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Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
(717) 772-7777
www.puc.pa.gov

FEB 23 2015

Revised 12/1/13

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Application for Broker of Household Goods in Use

THIS APPLICATION IS TO BE USED FOR A LICENSE TO OPERATE AS A BROKER WHO WILL ARRANGE FOR THE TRANSPORTATION OF HOUSEHOLD GOODS IN USE BETWEEN POINTS IN PENNSYLVANIA.

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

Pamela Shultz-Kowalewski Moving Maniacs

- 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)

Moving Maniacs

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 4282610
(see checklist and indicate type of business entity registered)

5. **Physical Address** (do not use PO Box)

208 Hillcrest DR.
Street Address
New Cumberland PA 17070
City, State and Zip Code
717-214-4258 York
Telephone Number County

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.

6. **Mailing Address** (if different from Physical Address)

Same
Street Address

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

7. **Attorney** (if applicable)

JAN TAMANINI 717-329-1027
Attorney's Name & Telephone Number for this Filing
123 Leonard Lane Harrisburg Pa 17111
Attorney's 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.

8. **Does applicant hold interstate operating authority?**

X No _____ Yes, at No. _____

9. **Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

To arrange for transportation of household goods between points in PA
Examples: and from PA to other STATES.

- To arrange for the transportation of household goods in use between points in Pennsylvania.
- To arrange for the transportation of household goods in use between points in Clarion County.

10. **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 Brokers 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.

RECEIVED

Pam S. KOVALEWSKI
(Print Name)

FEB 23 2015

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Pam Skoralowski
(Signature)

2/23/15
(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).

Note: Before you can provide service as a Pennsylvania licensed broker of household goods, you must submit evidence of financial responsibility to the Commission. Your evidence will be in the form of a Surety Bond in the amount of \$10,000.



BUREAU OF CORPORATION TAXES
PO BOX 280705
HARRISBURG PA 17128-0705

NOTICE OF CORPORATE REGISTRATION

**MOVING MANIACS, LLC
208 HILLCREST DR
NEW CUMBERLAND PA 17070-3032**

REVENUE ID:.....1000783120
FEIN:.....471330253
NOTICE NUMBER:.....BU1000766219
MAIL DATE:.....07/30/2014
FISCAL YR END:.....12/31
INCORPORATION DATE:.....07/15/2014

TAXES SUBJECT:
Corporate Net Income
Loans
Capital Stock

Welcome to Pennsylvania's business community. The Department of Revenue has been advised that you are authorized to conduct business in Pennsylvania. The above Revenue ID number has been assigned to your business for tax reporting purposes. Please reference this number on all correspondence with the department.

Carefully review your name, address and tax information above for accuracy. If no federal employer identification number (FEIN) is indicated, please provide this number to the department as soon as it is available from the federal government. Write the FEIN and other changes or additions in the top, right-hand corner above and return this letter to the PA DEPARTMENT OF REVENUE, PO BOX 280705, HARRISBURG PA 17128-0705.

FILING REQUIREMENTS

The taxes you are required to report annually are identified above. Tax reports must be filed timely, even if there is no business activity or if the first year in business is less than 12 months. You are obligated to pay timely and file tax returns until you formally dissolve your corporate charter, file an out of existence affidavit or cancel a license or authorization. Failure to file and pay timely may result in penalties and liens. For information on tax due dates, visit the department's website at www.revenue.state.pa.us.

Pay particular attention to the month your fiscal year ends, identified above, for the following reasons:

- For capital stock/foreign franchise, corporate net income and mutual thrift taxes, the first quarterly estimated payments are due within 75 days following the incorporation/authority date.
- A federal subchapter S corporation desiring not to be taxed as a PA S corporation is required to file Form REV-976 on or before the due date or extended due date of the first tax period for which it is to be in effect. REV-976 is available at www.revenue.state.pa.us.

SUBJECTIVITY TO CORPORATE TAXES FOR LIMITED LIABILITY COMPANIES AND BUSINESS TRUSTS

- According to Section 601 of the Tax Reform Code, limited liability companies and business trusts are considered corporations for purposes of capital stock/foreign franchise tax, regardless of how they file with the Internal Revenue Service (IRS).
- Under Section 401, any entity that files as a corporation with the IRS is subject to PA corporate net income tax. A limited liability company or business trust that does not file as a corporation with the IRS is not subject to the PA corporate net income tax.

ELECTRONIC FILING

Payments of \$1,000 or more must be remitted electronically. Register online through the department's e-Services Center at www.revenue.state.pa.us to send tax payments to the department online using e-TIDES.

The Department of Revenue appreciates your cooperation and wishes your business success in Pennsylvania. If you have any questions, visit the Online Customer Service Center at www.revenue.state.pa.us or call the Taxpayer Service & Information Center at 717-787-1064.



PA 17128-0705 REV-976 (01-14) DOCEXEC ZR05

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.

RECEIVED

PUC Application Docket No.		FEB 06 2015	
<u>PAMELA SAULTZ-KOVALCZYK</u>		PA PUBLIC UTILITY COMMISSION	
Legal Name of Applicant		SECRETARY'S BUREAU	
<u>MOVING MAMACS</u>			
Trade Name, if any			
<u>208 Hillcrest Dr.</u>	<u>New Cumberland</u>	<u>PA</u>	<u>17070</u>
Street Address (principal place of business)	City or Municipality	State	Zip Code

The Verified Statement of the Applicant is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.

Pam S. Kovalczyk - info above
Sole owner

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

NONE

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SECRETARY'S BUREAU

3. Describe your business experience, particularly any experience relating to the operation of a transportation service. You may also include an explanation of education or training that you believe may be relevant.

Owned Moving MANIACS since 2008. 24 personal moves in 22 yrs, excellent skills in pack, unpack, sort, purge and negotiating w/ movers.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized. 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. Finally, please state your intended business hours.

Home office, tracking systems in Quick Books and w/ Accountant. All mover negotiations and price structures will be kept in spreadsheet programs.

5. Please state the number of employees you intend to use, along with a description of their duties.

No employees - Day labor used mostly - often hired thru moving companies to ensure skill sets.

6. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain the required surety bond.

Surety Bond is complete - no premiums except yearly renewals.

7. Please describe your customer service standards. Within your description, please explain:
a. Your plan to inform customers of the procedures for filing complaints with the PUC;
b. Your intended customer complaint resolution procedure.

Leave behind flyers w/ PUC contacts, websites etc. will be left w/ Billing/final paperwork.

8. Criminal Record. Have you, any members (if LLC, LP or LLP), shareholders, or officers (corporations) been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

YES NO

9. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. Therefore you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if the proposed business can be feasible. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

NOT TRANSPORTING - HIRING MOVING COMPANIES
TO TRANSPORT

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.

Pam S Kovalewski

(Signature)

Pam S Kovalewski

(Name and Title, printed or typed)

1/27/15

(Date)

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue	115000.00
Net Revenue from non-carrier operations	0
Dividend and interest revenues	0
Other non-operating revenue	0
Gains	0
Total Revenue and Gains	115000.00

EXPENSES

Equipment Maintenance and Garage Expense	0
Insurance Expense	900.00
Employee Salaries <small>SUBCONTRACTORS</small>	29000.00
Supervisory Salaries	0
Officer Salaries	30000.00
Fuel Expense	0
Purchased Transportation (Lease Expense)	0
Materials and Supplies Expense	1000.00
General Office Expense	1000.00
Advertising Expense	1500.00
Telephone Expense	2640.00
Accounting Expense	500.00
Legal Expense	500.00
Uncollectible Revenue	0
Depreciation Expense	0
Amortization	0
Operating Taxes and Licenses	0
Rent Expense	1176.00
Loss	0
Total Operating Expenses and Losses	68216.00

Net Income Before Taxes

Provision for Income Taxes

Net Income (Loss)

	45000.00

NOT TRANSPORTING goods

Statement of Financial Position (Balance Sheet)

As of (date) 7-5-15

ASSETS

Current Assets

Cash 8700.00
 Accounts Receivable 1600.00
 Notes Receivable 0
 Other Current Assets (specify) 100.00
 Total Current Assets

10300.00

Tangible Assets

Motor Vehicle Equipment 0
 Less: Accumulated Depreciation 0
 Building and Structures 0
 Less: Accumulated Depreciation 0
 Office Equipment 0
 Less: Accumulated Depreciation 0
 Land 0

= organizational functions only

Investments and Funds (specify)

Intangible Assets

Other Assets (advances and idle equipment - specify)

TOTAL ASSETS

LIABILITIES

Current Liabilities (Due within one year of date)

Accounts Payable 0
 Notes Payable 0
 Equipment Obligations 0
 Other Liabilities (Attach schedule) 0
 Total Current Liabilities

Long Term Liabilities (Due after one year of date)

Accounts Payable 0
 Notes Payable 0
 Equipment Obligations 0
 Other Liabilities (Attach Schedule) 0
 Total Long Term Liabilities

TOTAL LIABILITIES

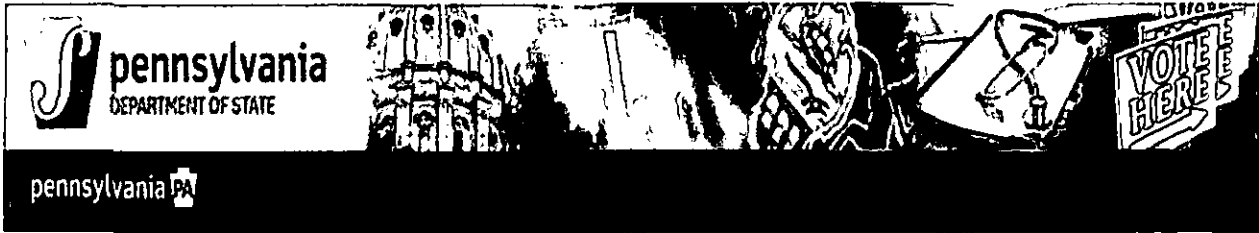
NET WORTH (Partnerships and individuals, only)

53000.00

OWNER'S EQUITY (Corporations only)

Capital Stock 0
 Additional Paid-in Capital 0
 Retained Earnings 0
 Less: Treasury Stock 0
 Total Owner's Equity

TOTAL LIABILITIES & OWNER'S EQUITY



Corporations

Online Services | Corporations | Forms | Contact Corporations | Business Services

- Search
- By Business Name
- By Business Entity ID
- Verify
- Verify Certification
- Online Orders
- Register for Online Orders
- Order Good Standing
- Order Certified Documents
- Order Business List
- My Images
- Search for Images

Business Entity Filing History

Date: 1/25/2015 (Select the link above to view the Business Entity's Filing History)

Business Name History

Name	Name Type
Moving Maniacs, LLC	Current Name

Limited Liability Company - Domestic - Information

Entity Number: 4282610
Status: Active
Entity Creation Date: 7/15/2014
State of Business.: PA
Registered Office Address: 208 Hillcrest Drive
 New Cumberland PA 17070
 Cumberland
Mailing Address: No Address

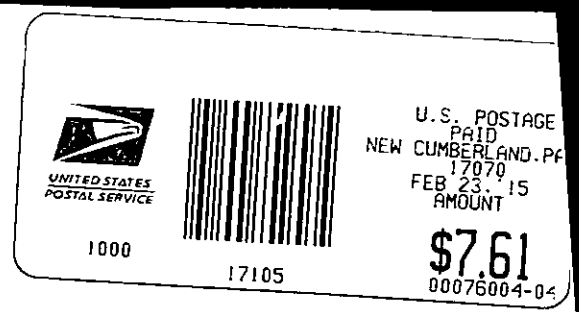
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Moving Maniacs
208 Hillcrest Drive
New Cumberland, PA 17070
www.movingmaniacs.com



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Commonwealth of Pennsylvania PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

PA PUBLIC UTILITY COMMISSION
ATTN. Secretary CHIAVETTA
PO BOX 3265
HARRISBURG PA 17105-3265

RETURN RECEIPT
REQUESTED