

APPLICATION FOR MOTOR CARRIER CERTIFICATE
Before the
ALABAMA PUBLIC SERVICE COMMISSION



This Application should be typed or neatly printed, properly signed and sworn to, and filed with the \$100.00 filing fee with the Alabama Public Service Commission, P. O. Box 304260, Montgomery, Alabama 36130.

SECTION I

Applicant GOOD MOVES MOVING SYSTEMS, INC.
(Legal name)

Doing Business as GOOD MOVES per applicant 9/10/10 Km
(Trade name)

Business Address 3521 CHIPPENHAM DR.
(Street, Highway, or Rural Route and Box Number)

BIRMINGHAM, AL. 35242 (205) 410-8527
(City) (State) (Zip Code) (Telephone Number)

X Applicant seeks a Certificate to transport household goods between all points in the State of Alabama, except (list any exceptions)

SECTION II

FORM OF BUSINESS (Check only one):

X CORPORATION. State of Incorporation ALABAMA

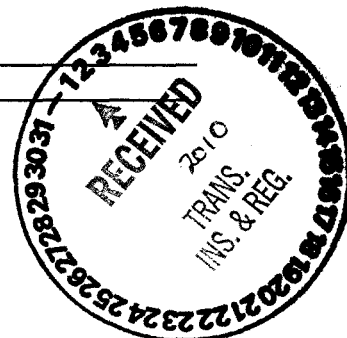
(Registered with the Alabama Secretary of States office)

X YES _____ NO

(Out of state corporations must register with the Alabama Secretary of State.)

PARTNERSHIP. Identify partners _____

SOLE PROPRIETORSHIP.



If you have been issued a U.S. D.O.T. number, MC number, or Alabama Public Service Commission Permit or Certificate number, provide it here: _____

Copy of Articles of Incorporation or Certificate of Incorporation is attached as Appendix "A" or is already on file with the Alabama Public Service Commission.

Applicant proposes to use approximately (number of) 1 motor vehicles of the kind and type described in Appendix "B" hereto attached. (Give detailed description showing type, make, model, and rated capacity).

SECTION III

- ✓ Applicant has the required insurance and Forms E and H proof of coverage properly filed with the Commission, or Forms E & H are attached hereto.
INSURANCE COMPANIES SENDING FORMS, SEE ATTACHED CERTS.
- ✓ \$100.00 filing fee paid (cashier's check or money order only)
- ✓ A financial statement (balance sheet and income/expense statement) for the most recent tax year is attached hereto as Appendix "C".
- ✓ Applicant has a single state registration receipt or has attached hereto a Form B-2, application for registration number.

SECTION IV

- Applicant has a safety fitness rating from the United States Department of Transportation of satisfactory as shown by Attachment "D".
- OR
- ✓ Applicant has attached as Appendix "D" a description of its safety program that shows compliance with requirements of the Commission's rules and/or the rules of the United States Department of Transportation.

SECTION V

- Applicant has attached its tariff showing the rates, charges, rules and practices for its household goods moving service and the services provided in connection with the moving services, or a power of attorney issued to a tariff publishing association. *ALABAMA TRUCKING ASSOCIATION IS PREPARING OUR TARIFF*

SECTION VI

Applicant understands that the filing of this Application does not, in itself, constitute authority to operate; will submit such additional information in connection with this Application as the Commission may require; and will comply with requirements of the laws of the State of Alabama, and the rules and regulations of the Commission made thereunder, as are applicable to intrastate transportation of property.

SECTION VII

Name and address of the contact person that can answer questions about this application or supply additional information:

MARK A. STEPHENS
(Name)

7521 CHIDDENHAM DRIVE
(Address)

BIRMINGHAM, AL. 35242
(City) (State) (Zip Code)

205-970-6050
(Telephone Number)

OATH

COUNTY OF JEFFERSON

STATE OF ALABAMA

Name of Affiant MARK A. STEPHENS being duly sworn, states that he/she files this Application as (indicate whether owner, or proprietor, title as officer of applicant corporation or association, member of applicant partnership, or other authorized representative of applicant) PRESIDENT OF GOO! MOVES MOVING SYSTEMS, INC. that in such capacity, he/she is qualified and authorized to file and verify such Application; that he/she has carefully examined all the statements and matters contained in the Application, and that all such statements made and matters set forth herein are true and correct to the best of his/her knowledge, information and belief.

(Signature of Affiant) Mark A. Stephens

Subscribed and sworn to before me, a Notary Public in and for said State and County above named, this 30th day of August, 2010.

(Notary Public) Judy Surpen

(Seal)

My Commission Expires: NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: Apr 1, 2013
BONDED THRU NOTARY PUBLIC UNDERWRITERS

**ARTICLES OF INCORPORATION
OF
Good Moves Moving Systems, Inc.**

20100414000392870 1/3
Bk: LR201003 Pg: 16201
Jefferson County, Alabama
I certify this instrument filed on
04/14/2010 03:47:35 PM INC
Judge of Probate- Alan L. King

Pursuant to the provisions of the Alabama Business Corporation Act, the undersigned hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be Good Moves Moving Systems, Inc.

ARTICLE II: DURATION

The duration of the corporation is perpetual.

ARTICLE III: PURPOSE

The corporation has been organized for the purpose of moving household or commercial goods and personal property and for the transaction of any lawful business for which corporations may be incorporated under the laws of the State of Alabama.

ARTICLE IV: NUMBER OF SHARES

The number of shares which the corporation shall have the authority to issue is 1,000.

ARTICLE V: INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the corporation is:

1 Perimeter Park South, Suite 100N
Birmingham, AL 35243

The name of its initial registered agent at that office is Mark A. Stephens.

ARTICLE VI: DIRECTORS

The names and the addresses of the directors are:

Mark A. Stephens
1 Perimeter Park South, Suite 100N
Birmingham, AL 35243

Adam Lee Stephens
5821 Walnut Grove Road
Birmingham, AL 35215

ARTICLE VII: INCORPORATOR

The name and address of the incorporator is:

Mark A. Stephens
1 Perimeter Park South, Suite 100N
Birmingham, AL 35243

In witness hereof, the undersigned incorporator executed these Articles of Incorporation on this the 14 day of April, 2010.

MARK A. STEPHENS
Name of Incorporator

Mark A. Stephens
Mark A. Stephens

Beth Chapman
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Section 10-2B-4.02, Code of Alabama 1975, and upon an examination of the corporation records on file in this office, the following corporate name is reserved as available:

Good Moves Moving Systems, Inc.

This domestic corporation name is proposed to be incorporated in Jefferson County and is for the exclusive use of Mark A Stephens, One Perimeter Park S Ste 100N, Birmingham, AL 35243 for a period of one hundred twenty days beginning April 1, 2010 and expiring July 31, 2010.

20100414000392870 3/3
Bk: LR201003 Pg:16201
Jefferson County, Alabama
04/14/2010 03:47:35 PM INC
Fee - \$51.00

Total of Fees and Taxes-\$51.00
JCOCKRELL



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

April 1, 2010

Date

Beth Chapman

Beth Chapman

Secretary of State

APPENDIX "C"
FINANCIAL STATEMENT

NET WORTH

ASSETS:

TOTAL

Cash on hand	<u>0</u>
Checking account(s) balance	<u>2052.09</u>
Savings account(s) balance	<u> </u>
Credit Union savings	<u> </u>
Bonds, stocks, securities	<u> </u>
Cash value of life insurance policies	<u> </u>
Cash value of annuities and other retirement plans	<u> </u>
Real estate: (market value of home) and (market value of other real estate)	<u> </u>
Automobiles (market value)	<u>5,000.00</u>
Furnishings, equipment, tools	<u>1,000.00</u>
Jewelry, collections, heirlooms, clothing	<u> </u>
Money owed to you	<u> </u>
Other assets	<u> </u>
TOTAL ASSETS	<u>\$ 11,052.09</u>

LIABILITIES: (What you owe)

Home mortgage and other real estate	<u> </u>
Home improvement loan	<u> </u>
Note on car	<u> </u>
Installment contracts (furniture, etc.)	<u> </u>
Notes to banks, or other commitments	<u>19,000.00</u>
Gasoline charges (average monthly balance)	<u>500.00</u>
Medical bills	<u> </u>
Charge accounts	<u> </u>
Other debts	<u> </u>
TOTAL LIABILITIES	<u>\$ 19,500.00</u>

To find net worth:

TOTAL ASSETS	<u>11,052.09</u>
(Subtract) TOTAL LIABILITIES	<u>19,500.00</u>
THIS IS YOUR NET WORTH	<u>\$ - 8447.91</u>

APPENDIX "D"
DESCRIPTION OF SAFETY PROGRAM

As the PRESIDENT with/of GOOD MOVES MOVING SYSTEMS, INC. I am fully
(Title) (Name of Applicant Company)

familiar with my company's operations and herein verify that GOOD MOVES MOVING SYSTEMS, INC.
(Name of Applicant Company)

has in place a program to ensure substantial compliance with all applicable safety rules and regulations of the Alabama Public Service Commission, as well as those of the United States Department of Transportation. In addition to all other requirements, GOOD MOVES MOVING SYSTEMS, INC.
(Name of Applicant Company)

specifically maintains: files on each driver with all required driver forms and information; files on each vehicle with all required forms including maintenance and safety inspection records; and all required written records of drivers' hours.


(Signature of Company Representative)

MARK A. STEPHENS
(Printed Name of Company Representative)

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CA
GOODM-1

DATE (MM/DD/YYYY)
05/19/10

PRODUCER

Johnson-Locklin & Associates
700 Corporate Parkway
Birmingham AL 35242

Phone: 205-980-8008 Fax: 205-980-9399

INSURED

Good Moves Moving System, Inc.
1 Perimeter Park So Ste 100N
Birmingham AL 35243

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: QBE Insurance Company

11515

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	ANG32583	05/21/10	05/21/11	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY	ANA32582	05/21/10	05/21/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				
	<input type="checkbox"/> ALL OWNED AUTOS				
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$
A	Physical Damage	ANA32582	05/21/10	05/21/11	Deductibl 1000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
1997 International S#1HTSCAAM9VH434419

CERTIFICATE HOLDER

CANCELLATION

PROOF-1

PROOF OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Anderson P. Lee



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
8/31/2010

PRODUCER AL01-Alabama 3000 Riverchase Galleria Suite 700 Birmingham AL 35244		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Good Moves Moving Systems, Inc. c/o Mark Stephens 5821 Walnut Grove Road Birmingham AL 35215		INSURERS AFFORDING COVERAGE INSURER A: CERTAIN UNDERWRITERS AT LLOYDS INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR MOD/LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> 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				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Commercial Inland Marine	SRD408530	05/26/2010	05/26/2011	Limit Per Occurrence 50,000 Limit Per Vehicle 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

Alabama Public Service Commission P.O. Box 304280 Montgomery AL 36130	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>0</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Barbara S. Carter</i>
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ACORD 25 (2009/01)

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FORM B-2

VEHICLE REGISTRATION NUMBERS
FOR COMPENSATED INTRASTATE-ONLY MOTOR CARRIERS

TO: ALABAMA PUBLIC SERVICE COMMISSION
P. O. BOX 304260
MONTGOMERY, AL 36130

090007

AB

APPLICANT: GOOD MOVES MOVING SYSTEMS, INC.

MAILING ADDRESS: 3521 CHIPPENHAM DR.

CITY: BIRMINGHAM STATE: AL ZIP CODE: 35242

CERTIFICATE NO.: _____ PERMIT NO.: _____

The above described applicant hereby applies for issuance of Vehicle Registration Numbers at \$6.00 each for the following identified vehicles.

<u>MAKE</u>	<u>MODEL</u>	<u>SERIAL NUMBER</u> (Last 5 Digits)
<u>INTERNATIONAL</u>	<u>4600 4700</u>	<u>34419</u>

The applicant hereby acknowledges and understands Rule 3 of the Alabama Public Service Commission's Motor Carrier General Orders and Regulations Pamphlet No. 2003, as amended, as it pertains to the display of Registration Number, and Title 37, Chapter 3, Section 32(5)a, and as it pertains to the transferability of these numbers between vehicles.

I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant.

NOTE: The fee for Registration Numbers is \$6.00 each. Payment must be made by cashier's check, certified check, or money order.

Mark A. B. [Signature]
(Signature)
President
(Title)
Aug 30, 2010
(Date)

21

Registration Numbers Receipt

Effective Date: 9/1/2010

2010090006

GOOD MOVES MOVING SYSTEMS, INC
3521 CHIPPENHAM DRIVE
BIRMINGHAM, AL 35242

Trade Name: GOOD MOVES MOVING SYSTEMS, INC

A.P.S.C. NEW

JLN: 2010090007

Reg. No.

Make

Ser. No.

30726

INTERNATIONAL

34419

Fee Paid: \$6.00

ALABAMA PUBLIC SERVICE COMMISSION

By *KM*

The registration number is **non-transferable.**

Make sure that the registration number for each truck
is displayed on both sides of the power unit.