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December 11, 2012

Via Hand Delivery

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

Re: Virgo Medical Services, Inc.'s Application for Motor Common Carrier of Persons in Paratransit Service, Docket No. A-2012-XXXXXXX

Dear Secretary Chiavetta:

Pursuant to the Secretarial Letter of November 28, 2012 and on behalf of Virgo Medical Services, Inc. ("Applicant") enclosed original signature pages (in ink) for both the Application and the Applicant's Statement in Support of the Application.

Sincerely,

Carl R. Shultz

CRS/lww
Enclosure

cc: Tony Agosto, Virgo Medical Services

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institution?

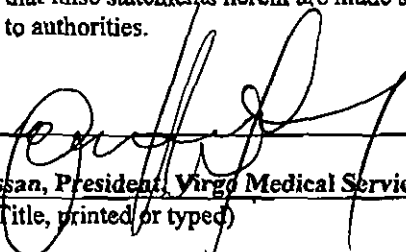
 YES XX NO

1. **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.

Financial Data is attached as "Attachment 1."

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.



 (Signature)
Ahmed Hassan, President, Virgo Medical Services, Inc.

 (Name and Title, printed or typed)

11/29/12

 (Date)

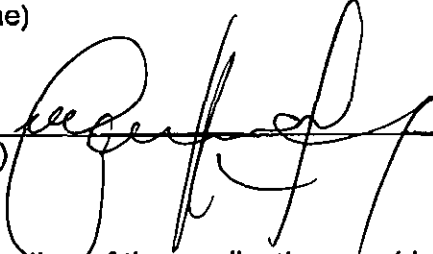
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Verification of Application

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.

Ahmed Hassan, President, Virgo Medical Services, Inc.
(Print Name)


(Signature) 11/29/12
(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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