

Kenneth A. Olsen
Attorney at Law
33 Philhower Road
Lebanon, New Jersey 08833

Via FedEx Airbill No. 8014 0159 9597

RECEIVED

July 11, 2013

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
P. O. Box 3265
Harrisburg, PA 17105-3265

JUL 11 2013

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Dear Madam Secretary:

Re: La Mexicana Express Service, LLC
Docket No. A-2012-2329717i
Persons in Paratransit Service Application

As your records indicate, I represent Applicant in the above referred to application proceeding. My Pennsylvania Supreme Court Identification Number is 29681.

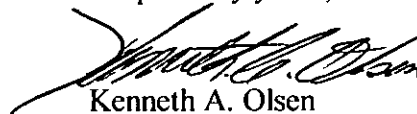
Pursuant to June 5, 2013 letter of Mr. David P. Thompson of your agency (with subsequent compliance extension request of Applicant), attached hereto, for filing with your Commission in the above application proceeding, find original Verified Statement of Applicant (with attached supporting exhibits) and original Verified Statements In Support Of The Application (as amended).

Inasmuch as this application has now become unopposed, I am not forwarding a copy of the attached and aforesaid Verified Statements on any party. However, I am, by copy of this letter, forwarding a courtesy copy of the attached and aforesaid Verified Statements (with exhibits) to Mr. David P. Thompson, Compliance Specialist, of your Commission.

Kindly acknowledge receipt on the duplicate of this letter attached, showing thereon said Verified Statements were duly filed. A self-addressed stamped envelope is enclosed for your convenience.

If you have any questions relative to any of the above or attached, or require additional information, do not hesitate to contact me. Your courtesies and considerations are appreciated.

Respectfully yours,



Kenneth A. Olsen

KAO:amo

Enc.

cc with enc.: Mr. David P. Thompson, Compliance Specialist
La Mexicana Express Service, LLC

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN THE MATTER OF:
APPLICATION OF
LA MEXICANA EXPRESS SERVICE, LLC
NUMBER A-2012-2329717

VERIFIED STATEMENTS OF
APPLICANT AND SUPPORTING PARTIES

RECEIVED

JUL 11 2013

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Comes now, La Mexicana Express Service, LLC, (hereinafter referred to as Applicant), with address and place of business at 445 Business Park Lane, Allentown, PA 18109, by and through its attorney, and in accordance with June 5, 2013 letter from David P. Thompson, Compliance Specialist, of this Commission, and submits the attached as its Verified Statements of Applicant and Supporting Parties in the above captioned matter. [Please note the due date for submission of these statements was graciously extended to July 20, 2013, upon Applicant's prior requests.]

Dated: July 11, 2013
Due Date: July 20, 2013

By: 

Kenneth A. Olsen
Attorney for Applicant
33 Philhower Road
Lebanon, New Jersey 08833
Phone (908) 832-9207
Fax (908) 832-5403
Pennsylvania Attorney ID No. 29681

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-2012-2329717

PUC Application Docket No.

La Mexicana Express Service, LLC

Legal Name of Applicant

Trade Name, if any

1044 Union Street

Street Address (principal place of business)

Reading

City or Municipality

PA

State

19604

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.

My name is Daniel S. Casiaguano, and I am the Manager and a Member of Applicant. I am a Hispanic-American, and a member of Applicant. As such, I am authorized to give this statement.

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

I am not affiliated with any other carrier by means of ownership, control, stock voting, or as being an officer or director.

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.

As a member manager of Applicant, I will supervise and conduct Applicant's daily operations. I have driven limousines and taxi cabs in New York, and for other companies in the past in and around Reading, PA and the surrounding Berks County area. As the manager member of Applicant, I am familiar with driving passengers for hire to and from

points in Reading, PA and Berks County. Applicant's operations will be centered on providing paratransit transportation of persons to and from work, social events, and medical appointments for ambulatory care, non-emergency medical transportation, on a twenty-four (24) hour basis. All of Applicant's drivers and employees receive the required training offer professional, personalized, on-time, and courteous service to all customers and clients.

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. Household goods in use carriers should include a description of their storage facilities, if applicable. 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.

Upon commencing operations, Applicant's office will be located at 1044 Union Street, Reading, Pa 19604, which is my residence and which has received local zoning approval for this operations. At this location, Applicant will have facilities for offices, with vehicle parking facilities at this location and at a rented garage located nearby at 900 Nichols Street. Dispatching and communications will be performed through a network consisting of office land line telephones, employee and office cell phones, internet, fax machines, and email, from which all reservations will be received and confirmed, and vehicle(s) dispatched daily. Records will be maintained in our offices in the manner and form required by this Commission.

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).**

Upon a final approval of the authority sought herein, and at the commencement of operations, Applicant intends to utilize the services of one dispatcher, one person for office administrative duties, and two drivers. Applicant believes this limited amount of employees is appropriate for commencement of operations with initial limited revenue in the limited territory sought (as amended by restriction), but intends to expand operations and business staffing as its operations and business grows.

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 system to ensure prospective drivers will be subject to a criminal background check;
 - c. Your driver training program;
 - d. Your system for ensuring that your drivers are properly licensed at all times;
 - e. Your system to ensure that all drivers will be subject to a criminal background check every two years;
 - f. Your policies regarding alcohol and drug use by your drivers.

Upon commencement of operations after final grant of this application, Applicant intends to utilize the services of two (2) drivers. Applicant will abide by and comply with all applicable regulations of this Commission regarding driver hiring, qualification, and training, as set forth in 52 Pa. Code 29.501 et. seq. In this regard, Applicant will require that a driver: (a) possess a current and valid license complying with the appropriate intrastate regulation covering the type of vehicle to be driven (ie. commercial, CDL, chauffer, passenger, etc.); b) possess a clean driving record; and (c) pass and comply with specific driver testing and qualifications, training, and evaluation, including conducting a ten year

motor report search on each current or prospective driver, a criminal background check, written and verbal driving tests, required drug and alcohol tests (pre-employment, periodic, random, post-accident, etc.), and not smoking, possessing alcohol, or using hand held communication devices in the vehicle.

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>
2006	Lincoln	Towne Car	5	1LNHM81VX64640416
2007	Lincoln	Towne Car	5	1LNHM81V974625553

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);
 - Your system for replacing vehicles once they are greater than eight model years in age in compliance with 52 Pa. Code, Section 29.314(d) (applicable to taxicabs) or 52 Pa. Code, Section 29.333(e) (applicable to limousines);
 - Your system for ensuring the filing of an annual vehicle list (taxicabs and limousines);
 - Your system for ensuring your vehicles will comply with the requirements of 49 CFR Parts 393 and 396, as adopted by the PUC at 52 Pa. Code, Chapter 37 (applicable to HHG applicants).

Upon final approval of the authority sought herein, as restrictively amended, Applicant initially intends to utilize those vehicles described above. Applicant anticipates securing more vehicles and equipment as business develops and expands. The above described vehicles, and any future vehicles, be regularly inspected, cleaned, and maintained in accordance with the equipment and safety regulations of this Commission. Applicant has made arrangements with a local certified mechanic to conduct regular, periodic, and required maintenance of the vehicles. Also, Applicant intends to comply with the Commission's rules and regulations at 52 Pa. Code Section 29.401 et. seq. Moreover, see Exhibit 1 attached hereto.

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.

Applicant has been receiving quotes (ie. \$120.00 per month per vehicle with a \$500.00 down payment) from various insurance companies and agents regarding insurance premiums amounts for the levels of automobile liability insurance coverage required by this Commission, and has established its own plans for payment of insurance premiums through use of financing, credit cards, and/or monies put aside by Applicant's member and manager. Upon a final approval of this application, as restrictively amended, Applicant intends to secure the required insurance and file evidence of insurance with this Commission in the required amounts and before commencement of operations.

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.

Applicant will, upon final approval of the authority sought and commencement of operations, comply with the Commission's rules and regulations regarding meeting the public's service needs as set forth in 52 Pa. Code Sections 29.353, 29.354, 29.355, and 29.356 and those regarding posting of its rates and consumer information for the public. Also, all of Applicant's drivers and employees will receive the required training set forth above and offer professional, personalized, on-time, and courteous service to all customers and clients.

11. Criminal Record. Have you 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 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.

See Exhibit No. 2 attached hereto and made a part hereof.

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.

Daniel S. Casiaguano

(Signature)

Daniel S. Casiaguano, Manager and Member of Applicant

(Name and Title, printed or typed)

6/19/2013

(Date)

Statement of Financial Position (Balance Sheet)

As of (date) _____

ASSETS

See Exhibit No. 2 attached hereto and made a part hereof.

Current Assets

Cash _____
Accounts Receivable _____
Notes Receivable _____
Other Current Assets (specify) _____
Total Current Assets _____

Tangible Assets

Motor Vehicle Equipment _____
Less: Accumulated Depreciation _____ = _____
-

Building and Structures _____
Less: Accumulated Depreciation - _____ = _____

Office Equipment _____
Less: Accumulated Depreciation - _____ = _____

Land _____

Investments and Funds (specify) _____

Intangible Assets _____

Other Assets (advances and idle equipment – specify) _____

TOTAL ASSETS _____

LIABILITIES

Current Liabilities (Due within one year of date)

Accounts Payable _____
Notes Payable _____
Equipment Obligations _____
Other Liabilities (Attach schedule) _____
Total Current Liabilities _____

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 _____

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 _____

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

See Exhibit No. 2 attached hereto/made a part hereof.

REVENUE and GAINS

Operating Revenue	_____
Net Revenue from non-carrier operations	_____
Dividend and interest revenues	_____
Other non-operating revenue	_____
Gains	_____
Total Revenue and Gains	_____

EXPENSES

Equipment Maintenance and Garage Expense	_____
Insurance Expense	_____
Employee Salaries	_____
Supervisory Salaries	_____
Officer Salaries	_____
Fuel Expense	_____
Purchased Transportation (Lease Expense)	_____
Materials and Supplies Expense	_____
General Office Expense	_____
Advertising Expense	_____
Telephone Expense	_____
Accounting Expense	_____
Legal Expense	_____
Uncollectible Revenue	_____
Depreciation Expense	_____
Amortization	_____
Operating Taxes and Licenses	_____
Rent Expense	_____
Loss	_____
Total Operating Expenses and Losses	_____

Net Income Before Taxes

Provision for Income Taxes	_____
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Net Income (Loss)

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN THE MATTER OF:
APPLICATION OF
LA MEXICANA EXPRESS SERVICE, LLC
NUMBER A-2012-2329717

VEHICLE MAINTENANCE AND SAFETY PROGRAM

Upon a final grant of authority, as restrictively amended by stipulation, Applicant will establish a safety and preventative maintenance program that requires: (a) the checking of all vehicle fluids, belts, brakes, filters, hoses, and other mechanical parts every 3,000 miles; (b) driver(s) inspecting vehicle(s) before departing, as to lights, blinkers, wipers, tires, brakes, heating, air conditioning, etc.; (c) driver(s) completing a vehicle inspection report kept in the vehicle's glove compartment; (d) driver(s) signing-off of a vehicle trip inspection report upon completion of each trip; and (e) having a mechanic inspect, address, or repair any item reported by the driver as requiring attention or repair before any vehicle commences another trip. All vehicle repairs be performed by the vehicle manufacturer or a licensed and qualified mechanic. The vehicle(s) will be cleaned daily, and Applicant will continue to inspect and maintain vehicles in compliance with the vehicle maintenance rules and regulations of the Pennsylvania Public Utility Commission.

RECEIVED

JUL 11 2013

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

EXHIBIT 2

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIVED

IN THE MATTER OF:
APPLICATION OF
LA MEXICANA EXPRESS SERVICE, LLC
NUMBER A-2012-2329717

JUL 11 2013

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

FINANCIAL INFORMATION

Applicant is a relatively new limited liability company, formed on August 14, 2012 in Pennsylvania, and has not begun operations or business. Therefore, it has no business revenues or income, and no expenses or debts. Expenditures for the filing and processing of this application have been advanced by Applicant's sole member and manager, and it is intended these expenditures will be reimbursed by Applicant once business income has been received after final approval of the instant application is granted.

Applicant's sole member and manager presently has at least \$10,000.00 in cash on hand, or in the bank, or available to him through lines of credit, to be utilized to commence the proposed operation once final approval has been received from this Commission. Also, the two vehicles intended to be utilized by Applicant to commence operations once final approval has been received from this Commission, are presently in the name of Applicant's sole member and manager, will be transferred to and titled in the name of Applicant once final approval has been received from this Commission, and are presently valued at \$4,000.00 each thereby providing Applicant with an additional \$8,000.00 in asset value. Moreover, once operations commence after final approval from this Commission is received, Applicant projects weekly gross income to exceed \$1,000.00 per week, based upon a proposed minimum one-way trip fare of \$10.00 per person for an average of 100 trips per week divided among at least twenty persons.

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Luisa Parra
Name of Supporter

215 W Douglas Reading P.A. 19601
Street Address City or Municipality State Zip Code

La Mexicana Express Service, LLC
Name of Applicant

- Describe the type of transportation service needed.

Paratransit service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

From: 215 West Douglas

To: 5370 Allentown Pike Temple PA.

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

I will require this paratransit service from and to the points listed above at least 3 times a WEEK (day)(week)(month).

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

No

- Have you supported similar applications in the past? If so, please supply name and docket number.

No

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Luisa Parra
(Signature)
Luisa Parra
(Name, printed or typed)

06-28-13
(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Luis J. Rodriguez
Name of Supporter

634 N 10 ST. Reading P.A. 19601
Street Address City or Municipality State Zip Code

La Mexicana Express Service, LLC
Name of Applicant

- Describe the type of transportation service needed.

Paratransit service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

From: 634 N 10 ST

To: 2500 Bernville Rd Reading PA

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

I will require this paratransit service from and to the points listed above at least 2 times a WEEK (day)(week)(month).

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

No

- Have you supported similar applications in the past? If so, please supply name and docket number.

No

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Luis Rodriguez
(Signature)
Luis Rodriguez
(Name, printed or typed)

07-01-13
(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Sasha L. Arevedo Berto's Auto Repair
Name of Supporter
115 Washington St Reading PA 19601
Street Address City or Municipality State Zip Code
La Mexicana Express Service, LLC
Name of Applicant

- Describe the type of transportation service needed.

Paratransit service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

From: Reading

To: Bridgeport

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

I will require this paratransit service from and to the points listed above at least 2 times a week (day)(week)(month).

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? yes, I have tried with another person who was very irresponsible never on time.

No

- Have you supported similar applications in the past? If so, please supply name and docket number.

No

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Sasha L. Arevedo
(Signature)
Sasha L. Arevedo
(Name, printed or typed)

6/15/13
(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Rafael Frutos-Z Greenwich-Tavern
Name of Supporter
549 Greenwich Reading P.A 19604
Street Address City or Municipality State Zip Code
La Mexicana Express Service, LLC
Name of Applicant

- Describe the type of transportation service needed.

Paratransit service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

From: Reading

To: Square mall Temple.

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

I will require this paratransit service from and to the points listed above at least 3 times a day ((day)(week)(month)).

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

No

- Have you supported similar applications in the past? If so, please supply name and docket number.

No

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Rafael Frutos
(Signature)

06-18-13
(Date)

Rafael Frutos-Z
(Name, printed or typed)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Deisa Torres
Name of Supporter

1217 MOSS ST Reading PA 19604
Street Address City or Municipality State Zip Code

La Mexicana Express Service, LLC
Name of Applicant

- Describe the type of transportation service needed.

Paratransit service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

From: 1217 MOSS ST

To: 1137 BERKSHIRE BLVD WYOMISSING.

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

I will require this paratransit service from and to the points listed above at least _____ times a _____ (day)(week)(month).

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

No

- Have you supported similar applications in the past? If so, please supply name and docket number.

No

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

[Signature]

(Signature)

Deisa Torres

(Name, printed or typed)

(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Beronica Castillo
Name of Supporter

836 Thorn St Reading PA 19601
Street Address City or Municipality State Zip Code

La Mexicana Express Service, LLC
Name of Applicant

- Describe the type of transportation service needed.

Paratransit service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

From: 836 Thorn St

To: Reading Hospital

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

I will require this paratransit service from and to the points listed above at least _____ times a 4 (day) week (month).

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

No

- Have you supported similar applications in the past? If so, please supply name and docket number.

No

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Beronica Castillo
(Signature)

Beronica Castillo
(Name, printed or typed)

(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Jose De Hoyas
Name of Supporter

739 MOSS ST Reading PA 19604
Street Address City or Municipality State Zip Code

La Mexicana Express Service, LLC
Name of Applicant

- Describe the type of transportation service needed.

Paratransit service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

From: 739 MOSS ST

To: 655 Walnut St West Reading

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

I will require this paratransit service from and to the points listed above at least 3 times a _____ (day)(week)(month).

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

No

- Have you supported similar applications in the past? If so, please supply name and docket number.

No

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Jose De Hoyas
(Signature)

Jose De Hoyas
(Name, printed or typed)

3/26/13
(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Wanda Navarrete
Name of Supporter
1221 Buttonwood St Reading PA 19604
Street Address City or Municipality State Zip Code
La Mexicana Express Service, LLC
Name of Applicant

- Describe the type of transportation service needed,
Buen servicio y lo necesito
Paratransit service
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

From: Reading
To: St Joseph, west Reading, Wyomings

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

I will require this paratransit service from and to the points listed above at least 2 times a day (~~day~~)(week)(month).

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

No

- Have you supported similar applications in the past? If so, please supply name and docket number.

No

VERIFICATION OF STATEMENT

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Wanda Navarrete
(Signature)
Wanda Navarrete
(Name, printed or typed)

6-20-13
(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Maria Albino
Name of Supporter

1328 Cotton St. Reading PA 19602
Street Address City or Municipality State Zip Code

La Mexicana Express Service, LLC
Name of Applicant

- Describe the type of transportation service needed.

Paratransit service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

From: my house

Shillington, WYomissing

To: Dr's appointments, store, groceries Downtown Pdg. - W. Pdg.

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

I will require this paratransit service from and to the points listed above at least 2 times a ~~three~~ WEEK (day) (week) (month).

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

No

- Have you supported similar applications in the past? If so, please supply name and docket number.

No

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Maria Albino
(Signature)
Maria Albino
(Name, printed or typed)

01/20/13
(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Yesenia Garcia (Attendant) (Care)
Name of Supporter

118 Church St Apt J Reading PA 19601
Street Address City or Municipality State Zip Code

La Mexicana Express Service, LLC
Name of Applicant

- Describe the type of transportation service needed.

Buen Servicio
 Paratransit service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

From: Reading
To: St Joseph, Reading Hospital

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

I will require this paratransit service from and to the points listed above at least 2 times a day (day)(week)(month).

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

No

- Have you supported similar applications in the past? If so, please supply name and docket number.

No

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Yesenia Garcia
(Signature)
Yesenia Garcia
(Name, printed or typed)

6-20-13
(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

MIGUEL ROMEZ (Taco y tequilas inc.)
Name of Supporter
49 S. 9th St. Reading PA 19603
Street Address City or Municipality State Zip Code
La Mexicana Express Service, LLC
Name of Applicant

- Describe the type of transportation service needed.

Paratransit service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

From: Reading PA

To: Bank

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

I will require this paratransit service from and to the points listed above at least 4 times a DAY (day)(week)(month).

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

No

- Have you supported similar applications in the past? If so, please supply name and docket number.

No

VERIFICATION OF STATEMENT

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Miguel Gomez
(Signature)
MIGUEL GOMEZ
(Name, printed or typed)

06/18/2013
(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Jorge Cedeño
Name of Supporter

1326 Cotton St. Reading PA 19602
Street Address City or Municipality State Zip Code

La Mexicana Express Service, LLC
Name of Applicant

- Describe the type of transportation service needed.

Paratransit service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

From: Home

To: Bank, stores, family home within Berks - Temple, Sinking Spring, Exeter.

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

I will require this paratransit service from and to the points listed above at least 4 times a week (day)(week)(month).

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

No

- Have you supported similar applications in the past? If so, please supply name and docket number.

No

VERIFICATION OF STATEMENT

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Jorge Cedeño
(Signature)
Jorge Cedeño
(Name, printed or typed)

June 20, 2013
(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Luis W PALAGUACHI
Name of Supporter

317 Pine ST Reading PA 19602
Street Address City or Municipality State Zip Code

La Mexicana Express Service, LLC
Name of Applicant

- Describe the type of transportation service needed.

Paratransit service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

From: 317 Pine St.

To: West Reading Hospital.

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

I will require this paratransit service from and to the points listed above at least 2 times a Week. (day)(week)(month).

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? I prefer use them because they are fast on time.

No

- Have you supported similar applications in the past? If so, please supply name and docket number.

No

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The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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.

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Luis W Palaguachi
(Signature)
Luis W PALAGUACHI
(Name, printed or typed)

06-21-13
(Date)

CERTIFICATE OF SERVICE

Inasmuch as this application proceeding has now become unopposed, I hereby certify that the original Verified Statements of Applicant and Supporting Parties have been forwarded this date, via Federal Express, overnight, prepaid to the Secretary of the Pennsylvania Public Utility Commission, Commonwealth Keystone Building, 400 North Street, Harrisburg, PA 17120; that a courtesy copy of the Verified Statements of Applicant and Supporting Parties has been sent, via first class mail, postage prepaid, to Mr. David P. Thompson, Compliance Specialist, Pennsylvania Public Utility Commission, P. O. Box 3265, Harrisburg, PA 17105; and that copies of the Verified Statement of Applicant and Supporting have not been sent to any other parties.

Dated: July // , 2013

By: 
Kenneth A. Olsen
Attorney for Applicant
33 Philhower Road
Lebanon, New Jersey 08833
Phone (908) 832-9207
Fax (908) 832-5403
Pennsylvania Attorney ID No. 29681

RECEIVED

JUL 11 2013

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

00028

FedEx Package Express **US Airbill**

FedEx Tracking Number

8014 0159 9597

Form ID No.

0215

Recipient's Copy

1 From 7/11/13

Sender's Name KENNETH OLSEN Phone 906 832-9207

Company KENNETH A OLSEN LAW FIRM

Address 33 PHILHOWER RD Dept./Floor/Suite/Room

City LEBANON State NJ ZIP 08833-4537

2 Your Internal Billing Reference LA MEXICANA EXP. APPL

3 To Recipient's Name SECRETARY CHIAVETA Phone 717-787-1168

Company PENNSYLVANIA PUBLIC UTILITY COMM.

Address COMMONWEALTH KEYSTONE BLDG. Dept./Floor/Suite/Room
We cannot deliver to P.O. boxes or P.O. ZIP codes

Address 400 NORTH STREET
Use this line for the HOLD location address or for continuation of your shipping address

City HARRISBURG State PA ZIP 17120

0457453330



8014 0159 9597

4 Express Package Service *To most locations. Packages up to 150 lbs. For packages over 150 lbs. use the FedEx Express Freight US Airbill. NOTE: Service order has changed. Please select carefully.

Next Business Day	2 or 3 Business Days
<input type="checkbox"/> FedEx First Overnight Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.	<input type="checkbox"/> FedEx 2Day A.M. Second business morning * Saturday Delivery NOT available.
<input checked="" type="checkbox"/> FedEx Priority Overnight Next business morning * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.	<input type="checkbox"/> FedEx 2Day Second business afternoon * Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
<input type="checkbox"/> FedEx Standard Overnight Next business afternoon * Saturday Delivery NOT available.	<input type="checkbox"/> FedEx Express Saver Third business day * Saturday Delivery NOT available.

5 Packaging *Declared value limit \$500

FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube Other

6 Special Handling and Delivery Signature Options

SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required
Package may be left without obtaining a signature for delivery.

Direct Signature
Someone at recipient's address may sign for delivery. Fee applies.

Indirect Signature
If no one is available at recipient's address, someone at a nearby business address may sign for delivery. Fee applies.

Does this shipment contain dangerous goods?

One box must be checked.

No Yes As per attached Shipper's Declaration Yes Shipper's Declaration not required. Dry Ice Dry ice, 5, UN1845 _____ kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box. Cargo Aircraft Only

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No.

Sender Acct. No. in Section 1 will be billed. Recipient Third Party Credit Card Cash/Check

Total Packages _____ Total Weight _____ lbs. Credit Card Auth. _____

Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

611

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