

Pennsylvania Public Utility Commission  
PO Box 3265  
Harrisburg, PA 17105-3265  
(717) 787-1227

## Application for Motor Common Carrier of Persons in Paratransit Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER  
PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A  
NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

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

MERCY AMBULANCE & EMS INC (ENTITY NUMBER: 4040845; EIN:45-2743918)

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

MERCY AMBULANCE (ENTITY NUMBER:4064848)

**Fictitious name and Registration number** (if applicable)

MERCY AMBULANCE (ENTITY NUMBER:4064848)

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

**2840 Pine Rd, Suite B-1**

Street Address

**Huntington Valley, PA 19006**

City, State and Zip Code

**215-660-4911**

Telephone Number

**Montgomery**

County

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

**N/A**

Street Address

City, State and Zip Code

5. **Attorney** (if applicable)

**N/A**

Attorney's Name & Telephone Number for this Filing

Attorney's Address

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**PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU**

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.**

**N/A**

- 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 \_\_\_\_\_  
Corporation Bureau Entity ID Number
- Corporation – For Profit **4040845** \_\_\_\_\_  
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 #9  
 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 #9  
 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 #9  
 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 #9  
 Certified Check, money order, or check from attorney  
 List of ALL Corporate Officers and Titles, name of each Shareholder and distribution of shares
- Corporation – Non-Profit:  Corporation Bureau Entity Number as entered above in #9  
 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 area proposed by this application.**

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

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Service area: Philadelphia County

Service: Transportation of people from the city and county of Philadelphia to facilities in PA, and return.

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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 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.

ANASTASIA ANDRIES

\_\_\_\_\_  
(Print Name)

*Anastasia Andries*  
\_\_\_\_\_  
(Signature)

*10/08/2012*  
\_\_\_\_\_  
(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).

## 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.

PUC Application Docket Number			
<b>MERCY AMBULANCE &amp; EMS INC</b>			
Legal Name of Applicant			
<b>MERCY Ambulance (d/b/a)</b>			
Trade Name, if any			
<b>2840 PINE RD., SUITE B-1</b>	<b>Huntingdon Valley</b>	<b>PA</b>	<b>19006</b>
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.

ANASTASIA ANDRIES (owner/partner)  
Title: PRESIDENT  
2840 PINE RD, SUITE B-1,  
HUNTINGDON VALLEY, PA 19006-4242

TEL: 215-660-4911  
FAX: 215-882-9666

Authorized to speak for the business;

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

N/A

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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.

**- Managing day-to-day operations of a licensed PA Ambulance Service**

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.

**- MERCY Ambulance's dispatch/administration center is a secure facility. It provides computerized dispatch, billing and administration software (HIPPA and NEMESIS compliant) and state of the art hardware including power and data backup mechanisms on & off-line. Office provides locking file cabinets, late modeled fax, scanner, copier machines; computers equipped with up-to date anti-virus software, network equipment including modems, routers, and firewalls. MERCY Ambulance facility is equipped with security systems including computerized access restriction system, video surveillance and fire alarms. Office employees have access to 24/7 technical & IT support. Communications are conducted via smart-phones (PDA) between dispatchers who are on duty from 7am till 8pm and drivers. Records shall be securely stored and available for inspection by PUC.**

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 geographical territory you will be serving. **(Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).**

**- There will be three full time employees at the office: Manager, Dispatcher & Customer Service Representative.**

**Manager – oversight of overall performance of the company and each individual employee. Making sure that all policies issued by PA DOT, PUC, Department of Public Health and MERCY Ambulance and adhered to continuously. Proactive approach to assure strict adherence to training and regulatory compliance.**

**Dispatcher – responsible for intake and dispatching of transports, all communications including reporting of any incidents or accidents to the management, police, fire, local EMS authorities. Also responsible for safeguarding and transfer of any and all paperwork from the field employees to management.**

**Customer Service Representative – responsible for public relations, quality assurance, quality improvement, investigations and resolutions of any complaints.**

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:
  - a. Your hiring standards for drivers;
    - Drivers are required to provide driving history, criminal records and successfully pass drug test prior to hire and every year thereafter once a year. Drivers shall be required to have DL with no serious violations in order to be considered for employment.**
  - b. Your driver training program;
    - Drivers shall be required to complete company sponsored Defensive Driving Course.**
  - c. Your system for ensuring that your drivers are properly licensed at all times;
    - Automatic notification system including desktop pop-up/email/text-message alerts for managerial staff upon reaching one month prior to license expiration date.**

- d. Your policies regarding alcohol and drug use by your drivers;
    - **MERCY Ambulance is a drug and alcohol free company. Any employee who shows up to work must comply with Company's requests from time-to-time to undergo random drug/alcohol test (at discretion of the company). Refusal to take the test as well as positive result of such test is ground for immediate termination.**
  - e. Your plan to obtain and review criminal history records and driver history reports for drivers.
    - **Criminal records and driving history are being obtained from local authorities and paid for by the company.**
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.

**-The company plans to purchase 5 late model vehicles ranging from passenger sedans, SUV to passenger vans and wheelchair vans. Based on market research we believe that 5 vehicles would be enough, we will buy more vehicles when demand increases.**

<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;
    - The company has agreement with certified auto-repair facility which takes care of all company's vehicles on constant basis. Every vehicle must undergo comprehensive checking and maintenance every 90 days.**
  - 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;
    - **Beginning and the end of the shift checklist shall be done and filled out by each driver each shift. It will then be turned in to the dispatch or manager with other paperwork for the day. Any safety or other concerns will be immediately reported to management.**
  - 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);
    - **Beginning and the end of the shift checklist shall be done and filled out by each driver each shift. It will then be turned in to the dispatch or manager with other paperwork for the day. Any safety or other concerns will be immediately reported to management.**
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.
- **Company has consulted with its' insurance broker and confirmed that the insurance coverage for the vehicles general and professional liability is attainable and affordable.**
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;

- customers will be informed on how-to file a complaint and supported during process of filing;  
Hand-outs with PUC Customer Services contact information will be provided to all customers including;

- PUC Mail Address:  
PUC  
Bureau of Consumer Services  
P.O. Box 3265  
Harrisburg, PA 17105-3265;
- PUC toll-free complaint hot-line: 1-800-692-7380
- PUC complaint page internet address:  
[http://www.puc.state.pa.us/consumer\\_info/transportation/filing\\_complaints.aspx](http://www.puc.state.pa.us/consumer_info/transportation/filing_complaints.aspx)

b. Your intended customer complaint resolution procedure.  
- **complaints shall be immediately reported to management; any complaints shall be not abandoned until investigated and reported.**

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      X   NO

12. 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.

### 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.

Anastasia Andries  
(Signature)  
ANASTASIA ANDRIES, President  
(Name and Title, printed or typed)

10/08/2012  
(Date)

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**Statement of Financial Position (Balance Sheet)**  
**As of (date) 10/08/2012**

ASSETS

Current Assets			
Cash	25000		
Accounts Receivable	60000		
Notes Receivable	5000		
Other Current Assets (specify)			
Total Current Assets			<u>90000</u>
Tangible Assets			
Motor Vehicle Equipment	75000		
Less: Accumulated Depreciation			
-	5000	=	70000
Building and Structures	0		
Less: Accumulated Depreciation			
-	0	=	0
Office Equipment	4500		
Less: Accumulated Depreciation			
-	500	=	4000
Land			
Investments and Funds (specify)			
<i>Intangible Assets</i>			
Other Assets (advances and idle equipment – specify)			
TOTAL ASSETS			<u>164000</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Accounts Payable	5000		
Notes Payable			
Equipment Obligations			
Other Liabilities (Attach schedule)			
Total Current Liabilities			<u>5000</u>
Long Term Liabilities (Due after one year of date)			
Accounts Payable			
Notes Payable			
Equipment Obligations			
Other Liabilities (Attach Schedule)			
Total Long Term Liabilities			
TOTAL LIABILITIES			<u>5000</u>

NET WORTH (Partnerships and individuals, only)

OWNER'S EQUITY (Corporations only)

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

TOTAL LIABILITIES & OWNER'S EQUITY 159000

**STATEMENT OF FINANCIAL POSITION**  
**One Year Projected Income Statement**

REVENUE and GAINS

<b>Operating Revenue</b>	150000
<b>Net Revenue from non-carrier operations</b>	20000
<b>Dividend and interest revenues</b>	_____
<b>Other non-operating revenue</b>	_____
<b>Gains</b>	_____
<b>Total Revenue and Gains</b>	<b>170000</b>

EXPENSES

<b>Equipment Maintenance and Garage Expense</b>	10000
<b>Insurance Expense</b>	5000
<b>Employee Salaries</b>	60000
<b>Supervisory Salaries</b>	30000
<b>Officer Salaries</b>	0
<b>Fuel Expense</b>	30000
<b>Purchased Transportation (Lease Expense)</b>	0
<b>Materials and Supplies Expense</b>	6000
<b>General Office Expense</b>	2000
<b>Advertising Expense</b>	1000
<b>Telephone Expense</b>	3000
<b>Accounting Expense</b>	1000
<b>Legal Expense</b>	0
<b>Uncollectible Revenue</b>	1000
<b>Depreciation Expense</b>	2000
<b>Amortization</b>	_____
<b>Operating Taxes and Licenses</b>	_____
<b>Rent Expense</b>	6000
<b>Loss</b>	1000
<b>Total Operating Expenses and Losses</b>	<b>158000</b>

Net Income Before Taxes

<b>Provision for Income Taxes</b>	_____
<u>Net Income (Loss)</u>	<b>12000</b>

Attachment 1: List of ALL MERCY Ambulance's Corporate Officers and Titles

Anastasia Andries – President (5% of shares)

Mikhail Danilov – Director (95% of shares)

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DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 07-14-2011

Employer Identification Number:  
45-2743918

Form: SS-4

Number of this notice: CP 575 A

MERCY AMBULANCE & EMS INC  
2840 PINE ROAD SUITE B1  
HUNTINGDON VALLEY, PA 19006

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-2743918. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2012

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

**IMPORTANT INFORMATION FOR S CORPORATION ELECTION:**

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
CORPORATION BUREAU  
401 NORTH STREET, ROOM 206  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722  
WWW.CORPORATIONS.STATE.PA.US/CORP

MERCY AMBULANCE & EMS INC

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4040845

Z & S SERVICES, INC.  
9827 B Bustleton Avenue, Unit B  
Philadelphia, PA 19115

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Department of the Treasury  
Internal Revenue Service  
Cincinnati OH 45999-0038

For assistance, call:  
1-800-829-0115

Notice Number: CP261  
Date: September 12, 2011

Taxpayer Identification Number:  
45-2743918  
Tax Form:  
Tax Period:

019022.112917.0081.002 1 AT 0.365 532  
[Barcode]

MERCY AMBULANCE & EMS INC  
2840 PINE RD STE B1  
HUNTINGDON VALL PA 19006-4258997

10/22/11

22

**Notice of Acceptance as an S Corporation**

We have accepted your election to be treated as an S corporation beginning June 29, 2011. Your accounting period will end in December.

We would also like to take this opportunity to inform you of your tax obligations related to the payment of compensation to shareholder-employees of S corporations.

When a shareholder-employee of an S corporation provides services to the S corporation, reasonable compensation generally needs to be paid. This compensation is subject to employment taxes.

Tax practitioners and subchapter S shareholders need to be aware that Revenue Ruling 74-44 states that the Internal Revenue Service (IRS) will re-characterize small business corporation dividends paid to shareholders as salary when such dividends are paid to the shareholders in lieu of reasonable compensation for services.

The IRS may also re-characterize distributions other than dividend distributions as salary. This position has been supported in several recent court decisions.

If you have any questions about this notice or the action we have taken, please call us at the telephone number listed above. If you prefer, you may write to us at the address shown at the top of this notice. If you write to us, please provide your telephone number and the most convenient time for us to call so we can resolve your inquiry. Please return the bottom part of this notice to help us identify your case.

For tax forms, instructions and information visit [www.irs.gov](http://www.irs.gov). (Access to this site will not provide you with your specific taxpayer account information.)

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
CORPORATION BUREAU  
401 NORTH STREET, ROOM 206  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722  
WWW.CORPORATIONS.STATE.PA.US/CORP

DBA

MERCY Ambulance

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4064848

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MERCY AMBULANCE & EMS INC  
2840 Pine Road Suite B1  
Huntingdon Valley, PA 19006

**MERCY**  
**AMBULANCE**  
*Simply On Time*

[www.MercyEMSTeam.com](http://www.MercyEMSTeam.com)

*Dispatch*  
**215-464-9999**  
*Business Office*  
**215-660-4911**  
*Fax*  
**215-882-9666**  
*office@MercyEMSTeam.com*

2840 Pine Road  
Suite B-1  
Huntingdon Valley, PA 19006

United States Postal Service®

**DELIVERY CONFIRMATION™**

PRESS FIRM



1006

17105

U.S. POSTAGE  
PAID  
PHILADELPHIA, PA  
19115  
OCT 1 12  
AMOUNT

\$5.90  
00059724-27



0312 1430 0001 0233 3118

**PRITY®**

**SERVICE**

OCT 2 2012

From:/Expéditeur:

MERCY AMBULANCE  
2840 Pine Rd. Suite B-1  
Huntingdon Valley, PA 19006

To:/Destinataire:

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

Country of Destination:/Pays de destination:

ppe

s.gov