

Response to Data Request

Docket No. A-2026-3059853

Main Line Moving and Storage Corp

49 Sawgrass Ln

Newtown Square, PA 19073

Date: February 5, 2026

DATE OF DEPOSIT

MAR - 2 2026

**PA Public Utility Commission
Secretary's Bureau**

To the Secretary of the Commission,

This filing is submitted in response to the Pennsylvania Public Utility Commission Data Request in the above-referenced docket.

Response to Item 1

Verified Statement - Question No. 2

The members of the Applicant, Main Line Moving and Storage Corp, are involved in the following other business entities:

Svetlana Konstantinovna

- Pick Up Delivery Storage Corp - co-owner 50%.

- Moving Peak Relocation LLC (New Jersey) - former member 50%. This company ceased operations in or about August 2025 and had not conducted business for approximately one and a half years prior to its closure.

Andrey Lebedev

- Pick Up Delivery Storage Corp - co-owner 50%.

- Moving Peak Relocation LLC (New Jersey) - former member 50%. This company ceased operations in or about August 2025 and had not conducted business for approximately one and a half years prior to its closure.

listed **MUST** be registered or titled to the corporation. Bank accounts must be in the name of **MAIN LINE MOVING AND STORAGE CORP.** Vehicles must be registered to **MAIN LINE MOVING AND STORAGE CORP.** Property must be titled to **MAIN LINE MOVING AND STORAGE CORP.** If these items are not in the name of **MAIN LINE MOVING AND STORAGE CORP.**, they should **NOT** be included on the balance sheet.

In order to fully assist the Commission in verifying your financial fitness, please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and notarized/official statements of account balances/ownership provided by bank officers (with current contact information). Any and all claimed vehicles or land/buildings must also include proof of ownership/registration - vehicle registrations, property titles, purchase agreements, etc!

You are strongly encouraged to enlist professional financial assistance if you experience difficulty in completing your statement of financial position. Be advised that failing to provide an acceptable financial statement which is supported by evidence is sufficient grounds for the denial of your application.

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.

Main Line Moving and Storage Corp.

A-2026-3059853

Response to Item 2

Verified Statement - Question No. 5

Please see Attachment No. 1, Driver Hiring and Qualification Policy of Main Line Moving and Storage Corp.

Response to Item 3

Verified Statement - Question No. 7

Main Line Moving and Storage Corp will operate and maintain its vehicles in a safe and compliant manner as follows:

a) Vehicles

Main Line Moving and Storage Corp operates as an owner-operated business. Vehicles used in company operations are properly registered and insured .

b) Inspections and maintenance

All vehicles used by the Applicant will be inspected and maintained in accordance with applicable Pennsylvania and federal safety regulations.

c) Compliance

The Applicant will ensure compliance with 67 Pa. Code Chapter 175 and all other applicable inspection and safety requirements.

Response to Item 4

Insurance

Please see Attachment No. 2, Certificate of Insurance.

DATE OF DEPOSIT

MAR - 2 2026

PA Public Utility Commission
Secretary's Bureau

Response to Item 5

Statement of Financial Position


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Please see Attachment No. 3, Statement of Financial Position of Main Line Moving and Storage Corp and supporting documentation.

Verified Statement

I, Svetlana Konstantinova, 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).

Signature: _____



Date: February 5, 2026

Attachment No. 1

Driver Hiring and Qualification Policy

Date: January 14, 2025

Driver Hiring and Qualification Policy

Main Line Moving and Storage Corp

49 Sawgrass Ln, Newtown Square, PA 19073

Current operating status

Main Line Moving and Storage Corp currently operates as an owner-operated business with one working owner. At this time, the company does not plan to hire additional drivers. If additional drivers are hired in the future, the following hiring and qualification standards will apply.

1. Minimum age requirement

In accordance with 52 Pa. Code § 37.204 and 49 CFR § 391.11, all drivers must be at least 21 years of age and must meet all federal and state driver qualification requirements prior to performing any driving duties.

2. Driver history record checks

In accordance with 52 Pa. Code § 37.204 and 49 CFR § 391.25, the company will obtain and review a Motor Vehicle Record for each driver prior to initial driving assignment and at least once every twelve (12) months thereafter. Documentation of each review will be maintained in the company's files.

3. Criminal history review

In accordance with 52 Pa. Code § 31.134, the company will conduct a criminal background review for each prospective driver prior to employment and will review criminal history information to determine driver suitability in accordance with applicable law.

This policy applies to all drivers hired by Main Line Moving and Storage Corp.

Signature:  _____

Name and Title: Svetlana Konstantinovna, Authorized Representative

Date: January 14, 2025

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Attachment #2



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/06/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Integrity Coverage Group, Inc. 7603 13th Ave Brooklyn New York 11228	CONTACT NAME: PHONE (Ac. No. Ext): Phone:(347) 673-5292 ext. 2 FAX (Ac. No.): Fax:(347) 673-6472 E-MAIL Address: anns@groupfc.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED MAIN LINE MOVING AND STORAGE CORP 49 SAWGRASS LN NEWTOWN SQ PA 19073	INSURER A: PROGRESSIVE	NAICS 24260
	INSURER B: Pennsylvania Manufacturers Association I	11262
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ISM LTR	TYPE OF INSURANCE	ADDRESS (ROAD / BOX)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/PROP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		994895231	04/01/2025	04/01/2026	COMBINED SINGLE LIMIT (EA accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	CARGO		812501-8946580Y-CCR	04/01/2025	04/01/2026	\$ 23,000 DED; \$ 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 2019 MBZ VIN# WD4PF1CD3KP098572
 DRIVER AND ONER OF THE COMPANY ANDREY LEBEDEV

CERTIFICATE HOLDER MAIN LINE MOVING AND STORAGE CORP 49 SAWGRASS LN NEWTOWN SQ PA 19073	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE IRINA BEREZENTSEVA
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Attachment No. 3

Statement of Financial Position

As of February 5, 2026

Assets

Cash \$4,421.12

Liabilities, properties:

None

Equity

\$4,421.12

Signature: 

Date: February 5, 2026

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BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19830

MAIN LINE MOVING AND STORAGE CORP
49 SAWGRASS LN
NEWTOWN SQUARE, PA 19073-3045

Business Advantage

Customer service information

- 1.888.BUSINESS (1.888.287.4637)
- bankofamerica.com
- Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your Business Advantage Fundamentals™ Banking

for January 1, 2026 to January 31, 2026

Account number: 

MAIN LINE MOVING AND STORAGE CORP

Account summary

Beginning balance on January 1, 2026	\$7,816.93
Deposits and other credits	13,134.95
Withdrawals and other debits	-13,991.70
Checks	-0.00
Service fees	-0.00
Ending balance on January 31, 2026	\$6,960.18

of deposits/credits: 8
of withdrawals/debits: 20
of items-previous cycle¹: 0
of days in cycle: 31
Average ledger balance: \$8,578.71
¹Includes checks paid, deposited items and other debits

NEW: BankAmeriDeals® is better than ever.

Find more cash back deals from thousands of top brands. Check it out today!

Explore your deals at bankofamerica.com/deals.

When you use the QRC feature, certain information is collected from your mobile device for business purposes. You must be enrolled in Online Banking or Mobile Banking to participate in the BankAmeriDeals® program and have either an eligible Bank of America® debit or credit card or Merrill credit card. Earned cash back will be credited into an eligible consumer deposit or credit account within 30 days following redemption. Data connection required. Wireless carrier fees may apply. For SafeBalance Banking® for Family Banking accounts, the parent owner can participate in BankAmeriDeals but their child using the account cannot. Mobile Banking requires that you download the Mobile Banking app and may not be available for select mobile devices. Message and data rates may apply.



534-08-25-0441B | 05A0550

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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)

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

Svetlana KONSTANTINOVA
Andrey Lebedev

6. Mailing Address

49 Sawgrass Lane
Street Address
Newtown Square, PA, 19073 Delaware
City, State and Zip Code County
6469569650 SSSKONSTANT@gmail.com
Telephone Number E-Mail Address

This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.

7. Physical Address (if different from Mailing Address. Do not 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

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.

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) 01/11/26
(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).

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

49 Sawgrass Lane Newtown Square, PA, 19073
Trade Name, If any
Street Address (principal place of business) City of 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)(+).

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 at driveway + Storage King USA (3952 Providence Rd, 19073)

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 in out labs 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		ND4PF1GD3K01237	25,000

* 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).

regular inspections and preventive maintenance, serviced in accordance with manufacturer recommendations, maintained in compliance with standards (67 Pa Code, ch 175)

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 Kovstaniwos, manager
(Name and Title, printed or typed)

01/11/26

(Date)

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

ASSETS

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

LIABILITIES

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

experience

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

Date of this notice: 08-17-2023

Identification Number:
[REDACTED]

Form: SS-4

Number of this notice: CP 575 A

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

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

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

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [REDACTED]. 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.

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/efbusproviders 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.



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							
<table border="1"> <thead> <tr> <th>Name of individual or organization</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>SVETLANA KONSTANTINOVA</td> <td>49 SAWGRASS LN NEWTOWN, PA 19073</td> </tr> <tr> <td>ANDREY LEBEDEV</td> <td>49 SAWGRASS LN</td> </tr> </tbody> </table>		Name of individual or organization	Address	SVETLANA KONSTANTINOVA	49 SAWGRASS LN NEWTOWN, PA 19073	ANDREY LEBEDEV	49 SAWGRASS LN
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						

LBJ TRANSPORTATION COMPANIES, INC.
 190 YARNELL ROAD
 Pottstown, PA 19463
 IN

(11)

REN01800 - AUTO ALL FOR ADD: 190
 900011891 00.0030.0041 1999173



PICK UP DELIVERY STORAGE CORP
 69 BAWORAS LANE
 NEWTOWN SQUARE PA 19073-3048

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. LBJ TRANSPORTATION COMPANIES, INC. 190 YARNELL ROAD Pottstown, PA 19463 IN Phone: 610-327-3100		OMB No. 1545-0118 Form 1099-NEC (Rev. January 2024) For calendar year 2024	Nonemployee Compensation Copy B For Recipient This information indicates you're being included in the IRS system required for the election of employee penalty or other benefits may be required on your 1040 income tax return and the IRS determines that it has not been reported.
PAYER'S TIN 23-2621106	RECIPIENT'S TIN XX-XXXX123	1 Nonemployee compensation \$ 216,785.65	
RECIPIENT'S residential address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code PICK UP DELIVERY STORAGE CORP 69 BAWORAS LANE NEWTOWN SQUARE, PA 19073 US		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
Account number (see instructions) 993973781932		3 State tax withheld \$ 0.00	4 Federal income tax withheld \$ 0.00
		5 State tax withheld \$ 0.00	6 State/Payer's state no. PA 232621106
		7 State income \$216,785.65	

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. LBJ TRANSPORTATION COMPANIES, INC. 190 YARNELL ROAD Pottstown, PA 19463 IN Phone: 610-327-3100		OMB No. 1545-0118 Form 1099-NEC (Rev. January 2024) For calendar year 2024	Nonemployee Compensation Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S TIN 23-2621106	RECIPIENT'S TIN XX-XXXX123	1 Nonemployee compensation \$ 216,785.65	
RECIPIENT'S residential address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code PICK UP DELIVERY STORAGE CORP 69 BAWORAS LANE NEWTOWN SQUARE, PA 19073 US		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
Account number (see instructions) 993973781932		3 State tax withheld \$ 0.00	4 Federal income tax withheld \$ 0.00
		5 State tax withheld \$ 0.00	6 State/Payer's state no. PA 232621106
		7 State income \$216,785.65	

Form 1099-NEC (Rev. 1-2024)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

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 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 CONTRACTOR'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.


II. **Changes 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: 
Signature
Andrey Lebedev

By: 
Signature
Stephanie Witmyer

Authorized Representative's Name (Typed or Printed)
Contractor

Authorized Representative's Name (Typed or Printed)
VP of Administration

Title
6/10/2024

Title
6/17/2024

Date

Date

651123

OMB No. 1545-0123

Final K-1 Amended K-1

2023

Schedule K-1
Form 1065

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or tax year

beginning ending

**Partner's Share of Income, Deductions,
Credits, etc.**
See separate instructions.

Part I

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 e-file where partnership filed return: **E-FILE**

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

Part II

E Partner's EIN or TIN (in cases 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
NETUCHEN 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 Tax ID _____ Name _____

I What type of entity is this partner? **INDIVIDUAL**

J If this partner is a partnership (RA/SEP/Keogh/etc.), check here

K 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 recourse		
Recourse	\$	\$
Recourse	\$	\$

K2 Check this box if line K1 includes liability amounts for loss for partnerships

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

L Partner's Capital Account Analysis

Beginning capital account	0	24,922
Capital contributed during the year	0	
Current year net income (loss)	0	19,411
Other income (losses) (attach explanation)	0	
Withdrawals and distributions	0	19,728
Ending capital account	0	18,605

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 754(c) Gain or (Loss)

Beginning	\$
Ending	\$

1	Ordinary business income (loss)	14	Self-employment earnings (loss)
	13,465	A	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-1 is attached if checked <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) base
		A	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)		
8a	Net long-term capital gain (loss)	19	Distributions
		A	19,728
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1230 gain	20	Other information
		Z	
9	Net section 1231 gain (loss)		
10	Other income (loss)		
11	Section 179 deduction	21	Foreign taxes paid or accrued
12	Other deductions	54	
13	More than one activity for at-risk purposes*		
13	More than one activity for passive activity purposes*		

*See attached statement for additional information.

For IRS Use Only

Department of the Treasury
Internal Revenue Service

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

Partner's Share of Income, Deductions, Credits, etc.
See separate instructions.

Part I

A Partnership's employer identification number _____

B Partnership's name, address, city, state, and ZIP code
NOVING 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

E Partner's name, TIN, SSN, or 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
NETUCHES 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 in the tax: Sale or Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse	\$	\$
Recourse	\$	\$
Recourse	\$	\$

K2 Check the box if box K1 includes liability amounts for loans for partners.

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

L Partner's Capital Account Analysis

Beginning capital account	\$	10,880
Capital contributed during the year	\$	
Current year net income (loss)	\$	13,413
Other income (losses) (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 754(c) Gain or (Loss)

	Beginning	Ending
	\$	\$

Part III		Schedule K-1	
1	Ordinary business income (loss)	14	Self-employment earnings (loss)
	13,413		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	18	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	19	Schedule K-1 is attached if checked. <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) base
		A	1,473
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)		
8a	Net long-term capital gain (loss)	18	Distributions
		A	19,728
9a	Collectibles (28%) gain (loss)		
9b	Other information	29	
		Z	
10	Net section 1231 gain (loss)		
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
	A	34	
22	<input type="checkbox"/> More than one activity for at-risk purposes*		
23	<input type="checkbox"/> More than one activity for passive activity purposes*		
*See attached statement for additional information.			
For IRS Use Only			

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 ARETT NEWTON SQUARE SELF-STORAGE I.L.C. 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 #: PA 34835523

SECTION 2 - SPACE AND RENTAL

Space Number: OP19
Access Code: 2352108
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:

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

Description:

Lien-holder of Secured 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.

No Military I.D.

If Yes, which branch?

Commanding Officer?

Phone #:

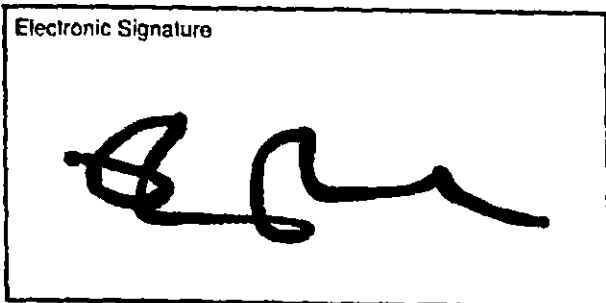
E-mail:

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.

Signature Certificate

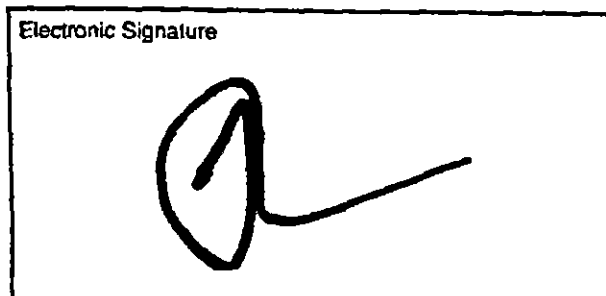


Document Title: Lease #2
Document Reference: a1ac9175-0c4d-4d56-aa31-21159826551b
Status: Signed



Authorized Signatory
Manager

IP Address:
72.94.181.253



Andrey Lebedev
Tenant

IP Address:
73.165.20.133

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

**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.



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

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

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
XXXXXXXXXXXX5955

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



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 ***

PENNSYLVANIA VEHICLE REGISTRATION

MV-16SAT(87-89)
292

PennDOT is proud to provide you with your new registration credential.

PLEASE SIGN YOUR CREDENTIAL - To validate your credential, you need to sign your name in ink as indicated below. The registration must be available when the vehicle is in use.

DID YOU CHANGE YOUR ADDRESS? - It is important that we have your current address, and the law requires that any changes be reported to PennDOT within 15 days. Please notify PennDOT of any address change by writing to: PennDOT, Bureau of Motor Vehicles, Harrisburg, PA 17104-2516. Please include the following information with your change of address request: your full street address (including P.O. box number, rural delivery, route number or apartment number, if applicable), city, state and zip code. Please remember P.O. box numbers may be used in addition to the actual address, but cannot be used as the only address. You may also change your address online at Online Services Center at WWW.DMV.PA.GOV.

PENNSYLVANIA'S LITTERING LAWS - As a reminder, Pennsylvania has laws against littering on our roadways and on public and private property. Under law, PennDOT is required to include this statement on vehicle credentials to remind motorists of littering laws. By signing your registration credential, you acknowledge that you have received notice of this provision.

Section 3709 of the Pennsylvania Vehicle Code provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.

For any violation of Section 3709, you may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons operating, in possession of or present within the vehicle with your permission, if you do not with reasonable certainty identify the driver of the vehicle at the time the violation occurred.

PLEASE DRIVE SAFELY AND REMEMBER TO BUCKLE UP
MOTOR VEHICLE SALES TAX RECEIPT-KEEP FOR YOUR RECORDS

PURCHASED:	JUN 12, 2025	TAX AMOUNT PAID -	9450.00
RECEIVED:	JUL 18, 2025	NOTE: If this amount does not agree with the tax shown on your Bill of Sale, forward a copy of it to:	
TITLE:	88819977	Commonwealth of Pennsylvania	
MAKE:	MERCEDES BENZ	P. O. Box 62296	
ODOMETER READING:	223000	Harrisburg, PA 17106-6296	
ODOMETER STATUS:	ACTUAL		
ANDREY LEBEDEV			

Called 6/26/25 646-399-6550

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: MAY 31, 2028 **VALID: 07/21/25**

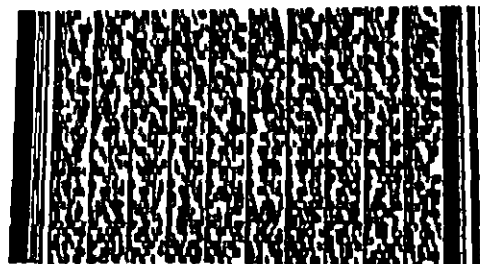
PLATE: ZYF1166
TITLE: 88819977001 LE
VIN: MD47Y1C02K7098572
YR/MAKE: 2019 MERCEDES BENZ
TYPE: TK
VID: 25399 0016 001852-001

RED. GROSS WT: 36000
UNLADEN WEIGHT: 66000
CLASS: 4A

[Signature]
SIGNATURE

I hereby acknowledge this day that I have received copies of the provisions of Section 3708 of the Vehicle Code.

035002
ANDREY LEBEDEV
49 SAWGRASS LN
NEWTOWN SQUARE PA 19073





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

January 22, 2026

Docket No. A-2026-3059853

MAIN LINE MOVING AND STORAGE CORP
49 SAWGRASS LN
NEWTOWN SQUARE PA 19073-3045

Re: Application of Main Line Moving and Storage Corp, 49 Sawgrass Ln., Newtown Square, Delaware County, PA 19073-3045. 646-956-9650

To Whom It May Concern:

On January 16, 2026, the application of MAIN LINE MOVING AND STORAGE CORP. 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 on how to efile is available at the following link: <https://www.puc.pa.gov/>

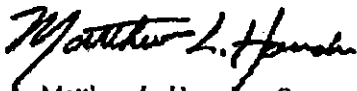
Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

I, _____, 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,


Matthew L. Homsher, Secretary

Enclosure

cc: Josh Kwiatkowski

Docket No. A-2026-3059853
MAIN LINE MOVING AND STORAGE CORP
Data Request

1. Please provide a proper response to Questions #2 of the verified statements. The question does not ask about the member's roles with the applicant – the question relates to other companies the members might own or work for. (e.g. Pick Up Delivery Storage Corp, L&J Transportation Companies Inc, Moving Peak Relocation LLC)
2. 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)
3. Please provide a fully responsive reply to Question #7 of the verified statements. The question has multiple parts and each one must be addressed fully. In your original application submission this information was cut-off and unable to be reviewed.
4. Who have you obtained insurance quotes/coverage from and what are the anticipated premiums and payment schedules? What are the coverage amounts?
5. Please review the below criteria and submit a revised compliant Statement of Financial Position.
 - a. The statement presented must be DATED and comprised of information which is less than 6 months old.
 - b. The submission MUST be comprised of information which is accurate as of the date provided.
 - c. The information is to be exact and should not include estimates or approximations when accurate numbers are available.
 - d. ALL relevant assets and debts are to be included (for example: vehicle loan balances/vehicle asset value, etc.).
 - e. The information provided is also to be strictly limited to assets and debts HELD BY THE APPLICANT (MAIN LINE MOVING AND STORAGE CORP.), and not the individual member(s). Any property and accounts

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.

listed MUST be registered or titled to the corporation. Bank accounts must be in the name of MAIN LINE MOVING AND STORAGE CORP. Vehicles must be registered to MAIN LINE MOVING AND STORAGE CORP. Property must be titled to MAIN LINE MOVING AND STORAGE CORP. If these items are not in the name of MAIN LINE MOVING AND STORAGE CORP, they should NOT be included on the balance sheet.

In order to fully assist the Commission in verifying your financial fitness, please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and notarized/official statements of account balances/ownership provided by bank officers (with current contact information), Any and all claimed vehicles or land/buildings must also include proof of ownership/registration - vehicle registrations, property titles, purchase agreements, etc.

You are strongly encouraged to enlist professional financial assistance if you experience difficulty in completing your statement of financial position. Be advised that failing to provide an acceptable financial statement which is supported by evidence is sufficient grounds for the denial of your application.

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.

Response to Data Request

Docket No. A-2026-3059853

Main Line Moving and Storage Corp

49 Sawgrass Ln

Newtown Square, PA 19073

Date: February 5, 2026

To the Secretary of the Commission,

This filing is submitted in response to the Pennsylvania Public Utility Commission Data Request in the above-referenced docket.

Response to Item 1

Verified Statement - Question No. 2

The members of the Applicant, Main Line Moving and Storage Corp, are involved in the following other business entities:

Svetlana Konstantinovna

- Pick Up Delivery Storage Corp - co-owner 50%.

- Moving Peak Relocation LLC (New Jersey) - former member 50%. This company ceased operations in or about August 2025 and had not conducted business for approximately one and a half years prior to its closure.

Andrey Lebedev

- Pick Up Delivery Storage Corp - co-owner 50%.

- Moving Peak Relocation LLC (New Jersey) - former member 50%. This company ceased operations in or about August 2025 and had not conducted business for approximately one and a half years prior to its closure.

Response to Item 2

Verified Statement - Question No. 5

Please see Attachment No. 1, Driver Hiring and Qualification Policy of Main Line Moving and Storage Corp.

Response to Item 3

Verified Statement - Question No. 7

Main Line Moving and Storage Corp will operate and maintain its vehicles in a safe and compliant manner as follows:

a) Vehicles

Main Line Moving and Storage Corp operates as an owner-operated business. Vehicles used in company operations are properly registered and insured .

b) Inspections and maintenance

All vehicles used by the Applicant will be inspected and maintained in accordance with applicable Pennsylvania and federal safety regulations.

c) Compliance

The Applicant will ensure compliance with 67 Pa. Code Chapter 175 and all other applicable inspection and safety requirements.

Response to Item 4

Insurance

Please see Attachment No. 2, Certificate of Insurance.

Response to Item 5

Statement of Financial Position

Please see Attachment No. 3, Statement of Financial Position of Main Line Moving and Storage Corp and supporting documentation.

Verified Statement

I, Svetlana Konstantinova, 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).

Signature: _____



Date: February 5, 2026

Attachment No. 1

Driver Hiring and Qualification Policy

Date: January 14, 2025

Driver Hiring and Qualification Policy

Main Line Moving and Storage Corp

49 Sawgrass Ln, Newtown Square, PA 19073

Current operating status

Main Line Moving and Storage Corp currently operates as an owner-operated business with one working owner. At this time, the company does not plan to hire additional drivers. If additional drivers are hired in the future, the following hiring and qualification standards will apply.

1. Minimum age requirement

In accordance with 52 Pa. Code § 37.204 and 49 CFR § 391.11, all drivers must be at least 21 years of age and must meet all federal and state driver qualification requirements prior to performing any driving duties.

2. Driver history record checks

In accordance with 52 Pa. Code § 37.204 and 49 CFR § 391.25, the company will obtain and review a Motor Vehicle Record for each driver prior to initial driving assignment and at least once every twelve (12) months thereafter. Documentation of each review will be maintained in the company's files.

3. Criminal history review

In accordance with 52 Pa. Code § 31.134, the company will conduct a criminal background review for each prospective driver prior to employment and will review criminal history information to determine driver suitability in accordance with applicable law.

This policy applies to all drivers hired by Main Line Moving and Storage Corp.

Signature:  _____

Name and Title: Svetlana Konstantinovna, Authorized Representative

Date: January 14, 2025

Attachment #2



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/06/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Integrity Coverage Group, Inc. 7603 13th Ave Brooklyn New York 11228	CONTACT NAME: PHONE (AG, HS, Ext): Phone:(347) 673-5292 ext. 2 FAX (AG, Mob): Fax:(347) 673-6472 E-MAIL ADDRESS: anna@groupicl.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED MAIN LINE MOVING AND STORAGE CORP 49 SAWGRASS LN NEWTOWN SQ PA 19073	INSURER A: PROGRESSIVE	NAIC # 24260
	INSURER B: Pennsylvania Manufacturers Association I	12262
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

OPER LTR	TYPE OF INSURANCE	AGGREGATE LIMIT (USD)	POLICY NUMBER	POLICY EXP (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		994895231	04/01/2025	04/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in PA) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	CARGO		812501-8946550Y-CCR	04/01/2025	04/01/2026	\$ 33,000 DED: \$ 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 2019 MBZ VIN# WD4PF1CD3KP098572
 DRIVER AND OWNER OF THE COMPANY ANDREY LEBEDEV

CERTIFICATE HOLDER MAIN LINE MOVING AND STORAGE CORP 49 SAWGRASS LN NEWTOWN SQ PA 19073	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE IRINA BEREZENTSEVA
---	--

Attachment No. 3

Statement of Financial Position

As of February 5, 2026

Assets

Cash \$4,421.12

Liabilities, properties:

None

Equity

\$4,421.12

Signature: 

Date: February 5, 2026

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

MAIN LINE MOVING AND STORAGE CORP
49 SAWGRASS LN
NEWTOWN SQUARE, PA 19073-3045

Business Advantage

Customer service information

☎ 1.888.BUSINESS (1.888.287.4637)

🌐 bankofamerica.com

✉ Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your Business Advantage Fundamentals™ Banking

for January 1, 2026 to January 31, 2026

Account number 

MAIN LINE MOVING AND STORAGE CORP

Account summary

Beginning balance on January 1, 2026	\$7,816.93
Deposits and other credits	13,134.95
Withdrawals and other debits	-13,991.70
Checks	-0.00
Service fees	-0.00
Ending balance on January 31, 2026	\$6,960.18

of deposits/credits: 8

of withdrawals/debits: 20

of Items-previous cycle¹: 0

of days in cycle: 31

Average ledger balance: \$8,578.71

¹Includes checks paid, deposited items and other debits

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534-08-24-0418 | 0548579

7

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And Storage
Sretlana Konstantin
49 Sawgrass Ln
Newtown Sq, PA, 15073

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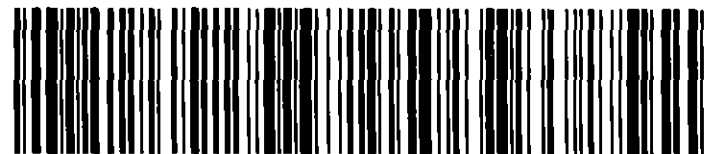
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Harrisburg PA 17120

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