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 or Motor Contract Carrier of Household Goods in Use.

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE (FOR COMMON CARRIERS) OR PERMIT (FOR CONTRACT CARRIERS) TO OPERATE AS A COMMERCIAL CARRIER OF HOUSEHOLD GOODS IN USE.

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

Main line moving and storage Corp.

- 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?** ___NO

If YES, at PUC No. A- _____

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

If YES, provide your PA Corporation Bureau Entity ID Number 0015040432
(See checklist and indicate type of business entity registered)

Scanned with CamScanner

5. **If either a Corporation or Limited Liability Company, please list members (LLC) or shareholders and officers (Corporation).**

Svetlana Konstantinova
Andrey Lebedeva

6. **Mailing Address**

49 Sawgrass Lane
Street Address

Newtown Square, PA, 19073, Delawaare
City, State and Zip Code County

6469569650
Telephone Number

sskonstant@gmail.com
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.

7. **Physical Address** (if different from Mailing Address. Do no use a PO Box.)

Street Address

City, State and Zip Code County

Telephone Number E-Mail Address

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**

8. **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 and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

____ No ✓ Yes, at No. 4375352

Scanned with CamScanner

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

household goods

Examples:

- *To transport household goods in use between points in Pennsylvania.*
- *To transport household goods in use from points in Centre County to points in Pennsylvania, and vice versa.*

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 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.

Scanned with CamScanner

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. Section 4904 relating to unsworn falsification to authorities.

Svetlana Konstantinova
(Print Name)

(Signature)

01/10/26
(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).

Scanned with CamScanner

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.

Main Line moving and storage Corp
Legal Name of Applicant

Trade Name, if any

49 Sawgrass Lane, Newtown Square, PA, 19073
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.

Svetlana Konstantinova manager (co-owner)
49 Sawgrass Ln, Newtown Sq, PA, 19073
646 956 9650

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

Svetlana Konstantinova (manager, co-owner)
Andrey Lebedev (driver, co-owner)

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-).

Experience requirement met through prior interstate, household goods transportation under licensed carrier authority, attached. (proofs)

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.

Operations are conducted from the principal place of business in principal place of business in PA. Customers requests are received by phone and email and records are maintained at the office, parking lot driveway + storage King USA (3952 Providence Rd, [illegible])

Scanned with CamScanner

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. Your hiring standards for drivers;
   b. Your system for conducting criminal background checks;
   c. Your driver training program;
   d. Your system for conducting driver license checks;
   e. Your policies regarding alcohol and drug use by your drivers.

Owner is a driver, we use inouttabs to alcohol and drug checking; we have Household Goods Arbitration Program, we maintain a zero-tolerance alcohol and drug policy

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
2019	MERCEDES BENZ	SPRINTER		WD4PF1CD3KP093572	225,000

* registration attached

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) regular inspections and preventive maintanance, serviced in accordance with manufactured recommendations, maintained in compliance with standards (67. PA Code, ch 175)

Scanned with CamScanner

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

we obtained insurance

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 ✓ 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.

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)

Svetlana Kovalanthiovs, manager
(Name and Title, printed or typed)

01/11/26
(Date)

Scanned with CamScanner

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

ASSETS

Current Assets		
Cash	$11,674.19	
Other Current Assets (specify)	0	
Total Current Assets		$11,674.19
Tangible Assets		
Motor Vehicle Equipment	0	
Property (buildings, land, etc.)	0	0
Office Equipment		
TOTAL ASSETS		

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit	0	
Other Liabilities (Attach schedule)	0	
Total Current Liabilities		0
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan	0	
Other Liabilities (Attach Schedule)	0	
Total Long-Term Liabilities		0
TOTAL LIABILITIES		0

Scanned with CamScanner

experience

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 08-17-2023

Employer Identification Number:
93-2949125

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

PICK UP DELIVERY STORAGE CORP
49 SAWGRASS LN
NEWTOWN SQ, PA 19073

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 93-2949125. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1120	04/15/2024

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:
If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

Scanned with CamScanner

(IRS USE ONLY) 575A 08-17-2023 PICK B 9999999999 SS-4

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes.* If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service providers, are available to assist you. Visit www.irs.gov/mefbusproviders for a list of companies that offer IRS e-file for business products and services.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is PICK. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Scanned with CamScanner

0013555991

COMMONWEALTH OF PENNSYLVANIA
Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722
Harrisburg, Pennsylvania 17105-8722
ARTICLES OF INCORPORATION - FOR PROFIT
Fee: $125

Pennsylvania Department of State
-FILED-
File #: 0013555991
Date Filed: 8/17/2023

B0595-5821 08/17/2023 2:16 PM Received by Pennsylvania Department of State

DSCB:15-1306/2102/2303/2702/2903/3101/3303/7102 (rev. 2/2017)

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

Business Filing Type

Filing type	Domestic Business Corporation
Business filing subtype	Business

Corporation Name

Business name	PICK UP DELIVERY STORAGE CORP

Effective Date

The filing shall be effective when filed with the Department of State

Additional Information

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

Registered Office

The address of this association's proposed registered office in this Commonwealth is

SVETLANA KONSTANTINOVA
49 SAWGRASS LN
NEWTOWN, PA 19073

DELAWARE

Stock

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

Number of shares authorized 1,000

Incorporators

Name of individual or organization	Address
SVETLANA KONSTANTINOVA	49 SAWGRASS LN NEWTOWN, PA 19073
ANDREY LEBEDEV	49 SAWGRASS LN

Additional provisions, if any

Electronic Signature

IN TESTIMONY WHEREOF, the incorporator(s) has/have signed these Articles of Incorporation.

SVETLANA KONSTANTINOVA — *08/17/2023*
SVETLANA KONSTANTINOVA — Date

ANDREY LEBEDEV — *08/17/2023*
ANDREY LEBEDEV — Date

Scanned with CamScanner

L&J TRANSPORTATION COMPANIES, INC.
190 YARNELL ROAD
Pottstown, PA 19465
Un

ZEN0128G AUTO ALL FOR AADC 190
7000013591 00.0036.0041 13591/1

PICK UP DELIVERY STORAGE CORP
49 SAWGRASS LANE
NEWTOWN SQUARE PA 19073-3045

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
L&J TRANSPORTATION COMPANIES, INC.
190 YARNELL ROAD
Pottstown, PA 19465
Un
Phone: 610-327-3100

OMB No. 1545-0116
Form **1099-NEC**
(Rev. January 2024)
For calendar year
2024

Nonemployee Compensation

PAYER'S TIN

RECIPIENT'S TIN

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
PICK UP DELIVERY STORAGE CORP
49 SAWGRASS LANE
NEWTOWN SQUARE, PA 19073
US

1 Nonemployee compensation
$ 216,785.65

2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐

3

4 Federal income tax withheld
$ 0.00

5 State tax withheld	6 State/Payer's state no.	7 State income
$ 0.00	PA 232621106	$216,785.65
$		$

Account number (see instructions)

Copy B
For Recipient
This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-NEC** (Rev. 1-2024) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
L&J TRANSPORTATION COMPANIES, INC.
190 YARNELL ROAD
Pottstown, PA 19465
Un
Phone: 610-327-3100

OMB No. 1545-0116
Form **1099-NEC**
(Rev. January 2024)
For calendar year
2024

Nonemployee Compensation

PAYER'S TIN

RECIPIENT'S TIN

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
PICK UP DELIVERY STORAGE CORP
49 SAWGRASS LANE
NEWTOWN SQUARE, PA 19073
US

1 Nonemployee compensation
$ 216,785.65

2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐

3

4 Federal income tax withheld
$ 0.00

5 State tax withheld	6 State/Payer's state no.	7 State income
$ 0.00	PA 232621106	$216,785.65
$		$

Account number (see instructions)

Copy 2
To be filed with recipient's state income tax return, when required.

Form **1099-NEC** (Rev. 1-2024) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

Scanned with CamScanner

#3

DocuSign Envelope ID: D765F79C-2A32-413A-86D8-E54E49B90C59

Independent Contractor Operating Agreement

This Independent Contractor Operating Agreement, including Attachments (collectively, "AGREEMENT"), is made and entered into between L&J Transportation Companies, Inc. ("L&J" OR "COMPANY") and Pick Up Delivery Storage Corp ("CONTRACTOR") and is effective June 10 , 2024.

SECTIONS

WHEREAS, COMPANY is engaged in the business of transporting and storing household goods in interstate and intrastate commerce, and COMPANY is engaged in the business of transporting and storing household goods in intrastate commerce under its own operating authority and may also engage in the transportation and storage of other commodities under COMPANY's interstate operating authority;

WHEREAS, CONTRACTOR owns or has the right to make available for lease the equipment described in **Attachment J** ("EQUIPMENT") and, as an independent contractor, desires to lease and drive (or arrange for others to drive) the EQUIPMENT and to provide transportation services to COMPANY as outlined in this AGREEMENT;

THEREFORE, in consideration of the mutual a covenants and conditions contained in this AGREEMENT and pursuant to the requirements of the federal leasing regulations (49 C.F.R. Part 376) and all applicable state and federal laws, rules and regulations, COMPANY and CONTRACTOR enter into this AGREEMENT, the terms and conditions of which are subject to negotiation, as follows:

I. PARTIES (INDEPENDENT CONTRACTOR RELATIONSHIP).

CONTRACTOR is providing EQUIPMENT and services under this AGREEMENT as an independent contractor, not an employee of COMPANY. Nothing in this AGREEMENT is intended to create an employment, agency, joint venture, partnership or any other legal relationship between CONTRACTOR and COMPANY except for that of principal and independent contractor. CONTRACTOR controls the manner and means of performance, and that control is subject only to applicable law (defined in Section II.D. herein) and customer requirements (discussed in Section II.C. herein). COMPANY does not guarantee CONTRACTOR any specific number of shipments or amount of revenue or profit, though the opportunities made available to CONTRACTOR may directly correlate with CONTRACTOR's offered amount of availability. COMPANY does not guarantee its use of the EQUIPMENT at any particular time during the Term of this AGREEMENT (as defined in Section XV. herein). As such, the terms and conditions of this AGREEMENT are in effect only when CONTRACTOR accepts a shipment from COMPANY for transportation and related services.

II. CONTRACTOR'S RIGHTS AND RESPONSIBILITIES.

A. Array of offered EQUIPMENT and services.

CONTRACTOR will furnish and drive (or arrange for others to drive) the EQUIPMENT and will provide loading, unloading, packing, unpacking (including arranging for packing materials when necessary), crating and uncrating, pad-wrapping, decking, strapping, securing, unwrapping, customer communications and other services related to transporting household goods and other commodities in connection with all shipments offered by COMPANY and accepted by CONTRACTOR, who will then determine the means and method of services rendered.

B. Control over manner and means of performance.

CONTRACTOR assumes full control over and responsibility for selecting; setting the compensation, hours and working conditions; adjusting any grievances; and supervising, training, disciplining and firing all drivers, drivers' helpers, and other workers necessary for performance of CONRACTOR's obligations under this AGREEMENT. CONTRACTOR shall ensure that all such drivers and other workers comply with the terms of this AGREEMENT, including the requirements of safe operations and safety compliance (as outlined in COMPANY Policies and Procedures) while operating the EQUIPMENT on behalf of COMPANY. CONTRACTOR also assumes full control over selecting routes and fuel stops; deciding when, where, and how maintenance is to be performed on the EQUIPMENT; arranging for packing and unpacking as required; loading and unloading; and other services relating to the goods being transported. CONTRACTOR alone shall ensure compliance with all applicable local, state, federal or foreign requirements regarding the withholding of income taxes and payroll taxes from wages paid to CONTRACTOR's personnel and the payment of Social Security and Medicare taxes; and obtaining and maintaining any workers' compensation or occupational accident insurance as required by state law on all of CONTRACTOR's personnel (in compliance with **Attachment C**). If COMPANY requests written proof of such control and responsibility, CONTRACTOR shall provide it.

C. Compliance with CUSTOMER requirements.

CONTRACTOR agrees to meet all requirements of COMPANY's shippers or consignees ("CUSTOMERS") that are accepted by COMPANY and that are related to transporting, loading and unloading, packing and unpacking, crating and uncrating, debris removal, and other services relating to household goods that do not conflict with the terms of this AGREEMENT.

Scanned with CamScanner

II. **Charges to Settlement Statement.** CONTRACTOR hereby authorizes COMPANY to deduct all applicable charges described in this **Attachment E** from CONTRACTOR's Settlement Compensation and/or Reserve Fund. If, at any time, CONTRACTOR's Settlement Compensation and/or Reserve Fund is insufficient to cover all sums owed to COMPANY, COMPANY may take all reasonable and appropriate actions to collect any sums due from CONTRACTOR.

THIS ATTACHMENT E, which completely replaces and supersedes any earlier attachment, addendum, or other provisions of this AGREEMENT relating to the same subjects, is agreed to by the undersigned parties and shall be effective *[CHECK ONLY ONE BOX]*:

☒ **At the date and time set forth in Section XIV.A. of the AGREEMENT.**

☐ **At _____ _____ m., Eastern Time, _____, _____, 20_____.**

CONTRACTOR: Pick Up Delivery Storage Corp	**COMPANY: L&J Transportation Companies, Inc.**
By: DocuSigned by: [signature] Signature	**By:** DocuSigned by: Stephanie Witmyer Signature
Andrey Lebedev	Stephanie Witmyer
Authorized Representative's Name (Typed or Printed)	Authorized Representative's Name (Typed or Printed)
Contractor	VP of Administration
Title	Title
6/10/2024	6/17/2024
Date	Date

Scanned with CamScanner

651123

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Schedule K-1 (Form 1065)

Department of the Treasury
Internal Revenue Service

2023

For calendar year 2023, or tax year beginning _____ ending _____

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

B Partnership's name, address, city, state, and ZIP code
MOVING PEAK RELOCATION LLC
49 SAWGRASS LANE
NEWTOWN SQUARE PA 19073-

C IRS center where partnership filed return: E-FILE

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
ANDREY LEBEDEV
24 ROBINS PL
METUCHEN NJ 08840

G [X] General partner or LLC member-manager ☐ Limited partner or other LLC member

H1 [X] Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's:
TIN _____ Name _____

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	1.000 %	50.000 %
Loss	1.000 %	50.000 %
Capital	70.199 %	81.358 %

Check if decrease is due to:
☐ Sale or ☐ Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	$	$
Qualified nonrecourse financing	$	$
Recourse	$	$

K2 Check this box if item K1 includes liability amounts from lower-tier partnerships . . . . ☐

K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions . . . . . ☐

L Partner's Capital Account Analysis

Beginning capital account	$ 24,922
Capital contributed during the year	$
Current year net income (loss)	$ 13,411
Other increase (decrease) (attach explanation)	$
Withdrawals and distributions	$ (19,728)
Ending capital account	$ 18,605

M Did the partner contribute property with a built-in gain (loss)?
☐ Yes [X] No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning $ _____
Ending $ _____

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 13,465	14 A	Self-employment earnings (loss) 13,465
2	Net rental real estate income (loss)	C	348,373
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked . . . . . ☐
4c	Total guaranteed payments	17 A	Alternative minimum tax (AMT) items 1,471
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)	19 A	Distributions 19,728
9a	Net long-term capital gain (loss)		
9b	Collectibles (28%) gain (loss)	20 Z	Other information
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13 A	Other deductions 54		

22 ☐ More than one activity for at-risk purposes*
23 ☐ More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

Scanned with CamScanner

651123

OMB No. 1545-0123

Schedule K-1 (Form 1065)

Department of the Treasury
Internal Revenue Service

2023

For calendar year 2023, or tax year beginning _____ ending _____

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

☐ Final K-1 ☐ Amended K-1

Part I Information About the Partnership

A Partnership's employer identification number

B Partnership's name, address, city, state, and ZIP code
MOVING PEAK RELOCATION LLC
49 SAWGRASS LANE
NEWTOWN SQUARE PA 19073-

C IRS center where partnership filed return: E-FILE

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
SVETLANA KONSTANTINOVA
24 ROBINS PL
METUCHEN NJ 08840

G ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

H1 ☒ Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	99.000 %	50.000 %
Loss	99.000 %	50.000 %
Capital	29.801 %	18.642 %

Check if decrease is due to: ☐ Sale or ☐ Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	$	$
Qualified nonrecourse financing	$	$
Recourse	$	$

K2 Check this box if item K1 includes liability amounts from lower-tier partnerships . . . ☐

K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions . . . . . ☐

L Partner's Capital Account Analysis

Beginning capital account	$ 10,580
Capital contributed during the year	$
Current year net income (loss)	$ 13,411
Other increase (decrease) (attach explanation)	$
Withdrawals and distributions	$ (19,728)
Ending capital account	$ 4,263

M Did the partner contribute property with a built-in gain (loss)?
☐ Yes ☒ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning $ _____
Ending $ _____

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 13,465	14	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked . . . . . ☐
4c	Total guaranteed payments	17 A	Alternative minimum tax (AMT) items 1,471
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	19 A	Distributions 19,728
9b	Collectibles (28%) gain (loss)	20 Z	Other information
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13 A	Other deductions 54		

22 ☐ More than one activity for at-risk purposes*

23 ☐ More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

Scanned with CamScanner

Storage King USA - Providence Rd
3952 Providence Rd
Newtown Square, PA 19073-2239

RENTAL AGREEMENT CONTRACT

This Rental Agreement (hereinafter called Agreement), made and entered into this July 30, 2025, by and between AREIT NEWTON SQUARE SELF-STORAGE LLC d/b/a Storage King USA (hereinafter called Owner) and the individual or business named in Section 1 (hereinafter called Occupant), whose last known address is set forth below in Section 1. For the consideration hereinafter stated, Owner agrees to let Occupant use and occupy a space as listed below in Section 2 (hereinafter called Space) in the self-service storage facility (hereinafter called Facility), situated in the city and county listed above in the state of Pennsylvania and more particularly described in Section 2. Said Space is to be occupied and used for the purposes specified herein and subject to the conditions set forth, beginning on the Agreement date listed above and continuing month to month until terminated. Space, as used in this Agreement, will be that part of the Facility as described below in Section 2.

SECTION 1 - OCCUPANT

Name:	Andrey Lebedev
Address:	49 Sawgrass Ln
City, State, Zip:	Newtown Square, PA 19073.
Home Phone:	(646) 399-6550
Business Phone:	
Cell Phone:	
Email Address:	wc3ffa@gmail.com
Driver's License #:	

SECTION 2 - SPACE AND RENTAL

Space Number:	OP19
Access Code:	
Approximate Size:	10.0 x 20.0
Monthly Rent:	$119.00
Tax:	$ 7.14
Insurance:	$14.00
Total Monthly Cost	$ 140.14

MONTHLY DUE DATE (the date each month that rent is due): First (1st) day of the month

---

SECTION 3 - ADDITIONAL CHARGES

Late Payment Fee (5 days late)	$23.80 ($20 or 20% - whichever is greater)
Lien Sale Fee: (32 days late)	$150.00
Returned Check Charge	$35.00
Disposal of Items/Cleaning Fee	Min $50.00
Lock Cut Fee:	$25.00
Locking Fee:	$35.00

SECTION 4 - PROPERTY TO BE STORED

Household Goods		Business Goods	
Other			

TITLED PROPERTY TO BE STORED

Motor Vehicle	✓	Watercraft	
Trailer	✓	Other:	

V.I.N:

License#:

Make/Model:

State:

Color(s):

Length:

Scanned with CamScanner

OCCUPANT AGREES THAT THE STORED PROPERTY IS OWNED SOLELY BY THE TENANT AND IS FREE AND CLEAR OF ALL PRIOR LIENS EXCEPT FOR:

Description:

Llen-holder of Securied Party:

Address:

Phone Number:

SECTION 5 - Alternate Person/Emergency Contact (not at same address):

Name: Svetlana Konstantinova
Address: 49 Sawgrass Ln
City, State, Zip: Newtown Square, PA 19073

Relationship to Occupant: Wife and co-owner of the business

E-Mail: ssskonstant@gmail.com

SECTION 6 - MOVE-IN COSTS

Date	Quantity	Description	Amount	Tax	Total
07/30/2025	1.0	Administrative Fee	29.00	0.00	29.00
07/30/2025	1.0	Insurance 7/30-7/31	0.90	0.00	0.90
07/30/2025	1.0	Rent 7/30-7/31	7.68	0.46	8.14

Total Due at Move-In: 37.58

This is a monthly lease for storage. Rent is payable by the first (1st) day of every month.

ELECTRONIC MAIL: By providing an Email Address above, Tenant consents to receiving correspondences and notices, including statutory required notices, from Owner via e-mail, unless another method of delivery is required by state law. Tenant acknowledges that the Email Address above is complete and correct and Tenant agrees to promptly notify Owner of any change in Tenant's Email Address.

MILITARY: Are you or your spouse an active member of the "Uniformed Services" of the United States, meaning a member of the
Are you or your spouse an active member of the "Uniformed Services" of the United States, meaning a member of the armed forces; the commissioned corps of the National Oceanic and Atmospheric Administration; or the commissioned corps of the public health Service? Must provide Military I.D.

Yes or No Must provide Military I.D.

If Yes, which branch?

Commanding Officer?

Phone #:

E-mail:

IF TENANT IS A MEMBER OF THE ARMED FORCES, A RESERVE BRANCH OF THE ARMED FORCES OR THE NATIONAL GUARD, TENANT MUST PROVIDE WRITTEN NOTICE TO OWNER. ***If Tenant is a service member, and Tenant is transferred or deployed overseas on active duty for a period of 180 days or more, Tenant may notify the Owner of the transfer or deployment. The Tenant shall provide written evidence of the transfer or deployment with the notice.***

Scanned with CamScanner

Signature Certificate

Sitelink by Storable

Document Title: **Lease #2**
Document Reference:
Status: **Signed**

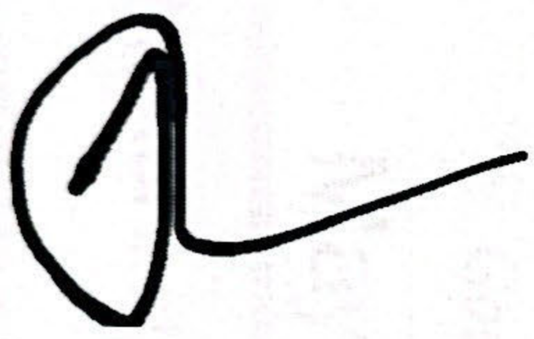
Electronic Signature



Authorized Signatory
Manager

IP Address:

Electronic Signature



Andrey Lebedev
Tenant

IP Address:

Timestamp	Audit
30-Jul-2025 11:37:51 AM	**Created** by webadmin webadmin
30-Jul-2025 11:37:55 AM	**Viewed** by Andrey Lebedev
30-Jul-2025 11:59:05 AM	**eSign Consent** by Andrey Lebedev
30-Jul-2025 11:59:05 AM	**Signed** by Andrey Lebedev
30-Jul-2025 12:04:35 PM	**Viewed** by Manager
30-Jul-2025 12:04:53 PM	**eSign Consent** by Manager
30-Jul-2025 12:04:53 PM	**Signed** by Manager

Scanned with CamScanner

Moving Authority

Household Goods Arbitration Program

Certificate of Membership

MAIN LINE MOVING AND STORAGE CORP

USDOT 4375352

Auth Code B8755-0222

Good thru

May-2026

For Agent Authorization Call: (702) 333-2430

This certificate is for the membership of
Moving Authority Household Goods Arbitration Program.
The company stated above participates in our Arbitration
Program up to the date stated above.

Scanned with CamScanner

inout LABS
Your time matters.

Contact Details

Registration Date
05/13/2025

Company Name
Main line moving and storage Corp

Main Phone
(183) 523-5382

Driver/Owner Name
Andrey Lebedev

Email
Ssskonstant@gmail.com

Mobile Phone
(646) 399-6550

How did you hear about us?
Referral

Name of the person who Referred
We worked with you before

Physical Address
49 sawgrass lane
Newtown Square, Pennsylvania 19073
United States

Mailing Address
254 CHAPMAN RD, STE 208 #21097
Newark, Delaware 19702
United States

Driver Information for Enrollment in Consortium

Driver Name
Andrey Lebedev

Date of Birth
02/03/1984

Mobile Phone
(646) 399-6550

Company DOT Number
4375352

CDL Number
34835523

Company Name
Main line moving and storage Corp

State of Issuance
Pennsylvania

Email
Ssskonstant@gmail.com

Testing Location
Over The Road - My testing location will vary

I have received a DOT drug or alcohol violation in the past
No

Designated Employer Representative

DER Name

Email
Ssskonstant@gmail.c

Direct Phone

© Copyright - InOut Labs

Scanned with CamScanner

inout LABS
Your time matters.

Svetlana Konstantinova om (646) 956-9650

Pre-Employment Drug Test

- I understand that membership in the InOut Labs Owner Operator Consortium is contingent upon passing a pre-employment drug test, which will be added to my cart.

Special Terms and Conditions for Owner Operators

- I have read and agree to these Special Terms and Conditions for Owner-Operators

Drug & Alcohol Testing Program Service Agreement

Company Name
Main line moving and storage Corp

Driver/Owner Name
Andrey Lebedev

Physical Address
49 sawgrass lane
Newtown Square, Pennsylvania 19073
United States

Mailing Address
254 CHAPMAN RD, STE 208 #21097
Newark, Delaware 19702
United States

General Terms and Conditions

- I have read and agree to these General Terms and Conditions

FMCSA Clearinghouse Terms and Conditions

- I understand that registering for the FMCSA Clearinghouse is a federal requirement and that Owner Operators must select a C/TPA in the Clearinghouse. I agree to register and select InOut Labs as my C/TPA.

Date
05/13/2025

Client Signature

Automatic Payment Authorization

Billing Contacts

Full Name	Email	Phone
Svetlana Konstantinova	Ssskonstant@gmail.com	6469569650

© Copyright - InOut Labs

Scanned with CamScanner

inout LABS
Your time matters.

- Billing Address Same as Physical Address

Billing Address
49 sawgrass lane
Newtown Square, Pennsylvania 19073
United States

Payment Details
Visa

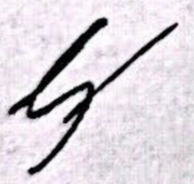
Payment Terms and Conditions

Client is required to keep a payment method on file with InOut Labs. Payment information is stored in an encrypted format. Client agrees to provide updated payment method information immediately if a card expires or and account is no longer valid. Failure to pay may result in account termination.

✖ **Not accepted**

Date
05/13/2025

Client Signature



Order

Product	Qty	Unit Price	Price
Owner/Operator Consortium Fee Q2 (Prorated Based on $249/yr)	1	$187.00	$187.00
Pre-Employment Drug Test	1	$79.00	$79.00
		Subtotal	**$266.00**
		Total	**$266.00**

© Copyright - InOut Labs

Scanned with CamScanner

2026 UCR Registration is VALID!

Receipt # 000-0591-6791

Registered on: 12/28/2025 22:41 EST

Generated: 12/28/2025 22:41 EST

Year: 2026

Paid:

Date	Bracket	UCR Fee	Conv. Fee	Total
12/28/2025	Bracket 1 [1 veh.]	$46.00	$1.37	$47.37

Bracket: 0 to 2 vehicles [1 vehicle(s)]

USDOT #: 4375352

Classifications: Motor Carrier

Legal Name: MAIN LINE MOVING AND STORAGE CORP

Base State: Delaware

Principal: 254 CHAPMAN RD STE 208 # 21097
NEWARK, DE 19702
US

Payor: svetlana konstantinova

*** Expires: 12/31/2026 ***

Scanned with CamScanner