

**ECKERT
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ATTORNEYS AT LAW

Eckert Seamans Cherin & Mellott, LLC
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Carl R. Shultz
717.255.3742
cshultz@eckertseamans.com

November 19, 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:

On behalf of Virgo Medical Services, Inc. ("Applicant") enclosed for filing is the original of its Application for Motor Common Carrier of Persons in Paratransit Service in the Commonwealth of Pennsylvania. Also enclosed is (1) a check in the amount of \$350.00 for payment of the application fee; and (2) the Applicant's Statement in Support of the Application.

Sincerely,



Carl R. Shultz

CRS/lww
Enclosure

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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)

Virgo Medical Services, Inc.

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

N/A

Fictitious name and Registration number (if applicable)

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

2038 E Haines Street

Street Address

Philadelphia, PA 19138

City, State and Zip Code

(973) 417-1759

Telephone Number

Philadelphia

County

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

290 Sanford Street

Street Address

East Orange, New Jersey 07018

City, State and Zip Code

5. **Attorney** (if applicable)

Carl. R. Shultz, Esq. (717) 255-3742

Attorney's Name & Telephone Number for this Filing

213 Market Street, 8th Floor, Harrisburg, PA 17101

Attorney's Address

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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 _____
Corporation Bureau Entity ID Number

Corporation – For Profit 4132799
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).

For the right to transport, as a common carrier, by motor vehicle, persons in paratransit service from points in the City and County of Philadelphia, to points in Pennsylvania, and return.

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.

Ahmed Hassan, President, Virgo Medical Services, Inc.

(Print Name)



(Signature)

11/9/12

(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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**List of Attachments to the Application
of Virgo Medical Services LLC
(Paratransit Service)**

Attachment	Description	Application Section
A	Corporate Information	9 10
B	List of Officers and Shareholders	10

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Virgo Medical Services, Inc.
Attachment A for Paragraph 10
Corporate Information

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Pennsylvania:

Attached hereto is a copy of the date-stamped Certificate for Virgo Medical Services, Inc., which indicates that the it was qualified to conduct business in Pennsylvania on September 10, 2012 with Pennsylvania Corporation Bureau Entity Number 4132799.

New Jersey:

Virgo Medical Services, Inc. is a New Jersey corporation. It was incorporated in November 1998 with New Jersey Entity No. 0100762377.

Copies of the following documents are also attached (1) State of New Jersey, Department of Treasury, Filing Certification and (2) Provider ID from the New Jersey Department of Health and Senior Services.

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

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Virgo Medical Services 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: 4132799

Eckert Seamans Cherin & Mellott LLC
COUNTER,
PA

DSCB:15-4124/6124-2

6. The (a) address of this corporation's proposed registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and street	City	State	Zip	County
(b) Name of Commercial Registered Office Provider				County
c/o: CT Corporation System				Dauphin

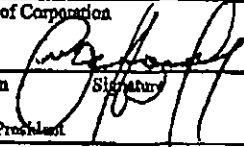
7. Check one of the following:

Business Corporation. The corporation is a corporation incorporated for a purpose or purposes involving pecuniary profit, incidental or otherwise.

Nonprofit Corporation. The corporation is a corporation incorporated for a purpose or purposes not involving pecuniary profit, incidental or otherwise.

IN TESTIMONY WHEREOF, the undersigned corporation has caused this Application for Certificate of Authority to be signed by a duly authorized officer thereof this 7th day of September, 2012.

VIRGO MEDICAL SERVICES INC.
Name of Corporation

Ahmed Hassan 
Signature

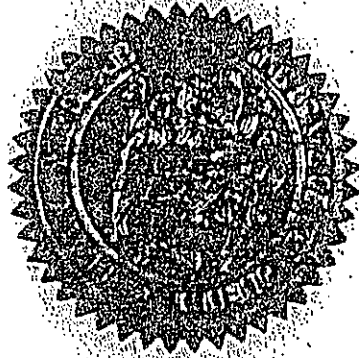
President
Title

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
FILING CERTIFICATION (CERTIFIED COPY)

VIRGO MEDICAL SERVICES INC.
0100762377

I, the Treasurer of the State of New Jersey,
do hereby certify, that the above named business
did file and record in this department a
Certificate of Incorporation on November 4th, 1998
and that the attached is a true copy of this
document as the same is taken from and compared
with the original(s) filed in this office and now
remaining on file and of record.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
5th day of November, 1998



James A. DiEleuterio, Jr.

James A DiEleuterio, Jr.
Treasurer

NJ Department of Health and Senior Services



OFFICE OF EMERGENCY MEDICAL SERVICES

Department of Health & Senior Services

The New Jersey Department of Health and Senior Services - Office of Emergency Medical Services
recognizes that the requirements for licensure as set forth at N.J.A.C. 8:40-1.1, et seq.
and hereby grant licensure to:

Virgo Medical Services

290 Sanford St.

East Orange, NJ 07018

As a provider of the following services:

BLS/MA/SC/TU

Provider ID: Virgo019

Valid: 1/1/2012

Expiration: 12/31/2013

A handwritten signature in cursive script that reads "Karen Halupke".

Karen Halupke, R.N., M.Ed.

Virgo Medical Services, Inc.

Attachment B for Paragraph 10

List of Officers and Shareholders

Officers:

Ahmed Hassan, President
Ali Hassan, Vice President
A. Magied Hassan, Chairman of the Board

Shareholders:

Ahmed Hassan (1/3)
Ali Hassan (1/3)
A. Magied Hassan (1/3)

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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.

PUC Application Docket Number

Virgo Medical Services, Inc.

Legal Name of Applicant

N/A

Trade Name, if any

2038 E Haines Street	Philadelphia	PA	19138
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 sothat you could make a reasonable profit. As part of the application process, you must provide the Commission withyour 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.

**Ahmed Hassan, President, Virgo Medical Services, Inc.
290 East Orange, New Jersey, 07018
(973) 676-7000**

I am authorized to make this verified statement of fact on behalf of Virgo Medical Services, Inc.

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

None.

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.

Virgo Medical Services, Inc. ("VMS") seeks the initial right to transport persons in paratransit service in Pennsylvania. VMS has adequate capital, equipment, facilities, expertise, experience, ability and fitness necessary to render the service being requested. VMS has no prior history of non-compliance with the regulations of the Pennsylvania Public Utility Commission ("PUC").

VMS provides paratransit service in New Jersey. We have been transporting patients/clients in New Jersey since 1998. VMS currently provides service, under a competitively bid contract/procurement, to the patients/clients of the US Department of Veterans Affairs.

Ahmed Hassan, President and One-Third Shareholder, will be involved in the day-to-day business operations in Pennsylvania. He has 14 years of experience in providing paratransit service in New Jersey.

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.

VMS is in the process of obtaining an office/ garage in the Germantown area of Philadelphia. It is located at 2038 E Haines Street, Philadelphia, Pa. It will be closing on the property in the coming weeks.

The business office will be complete with computers, telephones, radio communication and fax machines. All business records related to Pennsylvania operations shall be maintained at this office. Business records will be retained in accordance with all governing statutes or regulations. Calls for service will be taken via a dedicated phone line, via fax, and via internet. Hours of operation will be 24 hours per day, 365 days per year.

Vehicles will be stored, supplied and dispatched from the office/garage facility along with vehicle and employee records. Vehicles will be equipped with Nextel Direct Connect, GPS Vehicle Tracking System.

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).

VMS will begin service in Pennsylvania with zero staff-level employees in Pennsylvania. VMS has a total of 72 employees on hand in New Jersey. In the initial months of operation, one or more of VMS's current New Jersey employees will be assigned to work in the Pennsylvania office/garage of VMS. Those employee(s) will be responsible for all administrative duties and dispatching at the commencement of operations in Pennsylvania, but additional staff will be hired in Pennsylvania as need dictates.

In addition, VMS will either hire a "new" Pennsylvania certified mechanic to perform service on its vehicles or have a current mechanic (certified in New Jersey) obtain certification in Pennsylvania or both. Additional mechanics will be hired as need dictates.

All employees working in Pennsylvania will be professionally trained to work with the patients/clients of the US Department of Veterans Affairs, other third-party payers, and other potential clients in Pennsylvania.

This initial level of stalling in Pennsylvania is reasonable because of the large staff presence in New Jersey, and the time needed to add clients to justify the additional costs of employment.

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;
 - b. Your driver training program;
 - c. Your system for ensuring that your drivers are properly licensed at all times;
 - d. Your policies regarding alcohol and drug use by your drivers;
 - e. Your plan to obtain and review criminal history records and driver history reports for drivers.

a. to e. VMS will begin service in Pennsylvania with 20 drivers.

Each prospective employee complete an application and provide education, training and work history, references, verification of legal eligibility for employment, social security number, a valid driver's license, a clean driving record and successful completion of training. Criminal background checks will be conducted.

All applicants who accept an offer of employment are provided a copy of VMS' Employee Policy Manual and must submit to drug screening and random drug testing. Post-incident testing is required. VMS maintains a "zero tolerance" policy regarding on-the-job alcohol, drug use or intoxication. A verified positive drug test and/or refusal to provide a sample constitute grounds for immediate termination of employment.

The prospective driver is then familiarized with the operation of the company including dispatch, maintenance, and customer service. VMS' drivers will also be trained to respond to disruptive behaviors and medical emergencies. VMS provide to all employees special training in mobile assisted vehicle training. VMS also trains drivers on MVT, CPR, Defensive Driving, Basic Automotive. All drivers hold valid CPR and defensive driver certifications.

Driver records are reviewed periodically for compliance and adherence to the rules of the company and the PUC. In addition, Periodic and bi-annual criminal background checks will be conducted.

Current plan in place completed by CompSolution. Background and drug screening by Wright Express. MVA Abstract by Knight Insurance.

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.

VMS intends to begin service with ten vehicles. See below. Each vehicle listed is equipped with a wheelchair lift and has a seating capacity of 5 passengers (including the driver). We ordered the listed vehicles in August 2012 to provide service to the US Department of Veterans Affairs and to other clients in Pennsylvania. Additional vehicles will be purchased as need dictates.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2012	Ford	E250	5	1FTNE2EW7CDB10363
2012	Ford	E250	5	1FTNE2EW9CDB10364
2012	Ford	E250	5	1FTNE2EW0CDB10365
2012	Ford	E250	5	1FTNE2EW4CDB10367

(Continued):

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2012	Ford	E250	5	1FTNE2EW4CDB10370
2012	Ford	E250	5	1FTNE2EW6CDB10371
2012	Ford	E250	5	1FTNE2EW8CDB10372
2012	Ford	E250	5	1FTNE2EWXCDB10373
2012	Ford	E250	5	1FTNE2EW3CDB10375

8. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan;
 - 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;
 - 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);

a. to c. VMS's record maintenance plan currently comports with the requirements of the US Department of Veterans Affairs, the New Jersey Department of Health and other third-party payers. Any additional PUC record maintenance requirements will be added and incorporated into the existing records maintenance plan.

All vehicle maintenance and inspections will be performed by certified mechanics. Regular maintenance at 3500 miles by VMS's certified mechanic. Maintenance is performed in conformity with manufacturer's service and maintenance schedules on all VMS vehicles, as well as any necessary repairs. VMS maintains records on each vehicle and is also available to provide annual state equipment, safety inspection services and respond if a VMS vehicle develops a problem while in service.

Driver daily vehicle check at beginning and end of shift. Vehicle condition, including doors, seats, heat/air conditioning, tires and safety equipment are inspected at vehicle check-out. Vehicles must be refueled, cleaned and any problems reported at vehicle check-in per VMS Policy.

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.

We have been in business since 1998 with no lapse in insurance. The applicant has already established a relationship with a transportation insurance broker, and is working on finalizing insurance coverage for operations in Pennsylvania.

10. Please describe your customer service standards. Within your description, please explain:
- Your plan to inform customers of the procedures for filing complaints with the PUC;
 - Your intended customer complaint resolution procedure.

a. We will post hot-line complaint information in each vehicle. Each vehicle will be posted or affixed in a conspicuous location with a placard or label providing the PUC's Bureau of Consumer Services mailing address, phone number and web address. The PUC's "Complaint Filing Process" flyer will be made available to any customer registering a complaint with the company

b. All complaints will be answered within 24 hours. Patients/clients are encouraged to file complaints directly with us, we will do the best job possible to solve all problems before they are referred to the PUC.

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

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institution?

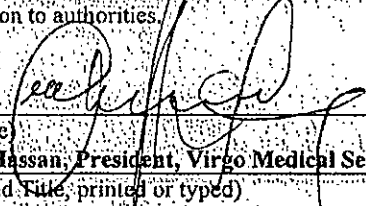
YES XX NO

- 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.

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)

11/09/12

 (Date)

**List of Attachments to the Verified Statement
of Virgo Medical Services LLC
(Paratransit Service)**

Attachment	Description	Application Section
1	Financial Information	12

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VIRGO MEDICAL SERVICES, INC.
PROJECTED STATEMENT OF INCOME
YEAR ENDED DECEMBER 31, 2013

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Transportation revenue	4,719,618	
Costs of transportation revenue	<u>1,009,228</u>	
Gross profit		3,710,389
Operating expenses		
Gross salaries	2,203,512	
Insurance	286,325	
Taxes	263,555	
Depreciation	130,177	
Rent	64,374	
Office expense	42,263	
Utilities	29,385	
Telephone	27,754	
Interest	24,580	
Legal and professional fees	24,533	
Travel and entertainment	22,761	
License and permits	20,231	
Computer expense	18,290	
Payroll processing fees	14,664	
Supplies	13,919	
Repairs and maintenance	12,210	
Other operating expenses	5,743	
Printing	4,928	
Training	4,451	
Dues and subscription	<u>3,571</u>	
Total operating expenses		<u>3,217,224</u>
Net income		<u>493,165</u>

VIRGO MEDICAL SERVICES, INC.
BALANCE SHEET
August 31, 2012

ASSETS

Current assets

Cash	\$ 127,725	
Accounts receivable	585,301	
Employee advances	<u>10,538</u>	
Total Current Assets		723,564

Fixed assets

Vehicles and equipment	1,521,171	
Less: accumulated depreciation	<u>(702,949)</u>	
Total Other Assets		818,222

Other Assets

Due from related party	397,840	
Security Deposit	<u>950</u>	
Total Other Assets		<u>398,790</u>

TOTAL ASSETS

\$ 1,940,576

VIRGO MEDICAL SERVICES, INC.
BALANCE SHEET
August 31, 2012

LIABILITIES & STOCKHOLDERS' EQUITY

Current Liabilities

Notes payable, current	\$ 28,017	
Operating line of credit	350,000	
Accounts payable	129,739	
Credit cards payable	<u>16,745</u>	
Total Current Liabilities		\$ 524,501

Non-Current Liabilities

Notes payable	41,706	
Less, current portion	<u>(28,017)</u>	
Notes payable, Non-current	13,689	
Shareholder loan	<u>39,336</u>	
Total Non-Current Liabilities		<u>53,025</u>
Total Liabilities		<u>577,526</u>

Stockholders' equity

Common stock, no par value; 5,000 shares authorized, issued and outstanding.	5,000	
Additional paid in capital	45,000	
Retained earnings	<u>1,313,050</u>	
Total Stockholders' equity		<u>1,363,050</u>

TOTAL LIABILITIES & STOCKHOLDERS' EQUITY \$ 1,940,576