

Pro Movers Inc

1803 Augusta Dr Jamison PA 18929

coolmoving@yahoo.com

Cell phone: 215-600-0057

Request DBA name change

Public Utilities Commission

A-2023-3039773

DATE OF DEPOSIT

SEP 11 2023

PA Public Utility Commission
Secretary's Bureau

Dear Amanda Clouser

I hope this letter finds you well. I am writing to request a change in the Doing Business As (DBA) name for my business, Next Door Movers. My business, which is currently registered with the Public Utilities Commission.

The new DBA name I registered with the PUC is Cool Moving. The decision to change the DBA name is driven by several factors, including rebranding efforts, shifts in our business focus, and the desire to better align our identity with our evolving goals and values. We believe that the proposed name accurately represents our business and will resonate more effectively with our customers and partners.

I understand that changing the DBA name involves a formal process and may require specific documentation. I am prepared to provide any necessary paperwork and meet all requirements to ensure a smooth transition. Please let me know the exact steps and any additional information needed from my end to facilitate this change. I look forward to your prompt response and guidance on the next steps in the DBA name change process. Your assistance in this matter is greatly appreciated.

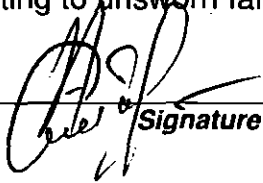
Sincerely, Asilbek Sharipov Pro Movers Inc

09.11.2023



VERIFICATION

I, Asilbek Sharipov, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).



Signature

08.29.2023

Date

DATE OF DEPOSIT

AUG 29 2023

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATION

Date Filed : 10/26/2018
Effective Date : 10/27/2018
Pennsylvania Department of State

Return document by mail to:

Asilbek Sharipov

Name

9963 Sandy Rd,

Address

Philadelphia

PA

19115

City

State

Zip Code

Return document by email to: _____

Articles of Incorporation-For Profit

DSCB: 15-1306/2102/2303/2702/2903/3101/3303/7102

(rev.2/2017)



01236

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125.00

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

DATE OF DEPOSIT

AUG 29 2023

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Check only one:

- Business-stock (§ 1306)
 Business-nonstock (§ 2102)
 Business-statutory close (§ 2303)
 Cooperative (§ 7102)

- Management (§ 2703)
 Professional (§ 2903)
 Insurance (§ 3101)
 Benefit (§ 3303)

In compliance with the requirements of the applicable provisions (relating to corporations and unincorporated associations), the undersigned, desiring to incorporate a corporation for profit, hereby states that:

1. The name of the corporation (corporate designator required, i.e., "corporation," "incorporated," "limited," "company," or any abbreviation thereof. "Professional corporation" or "P.C." permitted for professional corporations):

Pro Movers Inc

2. Complete part (a) or (b) – not both:

(a) The address of this corporation's proposed registered office in this Commonwealth is: (post office box alone is not acceptable)

9963 Sandy Rd,	Philadelphia	PA	19115	Philadelphia
Number and Street	City	State	Zip	County

(b) The name of this corporation's commercial registered office provider and the county of venue is:

c/o:

Name of Commercial Registered Office Provider County

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. Check and complete one:

The corporation is organized on a nonstock basis.

The corporation is organized on a stock share basis and the aggregate number of shares authorized is: ___

5. The name and address, including number and street, if any, of each incorporator (all incorporators must sign below):

Name	Address
Asilbek Sharipov	9963 Sandy Rd , Philadelphia , PA , United States , 19115

6. The specified effective date, if any is: 10/27/2018 11:26 AM

month/day/year hour, if any

7. Additional provisions of the articles, if any, attach an 8½ by 11 sheet.

8. *Statutory close corporation only:* Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a “public offering” within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.)

9. *For Cooperative Corporation Only.*
Check and complete one:

The corporation is a cooperative corporation and the common bond of membership among its members is:

The corporation is a cooperative corporation and the common bond of membership among its shareholders is:

10. *Benefit corporations only:* This corporation shall have the purpose of creating general public benefit.

Strike out if inapplicable: ~~This corporation shall have the purpose of creating the enumerated specific public benefit(s):~~

IN TESTIMONY WHEREOF, the incorporator(s) has/have signed these Articles of Incorporation this 26 day of October, 2018.

Asilbek Sharipov
Signature



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
REGISTRATION OF FICTITIOUS NAME
 Fee: \$70

Pennsylvania Department of State
-FILED-
 File #: 0013373278
 Date Filed: 4/24/2023

DSCB: 54-311 (rev. 2/2017)

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:

Fictitious Name
 Fictitious name: Cool Moving

Additional Information
 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: PA

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.

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

Address: ASILBEK SHARIPOV
 9963 SANDY ROAD
 PHILADELPHIA, PA 19115
 Philadelphia

DATE OF DEPOSIT
 APR 20 3
 PA FICTITIOUS NAME COMMISSION
 SECRETARY'S BUREAU

Individuals interested in the business

Full Name	Address
None Entered	

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Pro Movers Inc Domestic Business Corporation Registered Office Address 9963 Sandy Rd, Philadelphia, PA 19115 State or Country of Origin PENNSYLVANIA			None	None

Agents

Full Name
None Entered

Additional provisions, if any

Electronic Signature

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

Asilbek Sharipov

04/24/2023

Pro Movers Inc

Date

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0060. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC RRA, 1200 New Jersey Avenue, SE, Washington, DC 20590



FMCSA — Office of Registration & Safety Information
6th Floor, 1200 New Jersey Ave. SE, Washington, DC
Fax: (202) 366-3477 (Licensing)
(202) 385-2422 (Insurance)
Customer Service: (800) 832-5660

FMCSA Office of Registration and Safety Information
Motor Carrier Records Change Form
FORM MCSA-5889

Name and address changes and reinstatements of operating authority can be requested on our web site at <https://li-public.fmcsa.dot.gov/li/inf/00-PKG> (supporting documents must be submitted separately). You may submit this form to the above address, via our web form at <https://li-public.fmcsa.dot.gov/li/inf/00-PKG>, or fax it to 202-366-3477. There is no fee for an address change, but name changes cost \$14 and reinstatements \$80. For more assistance with these transactions and other Registration, Licensing and Insurance functions (including transfers of operating authority), see the FAQs at <https://ask.fmcsa.dot.gov>. Please submit all the requested data in Section A as represented in your current USDOT records. Changes can be indicated in Section B for address changes, Section C for name changes, and Section D for Reinstatements. Credit card information can be submitted in Section E. Any partially-submitted data will be kept for 30 days. If the rest of the information is not submitted within that time, the submitted data will be discarded. **FMCSA cannot make any changes until all required data is supplied.**

Section A
ALL MUST COMPLETE

8/11/2023 TODAY'S DATE 866-352-9270 REQUESTOR'S FAX NUMBER (include area code) northeastinsurance@gmail.com REQUESTOR'S E-MAIL ADDRESS (if any)

MOTOR CARRIER IDENTIFICATION INFORMATION:
Pro Movers Inc NEXT DOOR MOVERS
 CURRENT LEGAL NAME (personal, partnership, or corporation) CURRENT "DOING BUSINESS AS NAME" (if different from legal name)
1465559 3256236 **DOCKET/MC NUMBER** **USDOT NUMBER** **MX NUMBER: (MX only)** **RFC NUMBER: (MX only)** **FF NUMBER: (freight forwarders only)**

ADDRESSES (as currently listed in FMCSA systems):
1803 Augusta Dr Jamison PA 18929 (215)600-0057
STREET ADDRESS **CITY** **STATE/PROV.** **ZIP CODE** **PHONE (include area code)**

PHONE NUMBERS:
(215)600-0057 (215)600-0057
CURRENT BUSINESS NUMBER **CURRENT CELL PHONE**
 (include area code) NUMBER (include area code)

AFFILIATION WITH FMCSA-LICENSED ENTITIES OR OTHER APPLICANTS APPLYING FOR USDOT NUMBER REGISTRATION
 Do you currently have, or have you had within the last three years of the date of this application, relationships involving common stock, common ownership, common management, common control or familial relationships with any FMCSA-regulated entities?

Yes No
 If yes, provide the name of the company, USDOT Number, MC/FF/MX Number, and the company's latest USDOT safety rating.
 Applicant must indicate whether these entities are currently disqualified from operating commercial motor vehicles anywhere in the United States pursuant to section 219 of the Motor Carrier Safety Improvement Act of 1999 (MCSIA) (Public Law 106-159, 113 Stat. 1748 (Dec. 9, 1999)).

USDOT NUMBER*	MC/FF/MX NUMBER	LEGAL NAME*	DBA NAME	CURRENT SAFETY RATING*
USDOT NUMBER*	MC/FF/MX NUMBER	LEGAL NAME*	DBA NAME	CURRENT SAFETY RATING*
US NUMBER*	MC/FF/MX NUMBER	LEGAL NAME*	DBA NAME	CURRENT SAFETY RATING*

*These are required fields.

APPLICANT'S OATH

I verify under penalty of perjury, under the laws of the United States of America, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. § 1001 by imprisonment of up to 5 years and fines up to \$250,000 for each offense. Additionally these statements are punishable as perjury under 18 U.S.C. § 1621, which provides for fines of up to \$250,000 or imprisonment of up to 5 years for each offense.

I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, formerly Pub. L. 100-690, Title V, Section 5301, Nov. 18, 1988, 102 Stat. 4310, renumbered and amended Pub. L. 101-647, Title X, Section 1002 (d), Nov. 29, 1990, 104 Stat. 4827 (21 U.S.C. 862).

Asilbek Sharipov owner
 APPLICANT NAME (print or type) APPLICANT TITLE APPLICANT SIGNATURE

Section B

ADDRESS CHANGES ONLY
 Submit Address Change Requests via our web form at <https://ask.fmcsa.dot.gov/app/ask> or fax to (202) 366-3477.

MX Carriers only:
 I am enclosing a copy of my Tarjeta de Circulacion (required).

NEW STREET ADDRESS NEW CITY NEW STATE/COUNTRY PHONE (include area code) ZIP CODE
 Check if new physical and mailing addresses are the same. Otherwise, complete mailing address information below.

NEW MAILING ADDRESS MAILING CITY MAIL STATE/COUNTRY PHONE (include area code) ZIP CODE

Section C

NAME CHANGES ONLY
 Submit Name Change Requests and documentation via our web form at <https://ask.fmcsa.dot.gov/app/ask> or fax to (202) 366-3477.

IS THERE ANY CHANGE IN OWNERSHIP, MANAGEMENT, OR CONTROL OF THE COMPANY? ARE YOU A MEXICAN CARRIER?

Yes — if you answer yes to one of the questions, you must report a transfer of authority or select one of the options in the next box.
 No — there is no change in ownership, skip the next box and enter new name below.

- I am making one of the following changes which does not require a transfer (select one) but does require documentation (include with form submission):
- Hand-over to or addition/deletion of close blood relatives, i.e., child, spouse, or sibling (notarized letter enclosed)
 - Addition of partner through marriage (marriage license enclosed)
 - Changes to existing corporation (copy of articles of incorporation from the state government enclosed)
 - Deletion of partner through death (copy of death certificate enclosed)
 - Deletion of spouse due to divorce (copy of divorce agreement enclosed)
 - Incorporating (copy of articles of incorporation from the state government enclosed)
 - I am an MX carrier and am also enclosing a copy of my Tarjeta de Circulacion

NEW LEGAL NAME (personal, partnership, or corporation) Cool Moving NEW "DOING BUSINESS AS NAME" (if different from legal name)

I authorize the Federal Motor Carrier Safety Administration to charge \$14 to the credit card below for this name change.
 I have attached payment in the amount of \$14 in the form of a check or money order, payable to FMCSA, to the address in Section E.

Section D
REINSTATEMENT OF OPERATING AUTHORITY ONLY
 Submit Reinstatement Requests via our web form at <https://ask.fmcsa.dot.gov/app/ask> or fax to (202) 385-2422.

I WOULD LIKE TO REINSTATE THE FOLLOWING AUTHORITY(S):

- Motor carrier operating authority
- Broker authority
- Freight Forwarder authority

PLEASE CHECK THE BOX TO INDICATE YOUR ASSENT TO THIS STATEMENT:

- I understand that reinstatements may not be processed immediately. It is the responsibility of the motor carrier to ensure that they are in full compliance with all FMCSA regulations prior to beginning interstate operations. Authority will not be reinstated until BOC-3 Form (Designation of Process Agent) and required insurance are on file. More instructions can be found at <http://www.fmcsa.dot.gov/registration/insurance-requirements>.

and CHECK ONE OF THE FOLLOWING OPTIONS:

- I authorize the Federal Motor Carrier Safety Administration to reinstate the operating authority of the Motor Carrier/Broker/Freight Forwarder identified above. I understand that the credit card below will be charged \$80, and that this Authorization will be stored electronically with the credit card number obscured, except for the last four numbers.
- I authorize the Federal Motor Carrier Safety Administration to reinstate the operating authority of the Motor Carrier/Broker/Freight Forwarder identified above. I have attached payment of \$80 in the form of a check or money order, payable to FMCSA, to the address in section E.

Section E
PAYMENT: NAME CHANGES AND REINSTATEMENTS ONLY

Pursuant to 49 CFR 360.3(c), fees are not refundable. After the application or document has been accepted for filing by the FMCSA, the filing fee will not be refunded, regardless of whether the document is granted or approved, denied, rejected, dismissed or withdrawn.

CREDIT CARD NUMBER _____ VISA MasterCard \$14 (Name Change)
 American Express Discover EXPIRATION DATE _____ PAYMENT: \$80 (Reinstatement)

NAME ON CARD _____ BILLING ADDRESS _____ CITY _____

STATE/PROVINCE _____ ZIP CODE _____ SIGNATURE _____ DATE _____

- CHECKS/MONEY ORDERS ONLY: I am NOT paying by credit card, but with a check or money order, which I will send with this form to:
 - Regular mail: Federal Motor Carrier Safety Administration
P.O. Box 6200-33
Portland, OR 97228-6200
 - Overnight express mail: U.S. Bank Government Lockbox
Attn: Federal Motor Carrier Safety Admin., 6200-33
17650 NE Sandy Blvd.
Portland, OR 97230

DATE OF DEPOSIT
 AUG 29 2023
 PA PUBLIC UTILITY COMMISSION
 SECRETARY'S BUREAU



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE
August 25, 2023

DATE OF DEPOSIT

AUG 29 2023

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

CERTIFICATE

MC-1465559-C

U.S. DOT No. 3256236
PRO MOVERS INC
D/B/A COOL MOVING
JAMISON, PA

This Certificate is evidence of the carrier's authority to engage in transportation as a **common carrier of household goods** by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387); the designation of agents upon whom process may be served (49 CFR 366); tariffs or schedules (49 CFR 1312); and arbitration of loss and damage disputes (49 U.S.C. § 14708). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Jeffrey L. Secrist, Division Chief
Office of Registration

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

CHO

**FMCSA MC-RS
1200 New Jersey Ave., S.E.
Washington, DC 20590**

**OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300**

**MC-1465559
PRO MOVERS INC
D/B/A COOL MOVING
1803 AUGUSTA DR
JAMISON, PA 18929**



PRESS FIRMLY TO SEAL

PRIORITY MAIL
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POSTAGE REQUIRED

UNITED STATES
POSTAL SERVICE

Retail

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US POSTAGE PAID

\$9.65

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08/29/23
4165570110-33

PRIORITY MAIL®

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RDC 01

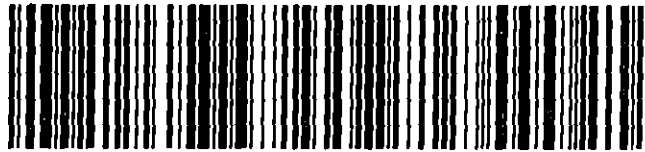
EXPECTED DELIVERY DAY: 08/31/23

C000

SHIP TO:

400 NORTH ST
FL 2
HARRISBURG PA 17120-0202

USPS TRACKING® #



9505 5152 5336 3241 8083 88



FROM: P20 Movers Inc
1803 Augusta Dr
Lawison, PA 18929
Asilbek Sharipov

RECEIVED

AUG 31 2023

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

TO:
Secretary PA Public Utility
Commission.

400 NORTH STREET 2nd Floor
Harrisburg PA 17120

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*Mr. Arthur Shorifov
Movers Inc
05 August 02
Harrisburg PA 17120*

RECEIVED

SEP 18 2023

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

*To: Secretary PA Public Utility
Commission
400 North Street 2nd Floor
Harrisburg PA 17120*

EXPECTED DELIVERY DAY: 09/13/23

USPS TRACKING[®] #



9505 5152 5338 3254 9861 70

EP14H February 2023 Outer Dimension: 10 x 5