You may also include an explanation of education or training that you believe may be relevant.

I have been hauling and moving with my father for 20 years. My father died recently and I took over the business. Our business is in the City of Pittsburgh. My training has been on the job with my father when he was alive.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized. 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. Finally, please state your intended business hours. Trucks are parked at a secure storage gated lot over night. Trucks are inspected yearly and maintained monthly, lights reflectors brakes

The trucks are inspected (lights, turn signals, brakes, ties) daily before they leave the lot.

Drivers have valid licenses, drivers records reviewed, annual review, road test

The communication network is via cell phone.

The business uses email and social media.

Customers are received by word of mouth, social medial and business cards. We will keep what ever records the PUC requires in a secure location in the owners home office

Business hours Monday through Friday 9-5 Saturday 10-5

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving.

4-6 employees duties are to safely and securely move boxes, furniture , appliances and items from one household to another. The appropriate number of employees depends upon the size of the move as we provide reasonable and efficient service for our customers so that we will get referrals.

6. Licensed brokers are required to maintain a surety bond with a value of no less than \$10,000. While it is not necessary to obtain a surety bond at this time, please give the names of bonding companies you have contacted in preparation for obtaining a surety bond.

Triangle Benefit Services - licensed Broker - Giovanni Salvio 412-650-6500

7. Please describe your customer service standards. Within your description, please explain:
- Your plan to inform customers of the procedures for filing complaints with the PUC;
 - Your intended customer complaint resolution procedure.

We will provide our customers with the letter that was provided to us by the PUC

We will inform our clients that if they have any concerns they can file with the PUC

8. Criminal Record. Have you been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

YES NO

9. **Financial Data.** In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. Therefore, you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if proposed business can be feasible. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains 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.


Signature
Juan Ferguson - owner
(Name and Title, printed or typed)

2/28/23
(Date)

STATEMENT OF FINANCIAL POSITION
BALANCE SHEET as of 2/28/23

ASSETS

Current Assets

Cash	\$5,000.00	
Other Current Assets (specify)		
Total Current Assets		\$5,000.00

Tangible Assets

Motor Vehicle Equipment	\$25,000.00	
Property (Buildings, land, etc.)		
Office Equipment	\$5,000.00	
Total Tangible Assets		\$30,000.00

TOTAL ASSETS **\$35,000.00**

LIABILITIES monthly

Lot fees	321.00	
Current Liabilities (Due within one year of date)		
Loans	00.00	
Credit Cards/revolving credit	00.00	
Other Liabilities (attach schedule)	82.16	
Insurance paid monthly		
Total Current Liabilities	170.00	1,032.53
Workers Compensation Ins	479.37	
Vehicle Insurance		

Long Term Liabilities (Due after one year of date)

Mortgage	00.00	
Long Term commercial loan	00.00	
Other Liabilities (Attach Schedule)	00.00	
Total Long-Term Liabilities		00.00

TOTAL LIABILITIES **\$1,032.53**

B0514-3245 02/28/2023 10:42 AM Received by Pennsylvania Department of State

Pennsylvania Department of State
-FILED-
Amendment #: 0012892985
Date Filed: 2/28/2023

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

<input type="checkbox"/> Return document by mail to: M. BURR KEIM COMPANY <hr/> Name <hr/> Address <hr/> City State Zip Code <input checked="" type="checkbox"/> Return document by email to: <u>info@mburrkeim.com</u>	Certificate of Amendment - Domestic Limited Partnership/Limited Liability Company DSCB 15-8622/8822 (rev 2/2017)  8672
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Fee: \$70

Check one: Limited Partnership (§ 8622) Limited Liability Company (§ 8822)

In compliance with the requirements of the applicable provisions (relating to Amendment or Restatement of Certificate), the undersigned, desiring to amend or restate its Certificate of Limited Partnership/Certificate of Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is:

Kelvin D. Ferguson & Sons

2. The date of filing of the original Certificate of Limited Partnership/Certificate of Organization is: 01/13/2020
Date (MM/DD/YYYY)

3. The current registered office address as on file with the Department of State. Complete part (a) OR (b) not both

(a) 232 Hazel Road, Pittsburgh, PA 15235 Allegheny
Number and street City State Zip County

(b) c/o: _____
Name of Commercial Registered Office Provider County

4. Check, and if appropriate complete, one of the following

The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:

The name of the limited liability company is changed to:

Kelvin D. Ferguson & Sons LLC

The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

5. Effective date of amendment (check, and if appropriate complete, one of the following)

The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.

The amendment shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

PA DEPT OF STATE

FEB 28 2023

B0514-3246 02/28/2023 10:42 AM Received by Pennsylvania Department of State

DSCB 15-8622/8822-2

6. Check if the amendment restates the Certificate of Limited Partnership/Certificate of Organization

The restated Certificate of Limited Partnership/Certificate of Organization supersedes the original Certificate of Limited Partnership/Certificate of Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed by a duly authorized person thereof this 23rd day of February, 2023.

Kelvin D. Ferguson & Sons
Name of Limited Partnership/Limited Liability Company

Elizabeth Tarasi
Signature

Authorized Person
Title