



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
COMMONWEALTH KEYSTONE BUILDING  
400 NORTH STREET  
HARRISBURG, PENNSYLVANIA 17120  
<http://www.puc.pa.gov>

January 30, 2024

Docket No. A-2024-3045749

**PINEAPPLE DELIVERY SERVICES LLC**  
**1901 S 9TH S**  
**PHILADELPHIA PA 19148**

**RE: Application of PINEAPPLE DELIVERY SERVICES, LLC, 923 N. 4th St., Philadelphia, PA 19123. 215-882-0043**

To Whom It May Concern:

On January 18, 2024, the application of PINEAPPLE DELIVERY SERVICES, LLC, was accepted by the Commission; however, multiple issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission **within ten (10) working days** from the date of this letter. **Currently, the only acceptable means of filing your response is through the Commission's e-file system. Information is available at the following link to efile:**  
<https://www.puc.state.pa.us/efiling/default>

**Your answers should be verified per 52 Pa Code § 1.36.** Accordingly, you must provide the following statement with your responses:

I, Thomas Ryan, hereby state that the facts above set forth 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).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Please submit your response to the address cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,

Rosemary Chiavetta, Secretary

Enclosure

cc: Josh Kwiatkowski

Docket No. A-2024-3045693  
PINEAPPLE DELIVERY SERVICES, LLC  
Data Request

1. Question #5 of the applicant's verified statements requires that you describe your hiring and employment policies. You are expected to provide a PLAN that satisfies the requirements of 52 Pa Code. Please review the requirements of the following chapters of 52 Pa Code and provide a revised compliant plan for drivers.
  - 52 Pa Code § 37.204, 49 CFR 391.11 - Age restrictions (minimum age) ✓
  - 52 Pa Code § 37.204, 49 CFR 391.25 - Driver history. (schedule) ✓
  - 52 Pa Code § 31.134 - Criminal history. (schedule) ✓
2. W2 statements in themselves do not demonstrate *at least two* years of employment, they only establish that at one point during the tax year that you worked for an employer. Please provide a signed letter (on company letterhead) from each previous employer, which clearly establishes the dates of employment and the responsibilities held by the employee. SEE VOX L
3. Please verify the accuracy of the provided balance sheet. ↙

The information provided is also to be strictly limited to assets and debts **HELD BY THE APPLICANT (PINEAPPLE DELIVERY SERVICES, LLC), and not the individual members.** Any property listed **MUST** be registered or titled to the corporation.

If your previously submitted statement of financial position is accurate simply provide a response indicating that. If corrections or updates are required, please provide a new dated balance sheet, as well as a brief explanation of what was changed and why.

Also, please bear in mind that supporting documentation (e.g. - copies of bank statements, or vehicle registrations, etc.) may be requested later to establish the veracity of the information presented.

I GUESS  
REVIEW  
ONLINE ↗

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The purpose of the verified statement questions is to determine your ability to provide safe, efficient, and reasonable transportation. It is in your best interest to provide accurate, complete, and timely responses. Failure to do so is sufficient grounds to justify the denial of your application **because YOU have failed to provide sufficient evidence of your fitness to operate.** Be advised that additional corrections may not always be requested; therefore, prior to submitting your responses, your consultation with an attorney or financial expert familiar with Commission regulated Motor Carrier related proceedings is highly encouraged.

# 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.

TRAVIS Regan

Legal Name of Applicant

Trade Name, if any

923 N. 4th St.

Philadelphia

PA

19123

Street Address (principal place of business)

City or Municipality

State

Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

TRAVIS Regan (co-owner)

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

NONE

3. Please provide evidence of minimum of two-years' experience with a licensed household goods carrier or the equivalent as required by 52 Pa. Code §3.381(c)(1)(iii)(A)(II)(-I-).

PLEASE ATTACHED SEE ATTACHED LETTER FROM FORMER EMPLOYER ESTABLISHING EMPLOYMENT DATES AND RESPONSIBILITIES

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable. 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, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers.

Our facility is a trucking yard that contains a storage container with our supplies. We keep a shelf in the storage container that contains maintenance fluids and tools. Each truck contains a daily check list accompanying the days paperwork. All paperwork and checklists will be turned over at the end of each day for review by our office. All records will be stored indefinitely at our home office located at 1901 S. 9th St. (unit b01a) Philadelphia, PA 19148. We will receive potential client requests for transportation services of household goods via our website, word of mouth and flyers. We will book clients on first come first serve basis, based on the size of their job. Depending on the scope or size, they may be the only client of the day. We will only handle 1-3 clients per day. Drivers/Crew Leaders can notify the daily Dispatch Leader from 6:00am-11:00am Monday thru Sunday if requesting truck service

EXAMPLE



EXAMPLE E

Jan 30th 2023

To whom it may concern,

My name is Michael Vogel and I am the Manager of Old City Movers. We are a Philadelphia based Residential Moving Company.

I am writing on behalf of Travis Regan. He was employed by Old City Movers from 2013-2020. Travis's duties included driving trucks, carrying furniture, scheduling employees, purchasing supplies, booking jobs and dealing with crew issues. He worked partially on the Trucks and partially in the Office. He had a Medical Card. He never had a negative drug test or any driver incidents while on duty with Old City Movers.

He had an excellent work history and we wish him the best in his further endeavors. I support his application with the Philadelphia Utility Commission.

Best

Michael Vogel  
General Manager  
267-205-5209

A handwritten signature in black ink, appearing to read "Michael Vogel", written over a horizontal line.

5. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:
- A. All applicants must submit a copy of their current state drivers license and a valid social security number at the time of hiring. All applicants must be 21 years of age. All applicants must be able to read and speak English. All applicants must have a clean driving and criminal record.
  - B. All applicants social security number will be checked via the Pennsylvania State Police or from any other state the person resided in the last 12 months. A follow-up criminal background check will occur after two years of employment. All applicants with felony or misdemeanor crimes, that adversely effect that person's suitability to provider service safely, will be disqualified. A copy of all criminal histories of employees will be held for 3 years at our home office in an employee file.
  - C. All applicants must do a minimum of three "ride alongs" for observation purposes only. All new drivers will be teamed with a senior driver for two weeks. All drivers must possess a valid Medical Card.
  - D. We request a DMV abstract of applicants driving history going back 10 years from the state of the applicants drivers license. A new inquiry will be made every 12 months to obtain a motor vehicle record of every driver we employ. All employees motor vehicle records will be reviewed yearly to see if the driver meets our minimum standards for save driving or is disqualified to drive a commercial vehicle. A copy of the employees motor vehicle record will be maintained in the employee's file. A yearly driver qualification review will be conducted. A note will be attached addressing who administered the driver qualification review and the date it was conducted. The is will be maintained in the employee's file.
  - E. We have a Zero Tolerance policy with drugs and alcohol in the workplace. All drivers are subject to drug screenings administered by the Doctor who does our medical cards. Drug Screenings are conducted quarterly with one employee chosen at random with no advance notice. All records of Drug Screening will be kept on file with our Medical Provider. Tests and medical cards will be stored the employee's file.

6. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2005	Mitsubishi	FUSO	3	JL6AM61535K0091B	152,198
2017	Mitsubishi	CANTOR	3	JL6BNK1A0HK005493	43,251

7. Describe your vehicle safety program. Please include the following in your explanation:
- a. Your periodic vehicle maintenance plan
  - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

A. Our current vehicle inspection revolves around a daily inspection plan of checking of the oil, DEF, transmission fluids, lights and tires before leaving the yard. We do Oil Changes after 10,000 miles or every 4 months. We keep records in the truck of maintenance and records in our office of issues.

B. We have a diagnostic code reader to help with the figuring out of all malfunctions or stoppages. All trucks are inspected through a licensed PA Inspection Station. All maintenance is performed by the same Garage.

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

PLEASE SEE ATTACHED DOCUMENTS MARKED "EXAMPLE A". WE HAVE TAKEN OUT ALL NEEDED OR REQUIRED INSURANCE TO BECOME A HOUSEHOLD GOODS CARRIER Please see "example D" for Insurance Coverage

9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

\_\_\_ YES    X NO

10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

PLEASE ATTACHED DOCUMENTS. "EXAMPLE B" IS bank statement showing our cash reserves. "EXAMPLE C" shows our current loan with Alty Bank for our Truck.

### 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.

Travis Regan

(Signature)

TRAVIS REGAN OWNER

(Name and Title, printed or typed)

2-1-24

(Date)

# EXAMPLE A

## Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$6,369
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorist - Stacked	\$25,000 each person/\$50,000 each accident		267
Underinsured Motorist - Stacked	\$25,000 each person/\$50,000 each accident		524
Basic First Party Benefit - Full Tort			255
Medical Expense Benefit Without Workers Comp	up to \$5,000		
Funeral Expense Benefit Without Workers Comp	up to \$2,500		47
Accidental Death Benefit Without Workers Comp	up to \$25,000		153
Comprehensive			498
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,129
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			280
See Auto Coverage Schedule			
Roadside Assistance			393
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Total 12 month policy premium</b>			<b>\$9,915</b>

## Rated drivers

1. Travis Regan
2. Matthew Scheuermann

## Auto coverage schedule

### 1. 2005 MITSUBISHI FUSO TRUCK OF AMERI FE

VIN: **JL6AAG1S35K009188** Garaging Zip Code: 19148 Radius: 50 miles  
Personal use: N Body type: Box Truck

Liability Premium	Liability Premium	UM Premium	UM Premium	PIP Premium	Funeral Exp Premium	Accid Death Premium	
	\$1849	\$75	\$147	\$53	\$10	\$32	
Other Coverages Premium	Roadside Deductible	Roadside Premium					Auto Total
	\$250	\$208					<b>\$2,374</b>

### 2. 2017 MITSUBISHI FUSO TRUCK OF AMERI FE Stated Amount: \* \$37,000 (including Permanently Attached Equip)

VIN: **JL6BNK1A0HK005493** Garaging Zip Code: 19148 Radius: 100 miles  
Personal use: N Body type: Box Truck

Liability Premium	Liability Premium	UM Premium	UM Premium	PIP Premium	Funeral Exp Premium	Accid Death Premium	
	\$2464	\$75	\$147	\$73	\$13	\$44	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium			
	\$1,000	\$389	\$1,000	\$795			
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Deductible	Roadside Premium			Auto Total
	\$150 per day Max \$4,500	\$196	\$250	\$149			<b>\$4,345</b>

**Bank**

America's Most Convenient Bank®

EXAMPLE B



PINEAPPLE DELIVERY SERVICES LLC  
1901 S 9TH ST STE B01A  
PHILADELPHIA PA 19148-2385

Page: 1 of 5  
Statement Period: Dec 01 2023-Dec 31 2023  
Cust Ref #: 4380112527-719 E-\*\*\*  
Primary Account #: 438-0112527

**TD Business Premier Checking**

PINEAPPLE DELIVERY SERVICES LLC

Account # 438-0112527

Beginning Balance	22,938.08	Average Collected Balance	23,793.07
Deposits	3,950.00	Interest Earned This Period	0.00
Electronic Deposits	6,699.29	Interest Paid Year-to-Date	0.00
Checks Paid	2,385.00	Annual Percentage Yield Earned	0.00%
Electronic Payments	9,355.25	Days in Period	31
Ending Balance	21,847.12		

	Total for this cycle	Total Year to Date
Grace Period OD/NSF Refund	\$0.00	\$0.00

**Deposits**

12/08	MOBILE DEPOSIT	3,950.00
	Subtotal:	3,950.00

**Electronic Deposits**

12/01	CCD DEPOSIT, NKF PAYABLES PINEDELSERV	2,393.00
12/06	DEBIT CARD CREDIT, AUT 120623 VISA DDA REF RYDER SOPHILLY 215 336 3414 * PA 4085404026896948	131.99
12/08	MERCHANT SERVICES CR, TD MERCHANT SVS DEPOSIT 958244490883	1,273.00
12/12	MERCHANT SERVICES CR, TD MERCHANT SVS DEPOSIT 958244490883	611.00
12/15	MERCHANT SERVICES CR, TD MERCHANT SVS DEPOSIT 958244490883	703.00
12/18	MERCHANT SERVICES CR, TD MERCHANT SVS DEPOSIT 958244490883	538.20
12/21	MERCHANT SERVICES CR, TD MERCHANT SVS DEPOSIT 958244490883	585.00
12/26	CCD DEPOSIT, TOURAINE, LP AVIDPAY CK9787	465.00
	Subtotal:	6,699.29

**Checks Paid**

No. Checks: 5

\*Indicates break in serial sequence or check processed electronically and listed under Electronic Payments

12/04	1059	200.00	12/18	1102*	1,500.00
12/01	1061*	400.00	12/12	1144*	35.00
12/11	1064*	250.00			
			Subtotal:		2,385.00

**Bank**

America's Most Convenient Bank®

EXAMPLE B



PINEAPPLE DELIVERY SERVICES LLC  
1901 S 9TH ST STE B01A  
PHILADELPHIA PA 19148-2385

Page: 1 of 7  
Statement Period: Nov 01 2023-Nov 30 2023  
Cust Ref #: 4380112527-719-E-\*\*\*  
Primary Account #: 438-0112527

**TD Business Premier Checking**

PINEAPPLE DELIVERY SERVICES LLC

Account # 438-0112527

Beginning Balance	16,001.71	Average Collected Balance	18,580.88
Deposits	2,061.00	Interest Earned This Period	0.00
Electronic Deposits	12,973.90	Interest Paid Year-to-Date	0.00
Checks Paid	1,720.00	Annual Percentage Yield Earned	0.00%
Electronic Payments	6,378.53	Days in Period	30
Ending Balance	22,938.08		

	Total for this cycle	Total Year to Date
Grace Period OD/NSF Refund	\$0.00	\$0.00

**Deposits**

11/27	MOBILE DEPOSIT	2,061.00
	Subtotal:	2,061.00

**Electronic Deposits**

11/07	MERCHANT SERVICES CR, TD MERCHANT SVS DEPOSIT 958244490883	310.00
11/13	MERCHANT SERVICES CR, TD MERCHANT SVS DEPOSIT 958244490883	533.00
11/15	CCD DEPOSIT, TOURAINE, LP AVIDPAY CK9686	5,668.42
11/16	MERCHANT SERVICES CR, TD MERCHANT SVS DEPOSIT 958244490883	1,145.00
11/17	CCD DEPOSIT, AMERICAN FOUNDAT BUSINESS	817.00
11/22	MERCHANT SERVICES CR, TD MERCHANT SVS DEPOSIT 958244490883	564.50
11/22	DEBIT CARD CREDIT, AUT 112223 VISA DDA REF RYDER SOPHILLY 215 336 3414 * PA 4085404027218910	226.06
11/22	DEBIT CARD CREDIT, AUT 112223 VISA DDA REF RYDER SOPHILLY 215 336 3414 * PA 4085404026896948	134.37
11/24	MERCHANT SERVICES CR, TD MERCHANT SVS DEPOSIT 958244490883	969.55
11/27	MERCHANT SERVICES CR, TD MERCHANT SVS DEPOSIT 958244490883	1,176.00
11/30	MERCHANT SERVICES CR, TD MERCHANT SVS DEPOSIT 958244490883	1,430.00
	Subtotal:	12,973.90

EXAMPLE C

Itemization of Amount Financed

Table with 2 columns: Description and Amount. Rows include: 1a. Cash price of motor vehicle (\$33,000.00), 1b. Government taxes (\$2,640.00), 1c. Accessories and installation (\$0.00), 1d. Delivery charge (\$0.00), 1e. N/A (\$0.00), 1f. N/A (\$0.00), 1g. N/A (\$0.00), 1h. N/A (\$0.00), 1. Total Cash Price of Motor Vehicle (1a thru 1h) (\$35,640.00), 2a. Trade-in allowance (\$0.00), 2b. Less: Amount owing paid to: N/A (\$0.00), 2c. Net Trade-In (2a minus 2b) (\$0.00), 2d. Plus cash payment (\$16,000.00), 2e. Plus manufacturer's rebate (\$0.00), 2f. Plus (Other) N/A (\$0.00), 2. Total Down Payment (if negative, enter \$0 and see 4a.) (\$16,000.00), 3. Unpaid Cash Price Balance (1 minus 2) (\$19,640.00), 4a. Prior credit or lease balance payment on Trade-in (paid to same as 2b.) (\$0.00), 4b. Insurance premiums paid to insurance company(ies) (\$0.00), 4c. Paid to Public Officials (incl. filing fees) (\$750.00), 4d. (Optional) Service Contract paid to: N/A (\$0.00), 4e. (Optional) Service Contract paid to: N/A (\$0.00), 4f. Optional Gap Waiver (Debt Cancellation) paid to Seller (\$0.00), 4g. Pre Delivery Dealer Fee pd to Seller (\$250.00), 4h. N/A pd to N/A (\$0.00), 4i. N/A pd to N/A (\$0.00), 4j. N/A pd to N/A (\$0.00), 4k. N/A pd to N/A (\$0.00), 4l. N/A pd to N/A (\$0.00), 4m. N/A pd to N/A (\$0.00), 4n. N/A pd to N/A (\$0.00), 4o. N/A pd to N/A (\$0.00), 4p. N/A pd to N/A (\$0.00), 4. Total Other Charges and Amounts Paid to Others on Your Behalf (4a thru 4p) (\$1,000.00), 5. Amount Financed (3+4) (\$20,640.00), 6. Finance Charge (\$5,250.24), 7. Time Balance (5+6) (\$25,890.24)

We may retain or receive a portion of any amount paid to others.

[This area intentionally left blank.]

Insurance Disclosures

Credit Insurance. Credit life insurance and credit disability insurance are not required to obtain credit and are not a factor in the credit decision. In general, if you die, credit life insurance pays the unpaid part of the amount financed, assuming you made all payments on time. In general, credit disability insurance pays the scheduled payments due under this Contract while you are disabled. This insurance does not cover any increase in your payment or in the number of payments. The policies or certificates issued by the named insurance companies may further limit the coverage that credit life or credit disability insurance provides. You will not receive credit life insurance and credit disability insurance unless you sign and agree to pay the additional premium. If you want such insurance, we will obtain it for you (if you qualify for coverage). We are quoting below only the coverages you have chosen to purchase.

Credit Life

Single Joint None Premium \$ 0.00 Term N/A Insured N/A

Credit Disability

Single Joint None Premium \$ 0.00 Term N/A Insured N/A

You want the credit insurance coverages indicated.

By: PINEAPPLE DELIVERY SERVICES LLC 01/28/1980 DOB

By: N/A N/A DOB

By: N/A N/A DOB

Property Insurance. In general, property insurance pays for the repair or replacement of the Property if it is damaged, destroyed, or stolen. See the policies or certificates for coverage limits and other terms and conditions. You must insure the Property securing this Contract. You may provide the insurance through existing policies. You may also provide the insurance by purchasing it through any insurance company allowed by law to do business in Pennsylvania or in the state in which the Vehicle is registered and titled. The deductible amount for the insurance may not exceed \$ 1000.00. If you get insurance from or through us you will pay \$ 0.00 for N/A

of coverage.

This property insurance premium is calculated as follows:

Table with 2 columns: Description and Amount. Rows include: \$ 0.00 Deductible, Collision Cov. \$ 0.00, \$ 0.00 Deductible, Comprehensive \$ 0.00, Fire-Theft and Combined Additional Cov. \$ 0.00, N/A \$ 0.00

Liability insurance coverage for bodily injury and motor vehicle damage caused to others is not included in this Contract unless checked and indicated.

The property insurance must protect against loss and physical damage. You must name us as beneficiary on the insurance policy. We may require additional security before we allow you to use insurance proceeds to repair or replace the Property. You will pay all amounts that insurance does not cover.

If you fail to obtain or keep insurance or to name us as beneficiary, we may obtain insurance to protect your interest and our interest in the Property. We will add the cost of insurance to the amount you owe us. Any amount we pay for insurance is due immediately. This amount will earn finance charges from the date paid at the rate described in the Payment section until paid in full.

F

EXAMPLE D

Detach Here

1 OF 1

Detach Here

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: JUL 31, 2024      VALID: 05/23/23

PLATE:            ZVG7436  
TITLE:            61855018204 PI  
VIN:              JL6AAG1S35K009188  
YR/MAKE:        2005 MITSUBIS FUSO  
TYPE:            TK  
WID:              23143 8455 000207-001

REG. GROSS WT: 12000

UNLADEN WEIGHT: 08100  
CLASS: 05

SIGNATURE

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.

PINEAPPLE DELIVERY  
SERVICES LLC  
923 N 4TH ST  
PHILADELPHIA PA 19123



Statement of Financial Position (Balance Sheet)  
 As of (date) DEC 31 2023  
 (Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$ 21,847. <sup>00</sup>	
Other Current Assets (specify)		
Total Current Assets		\$ 21,847. <sup>00</sup>
Tangible Assets		
Motor Vehicle Equipment	\$ 58,000. <sup>00</sup>	
Property (buildings, land, etc.)		\$ 58,000. <sup>00</sup>
Office Equipment		\$ 1,000. <sup>00</sup>
TOTAL ASSETS		\$ 80,847. <sup>00</sup>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$ 25,890. <sup>00</sup>	
Credit cards/revolving credit		
Other Liabilities (Attach schedule)		
Total Current Liabilities		\$ 25,890. <sup>00</sup>
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		0
TOTAL LIABILITIES		\$ 25,890. <sup>00</sup>

See attached "Example F" ~~which~~  
 which is copy of the title for  
 our 2005 Mitsubishi FUSO and a  
 bill of sale/registration for our 2017  
 Mitsubishi. Cantor. The bank (Ally Bank)  
 has the title for 2017 Mitsubishi.

# COMMONWEALTH OF PENNSYLVANIA

## CERTIFICATE OF TITLE FOR A VEHICLE

1,785

FUEL: DIESEL

222380065000274-001

JL6AAG1S35K009188  
VEHICLE IDENTIFICATION NUMBER

2005  
YEAR

MITSUBISI FUSO  
MAKE OF VEHICLE

61855018204 PI  
TITLE NUMBER

TK

BODY TYPE

0

DUP

SEAT CAP

PRIOR TITLE STATE

9/26/22  
ODOM PROCD DATE

141000  
ODOM MILES

0

ODOM STATUS

5/19/05  
DATE PA TITLED

9/26/22  
DATE OF ISSUE

8,100  
UNLADEN WEIGHT

12,000  
GVWR

GCWR

TITLE BRANDS

- ODOMETER STATUS
- 0 = ACTUAL MILEAGE
  - 1 = MILEAGE EXCEEDS THE MECHANICAL LIMITS
  - 2 = NOT THE ACTUAL MILEAGE
  - 3 = NOT THE ACTUAL MILEAGE-ODOMETER TAMPERING VERIFIED
  - 4 = EXEMPT FROM ODOMETER DISCLOSURE

- TITLE BRANDS
- A = ANTIQUE VEHICLE
  - C = CLASSIC VEHICLE
  - D = COLLECTIBLE VEHICLE
  - F = OUT OF COUNTRY
  - G = ORIGINALLY MFOD FOR NON-U.S. DISTRIBUTION
  - H = AGRICULTURAL VEHICLE
  - L = LOGGING VEHICLE
  - P = ISWAS A POLICE VEHICLE
  - R = RECONSTRUCTED
  - S = STREET ROD
  - T = RECOVERED THEFT VEHICLE
  - V = VEHICLE CONTAINS REISSUED VIN
  - W = FLOOD VEHICLE
  - X = ISWAS A TAXI

REGISTERED OWNER(S)

PINEAPPLE DELIVERY  
SERVICES LLC  
923 N 4TH ST  
PHILADELPHIA PA 19123

FIRST LIEN FAVOR OF:

SECOND LIEN FAVOR OF:

FIRST LIEN RELEASED \_\_\_\_\_

DATE

BY \_\_\_\_\_

AUTHORIZED REPRESENTATIVE

MAILING ADDRESS

542002

PINEAPPLE DELIVERY  
SERVICES LLC  
923 N 4TH ST  
PHILADELPHIA PA 19123

If a second lienholder is listed upon satisfaction of the first lien, the first lienholder must forward this Certificate of Title to the Bureau of Motor Vehicles with the appropriate form and fee

SECOND LIEN RELEASED \_\_\_\_\_

DATE

BY \_\_\_\_\_

AUTHORIZED REPRESENTATIVE

I certify as of the date of issue, the official records of the Pennsylvania Department of Transportation reflect that the person(s) or company named herein is the lawful owner of the said vehicle.

YASSMIN GRAMIAN P.E.

Secretary of Transportation

### D. APPLICATION FOR TITLE AND LIEN INFORMATION

TO BE COMPLETED BY PURCHASER WHEN VEHICLE IS SOLD AND THE APPROPRIATE SECTIONS ON THE REVERSE SIDE OF THIS DOCUMENT ARE COMPLETED.

SUBSCRIBED AND SWORN TO BEFORE ME:

MO DAY YEAR

SIGNATURE OF PERSON ADMINISTERING OATH

SIGN IN PRESENCE OF A NOTARY

STAMP OR SEAL

If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (on death of one owner, title goes to surviving owner) CHECK HERE . Otherwise, the title will be issued as "Tenants in Common" (on death of one owner, interest of deceased owner goes to his/her heirs or estate).

IF NO LIEN, CHECK  IS THIS AN ELT? (IF YES, FIN REQUIRED) YES  NO

1ST LIENHOLDER FINANCIAL INSTITUTION NUMBER:

1ST LIENHOLDER NAME

STREET

CITY

STATE

ZIP

IF NO 2ND LIEN, CHECK  IS THIS AN ELT? (IF YES, FIN REQUIRED) YES  NO

2ND LIENHOLDER FINANCIAL INSTITUTION NUMBER:

2ND LIENHOLDER NAME

STREET

CITY

STATE

ZIP

The undersigned hereby makes application for Certificate of Title to the vehicle described above, subject to the encumbrances and other legal claims set forth here

SIGNATURE OF APPLICANT OR AUTHORIZED SIGNER

SIGNATURE OF CO-APPLICANT/TITLE OF AUTHORIZED SIGNER

STORE IN A SAFE PLACE - IF LOST APPLY FOR A DUPLICATE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

EXAMPLE

F

86056267

DO NOT ACCEPT DOCUMENT WITHOUT VERIFYING THE PRESENCE OF THE LIBERTY BELL WATERMARK



pennsylvania DEPARTMENT OF TRANSPORTATION www.dmv.pa.gov

VEHICLE SALES AND USE TAX RETURN/ APPLICATION FOR REGISTRATION

Attach PA Title - Type or Prnt - Make check payable to Commonwealth of PA Bureau of Motor Vehicles - P.O. Box 68593 - Harrisburg, PA 17106-8593

No. H61524

Main form body containing sections A through I, including vehicle information, seller/purchaser details, tax/fees, and registration information.