

**APPLICATION FOR APPROVAL OF ABANDONMENT OR  
DISCONTINUANCE OF SERVICE, IN WHOLE OR IN PART**

\_\_\_\_\_  
BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION  
\_\_\_\_\_

(See Instructions Before Preparing Application)

Utility#A899779

For approval of the abandonment or discontinuance of common carrier service.

TO PENNSYLVANIA PUBLIC UTILITY COMMISSION:

1. SIMONIK TRANSPORTATION TRANSPORTATION &  
WAREHOUSING GROUP Original App # A-2008-2023229

\_\_\_\_\_  
(Name of applicant, and trade name, as it appears on the Certificate  
of Public Convenience.)

PO BOX 572 \_\_\_\_\_  
(Business Street Address)

LUMBERTON NEW JERSEY, 08048 BURLINGTON

\_\_\_\_\_  
(City) (State) (Zip) (County)

2. If applicable, applicant's attorney (for this application) is:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

609 940-2533 [RKandetzke@SimonikAllied.com](mailto:RKandetzke@SimonikAllied.com)

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(Telephone/ Email)

3. Any notice, process or order of the PUC should be served to:  
(Please mark one)

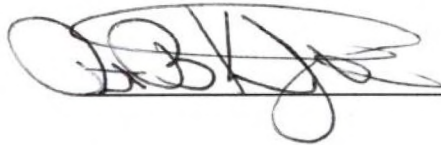
X Mail to the address listed above.

- Email to: \_\_\_\_\_
- Mail to my new address as follows. (*Note, the Commission will not serve documents to consultants or insurance agents.*)

4. This application is for the discontinuance of all Household goods moving & storage services. \_\_\_\_\_  
the service now authorized. (All or Part, service type)
5. Approval of the application is necessary or proper for the following reasons: We have closed our business and preparing to file Bankruptcy.
6. All existing storage lots have been removed from our facility by the clients or movers of their choice.

Wherefore, Applicant requests the Commission to cancel, or amend the certificate of public convenience, as now held, in conformance with the application.

Applicant sign here:



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(If a partnership, each partner must sign; if a corporation, at least one officer must sign.)

**VERIFICATION**

\_\_\_Robert B. Kandetzke\_\_\_\_\_ hereby states that the  
statements made in the  
(Name of Person)

foregoing are true and correct to the best of his/her knowledge, information and  
belief. The undersigned understands that the estimates therein are made subject  
to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to  
authorities.

  
\_\_\_\_\_  
Signature of Person

Date: December 28, 2024 \_\_\_\_\_