

GENERAL INFORMATION -- 2019

1. FILING STATUS: _____ Corporation _____ Partnership
 _____ Individual (Sole Proprietor) _____ LLC
2. Officer, owner, or partner to whom correspondence or questions are to be addressed:

Name (Print) Title/Position

Phone Number Website Address

Email Address

3. Accounting records are maintained at the following address:

Address

City State Zip Phone Number

VERIFICATION UNDER OATH REGARDING ACCURACY OF REPORT

(NOTE: This verification shall be completed by the chief executive officer, a senior level financial officer, or the responsible accounting officer.)

I, _____ (print name), state and attest that the attached

Annual Report is filed on behalf of _____
(print full Certificated Name of Household Goods Carrier) as required by the North Carolina Utilities Commission; that I have reviewed said Report and, in the exercise of due diligence, have made reasonable inquiry into the accuracy of the information provided herein; and that, to the best of my knowledge, information, and belief, all of the information contained herein is accurate and true, no material information or fact has been knowingly omitted or misstated herein, and all of the information contained in said Report has been prepared and presented in accordance with all applicable North Carolina General Statutes, Commission Rules, and Commission Orders. (Note: Failure to provide information required by the Commission is punishable by criminal prosecution pursuant to NC General Statute 62-326, and refusal to obey Commission rules or orders may result in a fine under NC General Statute 62-310.)

Signature of Person Making Verification Title

Date

Subscribed and sworn before me this the _____ day of _____, 2020

Notary Public Signature

Printed Name of Notary

My Commission Expires: _____