

Mark Feinman
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January 4, 2012

Secretary
Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, PA 17105-3265

**RE: Healthcare Transportation Service, LLC
Application for Motor Contract Carrier of Persons**

Dear Sir/Madam:

Enclosed herein please find an Application for Motor Contract Carrier of Persons relative to the above-captioned matter.

Thank you for your prompt attention to this matter.

Very truly yours,



MARK FEINMAN

MF/gmr
Enclosures

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2012 JAN -6 AM 11:12
PA P.U.C.
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Application for Motor Contract Carrier of Persons

THIS APPLICATION IS TO BE USED FOR PASSENGER SERVICE WHICH IS NOT OPEN TO THE GENERAL PUBLIC, BUT IS PROVIDED UNDER THE TERMS OF A CONTRACT WHICH THE CARRIER HAS ENTERED INTO WITH ANOTHER ORGANIZATION.

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

Healthcare Transportation Service, LLC

2. **Trade Name** (if using a fictitious trade name, it must be registered with the Dept. of State)

Fictitious Name and Registration Number (if applicable)

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

306 2 Meadowbridge Road
Street Address

Richmond, VA 23228
City, State and Zip Code

804-874-2736 _____
Telephone Number County

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

_____ Street Address

_____ City, State and Zip Code

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5. **Attorney** (if applicable)

MARK FEINMAN, Esquire

Attorney's Name & Telephone Number for this Filing

8171 CASTOR AVENUE, PHILA, PA 19152

Attorney's Address

6. **Does applicant currently hold or has ever held PA PUC authority?**

No Yes, at PUC No. A- _____

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

No Yes, at No. _____

8. **Are you one of the following? If yes, check below.**

Individual

Partnership

9. **Are you a business entity registered with the PA Department of State?**

If **YES**, please check below the type of business that applies to this Application and provide the Entity ID Number given to you by the PA Department of State:

Limited Partnership

Corporation Bureau Entity ID Number

Limited Liability Partnership

Corporation Bureau Entity ID Number

Limited Liability Company

4054778

Corporation Bureau Entity ID Number

Corporation – For Profit

Corporation Bureau Entity ID Number

Corporation – Nonprofit

Corporation Bureau Entity ID Number

If **NO**, contact the PA Department of State and apply according to how you will do business in PA:

- PA Corporations (Profit or Non-Profit) - File for Articles of Incorporation
- Foreign Corporations - File for a Certificate of Authority
- PA Limited Partnerships, Limited Liability Partnerships, Limited Liability Companies - File for an Application of Registration
- Fictitious Name Registration - File **only if** Trade Name will be different than the business name you register with the Department of State

10. Attachment Checklist

- Individual: Certified Check, money order, or check from attorney

- Partnership: Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners

- Limited Partnership: Corporation Bureau Entity Number as entered above in #8
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners

- Limited Liability Partnership: Corporation Bureau Entity Number as entered above in #8
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners

- Limited Liability Company: Corporation Bureau Entity Number as entered above in #8
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Members and Title of each Member (even if only one member)

- Corporation – For Profit: Corporation Bureau Entity Number as entered above in #8
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers and Titles, name of each Shareholder and distribution of shares

- Corporation – Corporation Bureau Entity Number as entered above in #8
Non-Profit: Certified Check, money order, or check from attorney
 List of ALL Corporate Officers and Titles and those serving on Board of Directors

11. **Describe the service proposed by this application.**

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

Please see attached.

12. **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 Passengers; and acknowledges that failure to report revenue and pay its annual

Re: Healthcare Transportation Service, LLC
No.: A-6413949

11. Applicant seeks to secure PUC approval so that applicant can provide services pursuant to the contract that Logisticare has with the Pennsylvania Department of Public Assistance for the City and County of Philadelphia as well as to provide contract services from other organizations, companies and entities in the Philadelphia County, Delaware County, Montgomery County, Bucks County and Chester County territories.

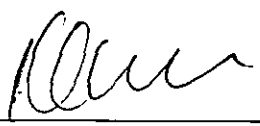
assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statements made in this application 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.

Ibrahim Idris Mehmed
(Print Name)


(Signature)

12/14/11
(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 any officer (if a corporation).

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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.

A-6413949
PUC Application Docket Number

Healthcare Transportation Service, LLC
Legal Name of Applicant

Trade Name, if any

3062 Meadowbridge Road, Richmond, VA
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.

Please see attached

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

Please see attached

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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.

Please see attached

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, and the facility to house vehicles. 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. Finally, please state your intended business hours.

Please see attached.

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the shipper you will be serving. **(Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).**

Please see attached.

6. 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 geographical territory you will be serving. In addition, please explain:
- Your hiring standards for drivers;
 - Your driver training program;
 - Your system for ensuring that your drivers are properly licensed at all times;
 - Your policies regarding alcohol and drug use by your drivers;
 - Your plan to obtain and review criminal history records and driver history reports for drivers.

Please see attached.

7. 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 geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID.#</u>

8. 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 Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) that are applicable to the type of vehicles used in your business;
 - c. Your system for ensuring your vehicles will maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Section 29.403 (applicable to passenger applicants only).

9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.

10. 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.

11. 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

**RE: VERIFIED STATEMENT OF APPLICANT -
HEALTHCARE TRANSPORTATION SERVICE, LLC**

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1. Ibrahim Mohmed, Managing Partner, 6826 Bingham Street, 3rd Floor, Philadelphia, PA 19111, (804-874-2736 and (804) 497-9901. Above individual has the capacity and authorization to speak on behalf of the above named entity.

2. N/A

3. Ibrahim Mohmed has more than three (3) years experience in the field of non-emergency medical transportation, having worked in said field in Richmond, Virginia. In coming to Pennsylvania, the corporation seeks to expand its operations utilizing the same methods of operations from Virginia in Pennsylvania.

4. Applicant anticipates conducting operations from its facility located at the address listed above. At this location, applicant will maintain office space where all managerial, accounting and dispatch services will be performed. Applicant anticipates operating one passenger van initially which will be well maintained and suitable for the proposed transportation and performance of services under any of its subcontracts with any entities for which it provides services based upon the demands of the clients for whom it services. Appropriate desks, copiers, fax machines, computers, monitors and file cabinets will be on site. Separate drawers in the filing cabinets will be allocated for the maintenance of records required by the P.U.C. and separate drawers for the records of the business in its normal operations.

It is anticipated that the customary request will be received by way of telephone calls or fax transmissions from the anticipated clients with whom the company will contract with well in advance of the designated time for performing said services. A schedule will be prepared based upon the needs of anticipated clients with whom the company will contract and the vehicle will be dispatched accordingly. As the needs and demands of anticipated clients with whom the company will contract with grows applicant anticipates a growth of its fleet of vehicles. As this occurs, the schedules will be prepared a day in advance to allow for the allocation of resources and to coordinate the pick up and drop off times of the clients. All drivers will have cell phone and/or two way radios so that the company can be in direct contact with them and vice versa. The hours of operation will be based upon the demands and needs of anticipated clients with whom the company will contract with. We intend to operate during any hours that the anticipated clients with whom the company will contract with requires our services.

5. Initially, it is anticipated that there will be one employee. This is based upon the initial start up of services for fulfilling anticipated contracts with clients. As the services needed and desired expand, growth will result in the addition of employees in all positions to satisfy the demands of said growth. One of the clients is expected and anticipated to be Logisticare Solutions, LLC which as a contract to provide services in the City of Philadelphia being based in Pennsylvania. Our facility is in close proximity to the areas serviced by Logisticare Solutions, LLC and we anticipate full services with them. We anticipate that dispatch requests for services

in the geographic area in close proximity to our facility will increase over time and we will have sufficient resources to fulfill said requests.

6. As previously stated, it is anticipated that we will start with one driver. As the needs and demands under the contract we anticipate executing with various clients to provide services to it under its contract with the Commonwealth of Pennsylvania grow we will hire additional drivers when needed. We expect to add additional drivers and vehicles as our business and working relationship with various clients evolves. We anticipate their trust and confidence in our company to provide prompt, efficient and competent services to such a degree that it will seek to expand its contract with us. As such, we will grow according to their needs.

- A. Our hiring standards for drivers will require all drivers to be licensed driver in the Commonwealth of Pennsylvania and for them to have the appropriate classification of driver's licenses in the Commonwealth of Pennsylvania. We will conduct a background investigation of each driver. The background investigation will include a review of their driver licensing history, criminal background check, credit reference, personal reference, recommendations from prior employers and character references.
- B. As part of the training program for drivers, they will go through a training phase/probationary period whereby they will be partnered with an existing driver to learn the routes, client handling techniques, destinations and education on courtesy and professional behavior. Customer-Relation Guidelines will be established so that every driver will be required to understand the needs of the clients and to ensure courtesy and professional behavior when dealing with said clients.
- C. All drivers will be investigated to confirm that they have a current license and will be required to report all infractions lodged against him during the time they are employed on a semi-annual basis. In addition, annual review of their driving history through the Bureau of Motor Vehicles will be conducted.
- D. Alcohol and illegal drug use are strictly prohibited. Legal/prescribed/medication is permitted, however, drivers will be prohibited from driving if the medication they are taking has side effects which may affect their ability to operate equipment. This will be strictly enforced and will be regularly monitored. Any violation will subject the driver to an immediate discharge.

7. Currently, the company owns vehicles registered and operating in the State of Virginia. As the business in Pennsylvania is up and running with P.U.C. approval, vehicles will be acquired, registered in Pennsylvania and operating in Pennsylvania. Without P.U.C. approval, the business will not be able to operate in Pennsylvania, consequently, no vehicles would be acquired. It is expected and anticipated that a full fleet of vehicles will be operating upon approval in Pennsylvania in a similar fashion to how the company currently operates in Virginia.

The ability of the business to operate under a subcontract with our clients is contingent upon P.U.C. approval. Without the approval, the business will not be able to operate.

Accordingly, the business has not committed its resources to acquiring any vehicles to date. Plans have been initiated to acquire a vehicle upon P.U.C. approval. Once approved, it is expected and anticipated that the company will acquire a vehicle designated and constructed to accommodate not more than 15 passengers, including the driver. Depending on the requirements and needs of servicing the contract with our clients, the company anticipates acquiring an appropriate number of vehicles to fully service the contract with our clients.

8a-c. Once vehicles are acquired, they will be inspected on a regular basis. When a vehicle is first placed into service, it will be completely inspected by mechanics to receive proper vehicle registration, inspection, emissions certifications to be licensed and registered in the Commonwealth of Pennsylvania. Furthermore, all vehicles will be required to be in complete compliance with the laws in the Commonwealth of Pennsylvania for the operations of motor vehicles as well as to maintain equipment standards pursuant to 67 Pa. Code and Chapter 175.

All vehicles will be appropriately marked and identified as P.U.C. Certified carriers with the name of the company and the P.U.C. number on the vehicle. The lettering will be in compliance with P.U.C. Regulations. No vehicles would be permitted to be on the road without proper certificates. In addition to the above, each driver will be instructed on regular inspections of the vehicles to confirm that tire air pressure is appropriate, tire wear is proper, all lights and signals operate regularly and properly, all seats and interior passenger compartment equipment is functioning properly, all windows, wipers and other equipment are in good working order. Any non-functions are to be reported immediately by the drivers. In addition to the above, regular weekly inspections will be performed on all equipment.

9. Initial inquiries have been made with a number of insurance companies for quotes on vehicles. Based upon the anticipated contract with our clients, the company expects reasonable rates of insurance with the mandatory minimum requirements for the size, type and registration of vehicles involved will be able to be secured and in place for all vehicles owned and operated by the company in the Commonwealth.

10. The company anticipates having the highest level of customer service standards in place in its operations. In addition to being established to perform services and to provide for services under the subcontract with our clients, the company recognizes that the clients/customers being transported are of the utmost importance. Their comfort, safety and well being will always be in the forefront of the company's standards for service. All clients/customers will be informed that they can contact the Customer Service number to report positive as well as negative experiences in dealing with our company. All customer complaints will be promptly and timely identified and addressed. Where appropriate, meetings and interviews with the customer will be coordinated and investigations conducted to verify the nature of the complaint and to identify the occurrence. Resolution plans will be initiated based upon the nature and type of complaint and the customer will be advised of

the course of conduct and action taken by the company.

11. No.

HEALTHCARE TRANSPORTATION SERVICE, LLC

There is one (1) member for Healthcare Transportation Service, LLC. The information is listed below.

Ibrahim Idris Mohamed
6826 Bingham Street, 1st Floor
Philadelphia, PA 19111

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Application for Registration - Foreign
(15 Pa.C.S.)

- Registered Limited Liability General Partnership (§ 8211)
 Registered Limited Liability Limited Partnership (§ 8211)
 Limited Partnership (§ 8582)
 Limited Liability Company (§ 8981)

Commonwealth of Pennsylvania
APPLICATION FOR REGISTRATION 3 Page(s)

Name M. BURR KEIM COMPANY		
Address 2021 ARCH STREET		
City PHILADELPHIA, PA	State PA	Zip Code 19103



Fee: \$250

In compliance with the requirements of the applicable provisions (relating to registration), the undersigned, desiring to register to do business in this Commonwealth, hereby states that:

1. The name of the limited liability company/limited liability partnership/limited partnership in the jurisdiction in which it is formed:
Health Care Transportation Service LLC

2. The name under which the limited liability company/limited liability partnership/limited partnership proposes to register and do business in this Commonwealth is:
Health Care Transportation Service LLC

3. The name of the jurisdiction under the laws of which it was organized and the date of its formation:
Jurisdiction: Virginia Date of Formation: May 31, 2005

4. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and street 6826 Bingham Street, 1st Floor, Philadelphia, PA 19111	City Philadelphia	State	Zip 19111	County Philadelphia
(b) Name of Commercial Registered Office Provider				County

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PA DEPT OF STATE

SECRETARY'S BUREAU

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**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MOTOR VEHICLES**

DA424 (06/03)
250MC3

**RENEWAL OF: IRREGULAR ROUTE COMMON CARRIER - PASSENGER
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

This is to certify that the carrier named herein has renewed its Virginia operating authority. The authority remains in effect until the expiration date shown below unless it is suspended or revoked and provided the carrier's operations are in compliance with Chapter 20, Title 46.2 of the Code of Virginia and the requirements and restrictions listed on the carrier's Virginia operating authority (certificate/license/permit).

HEALTH CARE TRANSPORTATION SERVICE LLC
P O BOX 9612
RICHMOND, VA 23228

Number: 88

EXPIRATION DATE: 09/30/2010

BY:

Demerst B. Smit
Commissioner
Demerst B. Smit

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INFORM.
SECRETARY'S BUREAU

000036

Health Care Transportation Service LLC
Attn: Ibrahim I Mohamed President
P-O. Box 9612
Richmond, VA 23228-0612

Date: November 8, 2010

Subject: National Provider Identifier

Enumeration Date: November 8, 2010

A request for a National Provider Identifier for the following provider was recently submitted to <https://nppes.cms.hhs.gov>, and you were listed as the contact person. This is to inform you that the request was successfully processed and the following NPI has been assigned:1487955415.

Health Care Transportation Service LLC
EIN: =====8869

Practice Location:
3062 Meadow Bridge Road
B
Richmond, VA 23222-3116

Provider Taxonomies:
Taxonomy: 343800000X
Details: Secured Medical Transport (VAN)

Taxonomy: 343900000X
Details: Non-emergency Medical Transport (VAN)
This is the Primary Taxonomy.

If you have any questions about this notification you may contact the NPI Enumerator at:

NPI Enumerator
PO Box 6059
Fargo, ND 58108-6059
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY)
customerservice@npienumerator.com

You may view or change this provider's NPPES information by logging onto the NPPES website at <https://nppes.cms.hhs.gov>.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/13/2009

PRODUCER
IMOBISA INSURANCE AGENCY INC
10124 W. BROAD ST., SUITE E
GLEN ALLEN, VA 23060
804-270-6632

INSURED HEALTHCARE TRANSPORTATION SERVICE LLC

3062 MEADOWBRIDGE ROAD
RICHMOND, VA 23222

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. ESSEX INSURANCE CO	
INSURER B. AMERICAN SERVICE INS CO	
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.

INSP LTR	PROD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO.JECT <input type="checkbox"/> LOC	APP95184103	11/13/09	11/13/10	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 1,000,000
B		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	L5CM917964	11/13/09	11/13/10	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
		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"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY ? PRIOR TO EMPH/RE/EXECUTIVE OFFICER/EMBER EXCLUDED? If yes describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS 10TH. IER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

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

HEALTH CARE TRANSPORTATION SERVICE LLC
 PROVIDER OF NON EMERGENCY MEDICAL TRANSPORTATION
 LOGISTICARE SOLUTIONS LLC IS ADDED AS ADDITIONAL INSURED

CERTIFICATE HOLDER

LOGISTICARE SOLUTIONS LLC
 5649 LABURNUM AVE
 RICHMOND, VA 23231

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

Francis Lubica

CINCINNATI OH 45999-0046

In reply refer to: 0223343108
Dec. 21, 2009 LTR 252C 0
30-0528869 000000 00

00003649
BODC: SB

HEALTH CARE TRANSPORTATION SERVICES
LLC
IBRAHIM MOHMED SOLE MBR
PO BOX 9612
RICHMOND VA 23228-0612

Taxpayer Identification Number: 30-0528869

Dear Taxpayer:

Thank you for the inquiry dated Nov. 12, 2009.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you need forms, schedules, or publications, you may get them by visiting the IRS website at www.irs.gov or by calling toll-free at 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

Sincerely yours,



Anthony Woodson, Operations Mgr.
Document Perfection Operations

Enclosure(s):
Copy of this letter

12/21/09

020



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

February 8, 2011

IBRAHIM I MOHMED
3062 MEADOWBRIDGE RD-HEALTHCARE CARE TRANSPOR
PO BOX 9612
HENRICO, VA 23228

RECEIPT

RE: Health Care Transportation Service LLC

ID: S155566 - 5

DCN: 11-02-03-0658

Dear Customer:

This is your acknowledgement for filing a statement of change of registered office and/or registered agent for a limited liability company with this office.

The effective date of the change is February 8, 2011.

Thank you for contacting our office. If you have any questions, please call (804) 371-9733 or toll-free in Virginia, (866) 722-2551.

Sincerely,

Joel H. Peck
Clerk of the Commission

RECEIPTLC
LLRA
CIS0313

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

AT RICHMOND, JANUARY 28, 2011

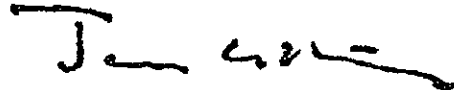
ORDER OF REINSTATEMENT

The existence of Health Care Transportation Service LLC, a domestic limited liability company, was automatically canceled on December 31, 2010. The limited liability company has filed an application for reinstatement and has otherwise complied with the applicable requirements of law.

Therefore, it is ORDERED that the existence of the aforementioned limited liability company is reinstated.

STATE CORPORATION COMMISSION

By



James C. Dimitri
Commissioner

CC: IBRAHIM I MOHMED

3062 MEADOWBRIDGE RD
PO BOX 9612
HENRICO, VA 23228

11-01-21-1485
LLREACPT
CIS0352

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF MOTOR VEHICLES

CERTIFICATE OF TITLE FOR A VEHICLE

KEEP IN SAFE PLACE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

THE DEPARTMENT OF MOTOR VEHICLES, COMMONWEALTH OF VIRGINIA, HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATE OF TITLE HAS BEEN MADE FOR THE VEHICLE DESCRIBED HEREON PURSUANT TO THE PROVISIONS OF THE MOTOR VEHICLE LAWS OF THIS COMMONWEALTH, THAT THE APPLICANT NAMED ON THE FACE HEREON HAS BEEN DULY RECORDED AS THE LAWFUL OWNER OF SAID VEHICLE, AND THAT, FROM THE STATEMENTS OF THE OWNER AND THE RECORDS ON FILE WITH THIS DEPARTMENT, THE HEREON DESCRIBED VEHICLE IS SUBJECT TO THE SECURITY INTEREST RECORDS ON FILE WITH THIS DEPARTMENT, AND AS DESCRIBED HEREON, IF ANY. THE MOTOR VEHICLE LAWS OF THIS COMMONWEALTH ALSO PROVIDE THAT ALL TITLE AND REGISTRATION INFORMATION IN THE OFFICE OF THE DEPARTMENT OF MOTOR VEHICLES IS PRIVILEGED AND ONLY SUBJECT TO DISSEMINATION TO AUTHORIZED AGENCIES, BUSINESS ORGANIZATIONS OR AGENTS, GOVERNMENTAL ENTITIES AND INDIVIDUALS UNDER THE CONDITIONS SPECIFIED BY MOTOR VEHICLE CODE SECTIONS 46.2-208, 46.2-209 AND 46.2-210.

642 064216 ORIGINAL

VEHICLE IDENTIFICATION NO. 4N2DN1119VD839156	YEAR 1997	MAKE NISSAN	VEHICLE BODY VAN	TITLE NO. 84416835				
EMPTY WGT. 3745	GROSS WGT.	GVWR	GCWR	AXLES 2	FUEL GAS	SALES TAX PAID VA EXEMPT	ODOMETER 177504*	DATE ISSUED 11/17/09
OTHER PERTINENT DATA IND				ODOMETER BRAND	PRIOR TITLE NO. ACTUAL 86338913			

Name(s) and address(es) of vehicle owners:
**HEALTH CARE TRANSPORTATION SERVICE
 LLC**
 PO BOX 9612
 RICHMOND VA 23228-0612

THIS IS NOT A TITLE NUMBER

NO LIENS



A Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. The undersigned hereby certifies that the vehicle described in this title has been transferred to the following (printed name and address of Buyer(s)).

Buyer(s) Name _____

Street _____ City, State, Zip _____

DATE OF SALE _____ SALE PRICE _____

ODOMETER READING (No Tenths) _____

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:
 1. The mileage stated is in excess of its mechanical limits. 2. The odometer reading is not the actual mileage. **WARNING-ODOMETER DISCREPANCY.**

Signature of Seller(s) _____ Printed Name of Seller(s) _____

Signature of Buyer(s) _____ Printed Name of Buyer(s) _____

I am aware of the above odometer certification made by the Seller(s)

I am aware of the above odometer certification made by the Seller(s)

↓ DETACH HERE ↓

Dealer's No. _____ Licensing Jurisdiction _____

ASSIGNMENT OF TITLE BY OWNER • NOTIFY DMV WHEN VEHICLE IS SOLD •

COMMONWEALTH OF VIRGINIA DEPARTMENT OF MOTOR VEHICLES

CERTIFICATE OF TITLE FOR A VEHICLE

KEEP IN SAFE PLACE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

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642 064216 ORIGINAL

VEHICLE IDENTIFICATION NO.		YEAR	MAKE	VEHICLE BODY	TITLE NO.			
1F1EE14Y8SHA91360		1995	FORD	VAN	84416833			
EMPTY WGT.	GROSS WGT.	GVWR	GCWR	AXLES	FUEL	SALES TAX PAID	ODOMETER	DATE ISSUED
4677	10000			2	GAS	VA EXEMPT	*292900*	11/17/09
OTHER PERTINENT DATA						ODOMETER BRAND	PRIOR TITLE NO.	
IND						ACTUAL	86314272	

Names and address(es) of vehicle owners:
**HEALTH CARE TRANSPORTATION SERVICE
 LLC
 PO BOX 9612
 RICHMOND VA 23228-0612**

THIS IS NOT A TITLE NUMBER

NO LIENS



A Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. The undersigned hereby certifies that the vehicle described in this title has been transferred to the following (printed name and address of Buyer(s)).

Buyer(s) Name _____
 Street _____ City, State, Zip _____

DATE OF SALE _____ SALE PRICE _____

ODOMETER READING (No Tenths) _____ I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:
 1. The mileage stated is in excess of its mechanical limits. 2. The odometer reading is not the actual mileage. **WARNING-ODOMETER DISCREPANCY.**

Signature of Seller(s) _____ Printed Name of Seller(s) _____

Signature of Buyer(s) _____ Printed Name of Buyer(s) _____

I am aware of the above odometer certification made by the Seller(s) _____

I am aware of the above odometer certification made by the Seller(s) _____

⚡ DETACH HERE ⚡

Dealer's No. _____ Licensing Jurisdiction _____

POST IN PUBLIC VIEW

POST IN PUBLIC VIEW
Expires: 12/31/2011

2011 BUSINESS LICENSE

CITY OF RICHMOND
ROOM 103, CITY HALL
RICHMOND VA 23219
(804) 646-7000

ACCOUNT NO. 1010602

HEALTH CARE TRANSPORTATION SERVICE LLC
P O BOX 9612
RICHMOND, VA 23228

BUSINESS LOCAL ADDRESS:
3062 MEADOWBRIDGE ROAD B
RICHMOND, VA 23222

VALID BUSINESS LICENSE(S)

BUSINESS DESCRIPTION	CATEGORY	TYPE	LICENSE #
OTHER PERSONAL SERVICES	14	1439	13533

THIS LICENSE CERTIFICATE
MUST BE SURRENDERED
UPON DEMAND

LICENSE(S) MUST BE RENEWED
BY MARCH 1, 2012

Commonwealth of Virginia



DEPARTMENT OF MOTOR VEHICLES IRREGULAR ROUTE COMMON CARRIER - PASSENGER CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

HEALTH CARE TRANSPORTATION SERVICE LLC
3062 #B MEADOWBRIDGE RD
RICHMOND VA 23222

This is to certify that the above-named carrier is hereby issued a certificate to operate as an irregular route common carrier - passenger service in the Commonwealth of Virginia provided such operation is in compliance with Chapter 20, Title 46.2 of the Code of Virginia, and the requirements and restrictions listed on the back of this certificate. Under this certificate, the carrier's service areas are limited to those listed on the attached appendix.

This certificate is effective September 13, 2007.

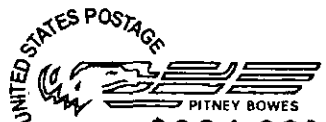
Number: 88

DEPARTMENT OF MOTOR VEHICLES

BY:

Demerst B. Smit

Demerst B. Smit
Commissioner



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0003352404 JAN 04 2012
MAILED FROM ZIP CODE 19152

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LAW OFFICES OF MARK FEINMAN
8171 CASTOR AVENUE
PHILADELPHIA, PA 19152

Secretary
Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, PA 17105-3265