STATE OF SOUTH CAROLINA

(Caption of Case)
Example: Application for a Class C Charter Certificate of Public Convenience and Necessity to he Rescinded
John Doe dba Doe's Limousine

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2012-314-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)
Submitted by: CYBH LLC DBA COASTAL STORAGE & MOVING
Address: 7369 Hwy 107
MYRTLE BEACH SC 29588

Telephone: 843-650-6801
Fax: 843-651-3634
Email: REBT HOLEY@SC.GOV

Other:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted
☐ Application - Class C Taxi
☐ Application - Class C Charter
☐ Application - Class C Charter Bus
☐ Application - Class C Non-Emergency
☐ Application - Class C Stretcher Van
☐ Application - Class E Household Goods
☐ Application - Class E Hazardous Waste
☐ Application
☐ Request for Extension to Comply with Order
☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
☐ Request for Cancellation of Certificate
☐ Request for Suspension
☐ Request for Reinstatement
☐ Request for Name Change on Certificate
☐ Request to Amend Scope of Authority
☐ Request to Amend Tariff (rate increase, etc.)
☐ Request to Amend Passenger Limit
☐ Request
☐ Exhibit
☐ Late-Filed Exhibit
☐ Letter
☐ Proposed Order
☐ Publisher's Affidavit
☐ Reservation Letter
☐ Response
☐ Return to Petition
☐ Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.
APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Select Class: (Check one)

[ ] E (HHG) - Household Goods
[ ] E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

[ ] New Application
[ ] Amended Scope of Authority

Current Scope:
(list counties)

Amended Scope:
(list counties)

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

CYBH, LLC. DBA COASTAL STORAGE & MOVING

7169 Hwy 707 MYRTLE BEACH SC 29588
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-650-6803
Phone

843-651-3634
FAX

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)
3. Select Entity Type: (Check one)
   - [ ] Individual Owner/Sole Proprietorship
   - [ ] Partnership - List names and address of all person having an interest in the business.
   - [x] Corporation - List names and addresses of two principal officers.

   ALBERT M. HOLLIE 1810 POND RD MURRELLS INLET, SC
   CHRIS YOU 5200 LEASEHALL DR, MURRELLS INLET, SC

4. Applicant proposes to operate service as follows: (Check one.)
   - [ ] Intrastate Only
   - [ ] Interstate Only
   - [x] Both

5. Is applicant certified to provide intrastate transportation of household goods in another state: (Check one.)
   - [ ] Yes
   - [x] No

   If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)
   - [ ] Yes
   - [x] No

   If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)
   - [ ] Yes
   - [x] No

   If yes, list dates and nature of revocations below.
Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

<table>
<thead>
<tr>
<th>Assets:</th>
<th>Balance at Time Application is Filed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month  August  Year 2012</td>
</tr>
<tr>
<td>Cash</td>
<td>24,954</td>
</tr>
<tr>
<td>Receivables</td>
<td>10,683</td>
</tr>
<tr>
<td>Real Estate</td>
<td>6,331,227</td>
</tr>
<tr>
<td>Buildings and Equipment (Net)</td>
<td>716,826</td>
</tr>
<tr>
<td>Motor Vehicles (Net)</td>
<td>31,000</td>
</tr>
<tr>
<td>Garage Equipment (Net)</td>
<td>3,500</td>
</tr>
<tr>
<td>Machinery and Tools (Net)</td>
<td>2,850</td>
</tr>
<tr>
<td>Supplies on Hand</td>
<td>22,230</td>
</tr>
<tr>
<td>Prepaid and Other Assets</td>
<td>-3,900</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>1,421,364</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities and Equity:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>13,351</td>
</tr>
<tr>
<td>Notes Payable</td>
<td>1,017,104</td>
</tr>
<tr>
<td>Mortgages Payable</td>
<td>0</td>
</tr>
<tr>
<td>Equipment Obligations</td>
<td>31,000</td>
</tr>
<tr>
<td>Accrued Salaries and Wages</td>
<td>20,000</td>
</tr>
<tr>
<td>Other Accrued Obligations</td>
<td>251,605</td>
</tr>
<tr>
<td>Other Liabilities</td>
<td></td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>1,333,060</td>
</tr>
</tbody>
</table>

| Capital Stock                 | 67,151                                |
| Retained Earnings             | 21,153                                |
| **Total Equity**              | 88,304                                |
| **Total Liabilities and Equity** | 1,421,364                             |

*Total Assets = Total Liabilities and Equity*
PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

<table>
<thead>
<tr>
<th>Rate</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$85.00</td>
<td>PER HOUR (2 AM)</td>
</tr>
<tr>
<td>$1.50</td>
<td>PER MILE</td>
</tr>
</tbody>
</table>

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☑ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

☐ Abbeville ☐ Cherokee ☐ Florence ☐ Lee ☐ Saluda
☐ Aiken ☐ Chester ☐ Georgetown ☐ Lexington ☐ Spartanburg
☐ Allendale ☐ Chesterfield ☐ Greenwood ☐ Marion ☐ Sumter
☐ Anderson ☐ Clarendon ☐ Hampton ☐ McCormick ☐ Williamsburg
☐ Bamberg ☐ Colleton ☐ Horry ☐ Newberry ☐ York
☐ Barnwell ☐ Darlington ☐ Jasper ☐ Oconee
☐ Beaufort ☐ Dillon ☐ Kershaw ☐ Orangeburg ☐ Statewide
☐ Berkeley ☐ Dorchester ☐ Lancaster ☐ Pickens
☐ Calhoun ☐ Edgefield ☐ Laurens ☐ Richland

☐ Sumter ☐ Union ○ York

4 of 10
DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

<table>
<thead>
<tr>
<th>MAKE</th>
<th>YEAR &amp; MODEL</th>
<th>VIN#</th>
<th>EMPTY WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERNATIONAL</td>
<td>2006 4300</td>
<td>1HTMMAL00H344400</td>
<td>17,868</td>
</tr>
</tbody>
</table>
# INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

**CYBH, LLC. DBA COASTAL STORAGE & MOVING**

<table>
<thead>
<tr>
<th>Name of Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>7269 HWY 797, MYRTLE BEACH, SC 29588</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>7269 HWY 797, MYRTLE BEACH, SC 29588</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount of Premium</th>
<th>Limits Quoted: (See Below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liability Insurance</td>
<td>$15,000 MAX PER ANY ONE OCCURRENCE</td>
</tr>
<tr>
<td>Cargo Insurance</td>
<td>$16,000 MAX PER COVERED VEHICLE</td>
</tr>
</tbody>
</table>

* Attach Certificate of Insurance if available.

**CENTURY SURETY INSURANCE COMPANY**

<table>
<thead>
<tr>
<th>Name of Insurance Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>465 CLEVELAND AVENUE, WESTERVILLE, OH 43082</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Office Address of Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>465 CLEVELAND AVENUE, WESTERVILLE, OH 43082</td>
</tr>
</tbody>
</table>

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

08/10/2012

**Authorized Insurance Company Representative's Signature**

* Form II and Form III Certificates of insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

| Vehicle liability for vehicles less than 10,000 lbs. GVWR | $500,000 |
| Vehicle liability for vehicles 10,000 lbs. or more GVWR | $750,000 |
| Cargo - For loss of or damage to property carried on any one motor vehicle | $2,500 |
| For loss of or damage to an aggregate of losses or damages of or to to property occurring at any one time and place | $5,000 |

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insurer for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of $500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.
INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

CYBH, LLC, DBA COASTAL STORAGE & MOVING

Name of Applicant

7269 HWY 707, MYRTLE BEACH, SC 29588

Address of Applicant

Amount of Premium:

| Liability Insurance | $3,341.00 |
| Cargo Insurance | $ | Limits Quoted: (See Below) |
| Limits | $1,000,000 |

* Attach Certificate of Insurance if available.

ZURICH AMERICAN INSURANCE COMPANY

Name of Insurance Company

1400 AMERICAN DRIVE, SCHAUMBURG, IL 60196-1058

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

08/10/2012

Date

Authorized Insurance Company Representative's Signature

* Form E and Form H Certificates of insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

- Vehicle liability for vehicles less than 10,000 lbs. GVWR
- Vehicle liability for vehicles 10,000 lbs. or more GVWR
- Cargo - For loss of or damage to property carried on any one motor vehicle
- For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place

Vehicle liability for vehicles less than 10,000 lbs. GVWR $500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR $750,000
Cargo - For loss of or damage to property carried on any one motor vehicle $2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place $5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Workers' Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of $500,000; 2) agree to pay a yearly self-insurance tax; and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.
1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
   - [ ] Yes
   - [ ] No
   - [x] Pending (Submit when received.)
     If Yes, indicate rating below and provide copy.
     - [ ] Satisfactory
     - [ ] Conditional
     - [ ] Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
   - [ ] Yes
   - [x] No

3. Are there currently any outstanding judgment(s) against the Applicant?
   - [ ] Yes
   - [x] No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?
   - [x] Yes
   - [ ] No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)
   - [x] Yes
   - [ ] No

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

[Signature]
Applicant's Signature

[Title]
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA
COUNTY OF [Georgetown]

This 10th day of AUGUST, 2012

[Signature]
Notary Public

Commission Expires 12/10/2012
The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina hereby certify that:

CYBH, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on May 9th, 2005, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 9th day of May, 2005.

Mark Hammond, Secretary of State
STATE OF SOUTH CA
SECRETARY OF STATE

MAY 2005

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

The undersigned deliver the following articles of organization to form a South Carolina Limited liability company pursuant to Section 33-44-202 and Section 33-44-203 of the 1976 South Carolina Code, as amended.

1. The name of the limited liability company which complies with § 33-43-105 of the South Carolina Code of 1976 as amended is CYBH, LLC.

2. The office of the initial designated office of the limited liability company in South Carolina is:

   603 Plantation Drive
   Street Address

   Surfside Beach, Horry 29575
   City County Zip Code

3. The initial agent for service of process of the limited liability company is

   Christopher J. Yow

   and the street address in South Carolina for this initial agent for service of process is:

   603 Plantation Drive
   Street Address

   Surfside Beach, Horry 29575
   City County Zip Code

4. The name and address of each organizer is:

   (a) Christopher J. Yow

   603 Plantation Drive
   Street Address

   Surfside Beach, Horry 29575
   City County Zip Code

5. [ ] Check this box only if the company is to be a term company. If so, provide the term specified:

6. [ ] Check this box only if management of the limited liability company is vested in a
manager or managers.

(a) Name  
Street Address  
City  County  ZIP

(b) Name  
Street Address  
City  County  ZIP

7. [ ] Check this box only if one or more of the members of the company are to be liable for debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability operating agreement.

10. Signature of each organizer:

Christopher J. Yow  
Name:  
Signature: 
Date: 5/6/05
Federal Motor Carrier Safety Administration  
FORM OP-1

HOUSEHOLD GOODS VETTING TEAM INFORMATION REQUEST

MC 739156 CYBH LLC/COASTAL STORAGE AND MOVERS

SECTION V  
Affiliations  
Affiliation with other former ICC, FHWA, or OMCS; now FMCSA-licensed entities. Disclose any relationship you have or have had with any other former ICC, now FMCSA-licensed entity within the past 3 years. For example, you could be through a percentage of stock ownership, a loan, or a management position. If this requirement applies to you, provide the name of the company, MC number, DOT number, and that company's latest U.S. DOT safety rating. (If you require more space, attach the information to this application form.)

If you do not have affiliations, please enter none, sign, and date as indicated

NONE

SIGNATURE

DATE 6-8-12

PRINT

DATE 6-8-12

SECTION VIII

Applicant's Oath

The applicant must be that of applicant, not legal representative.

ALBERT M HOLLEY PRES.

Name and title

I, the applicant, do solemnly swear or affirm that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. 1001 by imprisonment up to 5 years and fines up to $10,000 for each offense. Additionally, these misstatements are punishable as perjury under 18 U.S.C. 1621, which provides for fines up to $2,000 or imprisonment up to 5 years for each offense.

I further certify under penalty of perjury, under the laws of the United States of America, that I have not been convicted, after September 1, 1995, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not eligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 862).

Finally, I certify that applicant is not domiciled in Mexico or owned or controlled by persons of that country. (Note: This portion of the Applicant's Oath does not pertain to Mexican passenger carriers seeking to provide charter and tour bus service across the United States - Mexico international border or U.S.-based enterprises owned or controlled by persons of Mexico seeking to provide bus services between points in the United States.)

SIGNATURE

DATE 6-8-12

PRINT

DATE 6-8-12

APPLICANT'S OATH MUST BE SIGNED BY OWNER, PRESIDENT, CEO, OR OFFICER OF COMPANY ONLY

Created: June 6, 2012