

**LAW OFFICES  
OF  
KOERBER & CUMMINGS, LLC**

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Facsimile (814) 765-9503

March 4, 2015

Lisa Milletics, Compliance Specialist  
Motor Carrier Services  
Compliance Office  
Commonwealth of Pennsylvania  
Pennsylvania Public Utility Commission  
P. O. Box 3265  
Harrisburg, PA 17105-3265

**RECEIVED**  
2015 MAR 10 PM 3:22  
PA.P.U.C.  
SECRETARY'S BUREAU

**Re: Stacey A. McGarry, t/a Stacey McGarry Amish Trucking  
A-6416822/A-2014-2438490**

Dear Ms. Milletics:

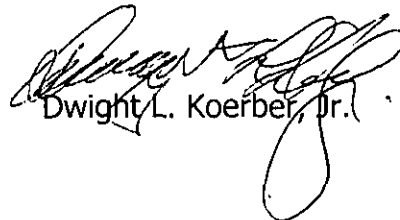
On behalf of the applicant in the above referenced proceeding, I am enclosing herewith the Verified Statement of Stacey A. McGarry and eleven (11) supporting Verified Statements on behalf of members of the public.

If additional information is needed for processing this, please contact me and I will immediately forward it to you.

I would like to note that there is a very keen interest on the part of the applicant to complete the processing of the application. Accordingly, if it is possible to expedite processing, we would very much appreciate it.

Thank you for your courtesies in working with us on this matter.

Very truly yours,

  
Dwight L. Koerber, Jr.

~~2015 MAR - 6 AM 5:39~~  
~~TECHNICAL SERVICES~~

DLK/sms  
Enclosure: Verified Statement Applicant  
11 Supporting Verified Statements  
cc: Stacey A. McGarry

# BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY

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-2014-2438490

PUC Application Docket No.

Stacey A. McGarry

Legal Name of Applicant

Stacey A. McGarry, t/a Stacey McGarry Amish Transport

Trade Name, if any

14705 Tyrone Pike

Curwensville

PA

16830

Street Address (principal place of business)

City or Municipality

State

Zip

Code

This document is 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.

You are encouraged to provide as much information as possible 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 providing the information by giving your name and indicate whether you are the owner, employee, officer, or attorney for the applicant.

My name is Stacey A. McGarry. I am the applicant. I am the owner. I am presenting this information in support of our application that was published in the Pennsylvania Bulletin of October 11, 2014

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.

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. An explanation of education or training that you believe may be relevant may also be included.

For the past 8 years I have had a CDL license. For 7 of those years I have driven a school bus. I have gone through safety training and drug testing. I have also had training days as it relates to maintenance and operation as it relates to the bus. While it is not technically a business, I have "managed" the affairs in our home, and have been quite busy and challenged in raising 4 children. I have a college degree in Human Development, from Penn State University.

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4. Describe the physical location, to include the office area, office machines that will be used, and where vehicles will be stored. Household goods in use carriers should include a description of their storage facilities, if applicable.

My offices will be at our home at 14705 Tyrone Pike, Curwensville, Pa. I have a separate room that I will maintain paperwork and other items that pertain to the business. I should note that I currently assist my son in handling his books and do some of the work in that office as well.

In our home we have a land-line phone and I also have a cell phone that I will carry with me when I provide transportation services. I have a computer and copy machine that I will use in the business.

5. 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 continuous communication with drivers.

I am familiar with many of the Amish in our area, and anticipate that I will speak with them directly either when I see them or when they come to my home. In addition, I will receive telephone calls on our land-line phone or cell phone. Since my plans call for just one van, I will of course be doing the driving and the dispatching. I have an answering machine for both the land-line and the cell phone.

See supplemental Statement.

6. Please explain:

- a. Your hiring standards for drivers;

I do not plan at this point to be hiring any additional drivers, but if I do I will make certain that they have CDL, even though it is not needed to operate the van that I will be using. I will fully check their backgrounds and their references.

- b. Your system to ensure prospective drivers will be subject to a criminal background check;

I personally do not have any criminal background at all. If developments occur where I hire additional drivers, I will certainly have a criminal background check performed.

- c. Your driver training program;

If I hire additional drivers, I will have personally train them and also have them work with me so that I can oversee them to make certain that they are able to do all facets of the job.

- d. Your system for ensuring that your drivers are properly licensed at all times;

My license is current. I have no points or any blemishes at all on my driving record. I will check any employee drivers on a regular basis to make certain that their licenses are current.

- e. Your system to ensure that all drivers will be subject to a criminal background check every two years;

I will do whatever is required and as a minimum will have a criminal background check every two years for any drivers that I have.

- f. Your policies regarding alcohol and drug use by your drivers.

I am currently enrolled in the Standard Safety Drug and Alcohol Program where random tests are done. I will follow a similar procedure for any drivers I employ.

Supplemental Statement:  
(In Response to Question 5)

I would like to provide further information about our communication system and at the same time would like to explain how this ties into the overall operating proposal that I am presenting to the PUC for approval.

I live in Clearfield County, just a short distance outside of the Curwensville Borough limits. This location is significant because within an approximate ten (10) mile radius we have seen a large influx of persons with Amish ancestry/religion that have moved into our area.

I have had an opportunity to meet many of the Amish people and have developed a type of friendship with many of these members of our community. I have learned that their religious beliefs are such that they do not own or operate motor vehicles. I have also learned that a very important issue for them is getting transportation to the places where they work or transportation for visits to their friends, relatives or for shopping. The exact locations vary quite a bit, with there being a strong probability that there will continue to be additional Amish that move into our general area.

I have become familiar with the Amish practice of providing for the medical needs of their fellow Amish members. I know that when there is a medical problem, they need transportation service to hospitals, clinics and doctors. This type of service, as well as provide transportation to and from their place of work, and providing scheduled service for family members that might be returning to where they originally grew up in Pennsylvania is the type of service that I wish to provide.

I have learned that communicating with the Amish at times can be challenging, because of their limited use of telephones. That is why I will make my home available for the Amish to stop by and meet with me personally to describe a transportation service they might need. Of course, I would be quite willing to receive land-line phone calls and cell phone calls.

As it relates to the Verified Statements in support of my application, I can state that I personally met with the individuals that have signed the Verified Statements. There are additional people that I could possibly get to sign Verified Statements, but I believe the number that I have presented – a total of 11 – is an indication that there is a genuine interest on the part of the Amish in our area for the transportation services that I am proposing.

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.

Initially I plan to use just one vehicle in my business and I think that will be sufficient to meet the needs of the public I will serve. The vehicle is a 2013 Ford Van, as described below.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2013	Ford	F350 Econoline	15	1FBSS3BLIDOB05354
In addition, I have my own personal mini-van that would be available if needed.				
2006	Toyota	Sicna	7	5TDZA23C065412009

8. Describe your vehicle safety program. Please include the following in your explanation:

- a. Your periodic vehicle maintenance plan;

*Before and after each time I drive the vehicle, I check it for safety. Whatever maintenance is needed, I will have done immediately and through a trained mechanic. Vehicle maintenance is very important and I personally, as well as my son, will carefully care for and maintain our van.*

- b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards;

*Of course, we will have all of the yearly inspections required by law. In addition, I have my own personal inspection, with help from my son, as maintenance and safety are extremely important from our perspective.*

- c. If applying for Taxi or Limousine Authority, explain how vehicles will be replaced once they are greater than eight model years in age;

*Not Applicable*

- d. If applying for Household Goods Authority, explain how it will be ensured that vehicles meet all USDOT equipment standards.

*Not Applicable*

9. As proof that an effort has been made to determine that insurance is affordable, list the name and phone number of insurance agents you have contacted and the prices of premiums they have quoted.

*I already have liability insurance in effect in the amount of \$1,500,000.00, combined single limit. My policy number is 03247098-0, through Progressive Insurance Company. The telephone number for my insurance is 1-800-444-4487.*

10. Criminal Record. Has the applicant\* been convicted of a misdemeanor or felony for which applicant remains subject to supervision by a court or correctional institution?

YES  NO



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.

Stacey A McGarry  
(Signature)

3-3-15  
(Date)

Stacey A. McGarry, t/a Stacey McGarry Amish Trucking  
(Name and Title, printed or typed)

SECRETARY'S BUREAU  
PA.P.U.C.

2015 MAR 10 PM 3:23

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BEFORE THE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: Application of Stacey A. McGarry, : Docket No. A-2014-2438490  
t/a Stacey McGarry Amish Transport :

VERIFIED STATEMENTS  
IN SUPPORT OF APPLICATION

1. Albert M. Byler
2. Marie Byler
3. Raymond & Ada Yoder
4. Schmucker Family
5. Elizabeth M. Byler
6. Christ E. Miller
7. Martha C. Miller
8. Edwin D. Miller
9. Menno Byler, Jr.
10. Allen D. Gingerich
11. Iva L. Byler

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2015 MAR -6 AM 9:39~~

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2015 MAR 10 PM 3:23

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Albert M. Byler

Name of Supporter

396 Verris Rd.

Street Address

Curwensville

City or Municipality

P.A.

State

16833

Zip

Code

Stacey A. McGarry, t/a Stacey McGarry Amish Transport

Name of Applicant

- Describe the type of transportation service needed. Persons in paratransit service, limited to persons whose personal convictions prevent them from owning or operating motor vehicles from points in Clearfield County to points in Pennsylvania and return.

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

Origins: mostly from home / Destinations: Different stores in Curwensville PA and Clearfield PA

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

Varies - mostly weekly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No

- Have you supported similar applications in the past? If so, who was the applicant?

Not that I am aware of

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.

Albert Byler

(Signature of Supporter)

2-25-15

(Date)

Albert Byler

(Supporter's Name, printed or typed)

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MAR 10 2015

Marie Byler

Name of Supporter

220 Byler Lane  
Street Address

Curwensville  
City or Municipality

Pa  
State

16833  
Zip Code

Stacey A. McGarry, t/a Stacey McGarry Amish Transport

Name of Applicant

- Describe the type of transportation service needed. Persons in paratransit service, limited to persons whose personal convictions prevent them from owning or operating motor vehicles from points in Clearfield County to points in Pennsylvania and return.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
 

Origens	Destinations
Home	Smicksburg - visiting or shopping
	Pittsburg UPMC hospital or Childrens
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
weekly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
There are no authorized carriers in this area
- Have you supported similar applications in the past? If so, who was the applicant?  
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.

Marie Byler  
(Signature of Supporter)

2-25-15  
(Date)

Marie Byler  
(Supporter's Name, printed or typed)

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MAR 10 2015

Raymond + Ada Yoder

Name of Supporter

295 Byler Lane Curwensville Pa. 16833

Street Address

City or Municipality

State

Zip

Code

Stacey A. McGarry, t/a Stacey McGarry Amish Transport

Name of Applicant

- Describe the type of transportation service needed. Persons in paratransit service, limited to persons whose personal convictions prevent them from owning or operating motor vehicles from points in Clearfield County to points in Pennsylvania and return.

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

Oregins Destinations Clearfield Hospital Home Spartansburg - Dubois Hospital

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

weekly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Not that I know of

- Have you supported similar applications in the past? If so, who was the applicant?

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.

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Raymond + Ada Yoder (Signature of Supporter)

2-25-15 (Date)

Raymond + Ada Yoder (Supporter's Name, printed or typed)

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MAR 10 2015

Schmucker Family

Name of Supporter

2225 Wells Rd Smicksburg PA 16256

Street Address

City or Municipality

State

Zip

Code

Stacey A. McGarry, t/a Stacey McGarry Amish Transport

Name of Applicant

- Describe the type of transportation service needed. Persons in paratransit service, limited to persons whose personal convictions prevent them from owning or operating motor vehicles from points in Clearfield County to points in Pennsylvania and return.

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

From home to New Millport PA Smicksburg.

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

Occasionally

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Not that I'm aware of

- Have you supported similar applications in the past? If so, who was the applicant?

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.

Nancy C. Schmucker (Signature of Supporter)

2-28-15 (Date)

Nancy C Schmucker (Supporter's Name, printed or typed)

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MAR 10 2015

PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

Please print or type.

Elizabeth M Byler Elizabeth M Byler  
Name of Supporter

5588 Douglas Rd New Millport Pa 16861  
Street Address City or Municipality State Zip Code

Stacey A. McGarry, t/a Stacey McGarry Amish Transport  
Name of Applicant

- Describe the type of transportation service needed. Persons in paratransit service, limited to persons whose personal convictions prevent them from owning or operating motor vehicles from points in Clearfield County to points in Pennsylvania and return.

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

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

- Are there others in your area who provide this service, and if so, why do you prefer not to use them? *no*

- Have you supported similar applications in the past? If so, who was the applicant? *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.

Elizabeth M Byler  
(Signature of Supporter)

2-28-15  
(Date)

Elizabeth M Byler  
(Supporter's Name, printed or typed)

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MAR 10 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

*Crist E. Miller*

Name of Supporter

*113 Ross Rd.*

Street Address

*Curwensville*

City or Municipality

*Pa.*

State

*16833*

Zip

Code

*Stacey A. McGarry, Va Stacey McGarry Amish Transport*

Name of Applicant

- Describe the type of transportation service needed. Persons in paratransit service, limited to persons whose personal convictions prevent them from owning or operating motor vehicles from points in Clearfield County to points in Pennsylvania and return.

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

*your home*

*West Over Pa. Visit*

*Madera Pa. - Banking*

*Kamey Pa. - Work*

*Dayton Pa. - Visit*

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

*daily weekly*

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

*Not that I'm aware of.*

- Have you supported similar applications in the past? If so, who was the applicant?

*No*

VERIFICATION OF STATEMENT

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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.

*Crist E. Miller*

(Signature of Supporter)

*2-25-15*

(Date)

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*Crist E. Miller*

(Supporter's Name, printed or typed)

MAR 10 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Martha C. Miller

Name of Supporter

113

Boss Rd  
Street Address

Curwensville  
City or Municipality

PA  
State

16833  
Zip Code

Stacey A. McGarry, t/a Stacey McGarry Amish Transport

Name of Applicant

- Describe the type of transportation service needed. Persons in paratransit service, limited to persons whose personal convictions prevent them from owning or operating motor vehicles from points in Clearfield County to points in Pennsylvania and return.

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

Home to:

Westover PA Curwensville PA  
Dayton PA Clearfield PA

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

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Not that I'm aware of.

- Have you supported similar applications in the past? If so, who was the applicant?

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.

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Martha C. Miller

(Signature of Supporter)

2/25/15

(Date)

Martha C. Miller

(Supporter's Name, printed or typed)

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MAR 10 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Edwin D. Miller

Name of Supporter

113 Ross Rd  
Street Address

Curwensville  
City or Municipality

PA  
State  
Code

16833  
Zip

Stacey A. McGarry, t/a Stacey McGarry Amish Transport

Name of Applicant

- Describe the type of transportation service needed. Persons in paratransit service, limited to persons whose personal convictions prevent them from owning or operating motor vehicles from points in Clearfield County to points in Pennsylvania and return.

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

Home

Westover PA Curwensville PA  
Dayton PA

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

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Not that I'm aware of.

- Have you supported similar applications in the past? If so, who was the applicant? No

**VERIFICATION OF STATEMENT**

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Edwin D Miller

(Signature of Supporter)

2/25/15

(Date)

Edwin D Miller

(Supporter's Name, printed or typed)

**RECEIVED**

MAR 10 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Please print or type.

MENNO BYLER JR.

Name of Supporter

465 TURBBS RD. CURWENSVILLE PA. 16833

Street Address

City or Municipality

State

Zip

Code

Stacey A. McGarry, t/a Stacey McGarry Amish Transport

Name of Applicant

- Describe the type of transportation service needed. Persons in paratransit service, limited to persons whose personal convictions prevent them from owning or operating motor vehicles from points in Clearfield County to points in Pennsylvania and return.

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

From Home to Mercer County, Pa.  
Altoona, Pa. Milroy, Pa. Ramex, Pa.

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

Daily

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No

- Have you supported similar applications in the past? If so, who was the applicant?

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.

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MENNO BYLER JR.  
(Signature of Supporter)

3-3-15  
(Date)

MENNO BYLER JR.  
(Supporter's Name, printed or typed)

**RECEIVED**

MAR 10 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Please print or type.

Allen D Gingerich

Name of Supporter

1046 Pine Rd.

Street Address

New Millport Pa

City or Municipality

State

16861

Zip

Code

Stacey A. McGarry, t/a Stacey McGarry Amish Transport

Name of Applicant

- Describe the type of transportation service needed. Persons in paratransit service, limited to persons whose personal convictions prevent them from owning or operating motor vehicles from points in Clearfield County to points in Pennsylvania and return.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Children's Hospital in Pittsburg Pa.  
Home to Johnstown Pa. Clearfield Pa
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No

- Have you supported similar applications in the past? If so, who was the applicant?

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.

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Allen D. Gingerich

(Signature of Supporter)

3-3-15

(Date)

RECEIVED

Allen D. Gingerich

(Supporter's Name, printed or typed)

MAR 10 2015

PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

Please print or type.

Iva L. Byler

Name of Supporter

635 Camel Rd. Curwensville

P.A. 16833

Street Address

City or Municipality

State

Zip

Code

Stacey A. McGarry, t/a Stacey McGarry Amish Transport

Name of Applicant

- Describe the type of transportation service needed. Persons in paratransit service, limited to persons whose personal convictions prevent them from owning or operating motor vehicles from points in Clearfield County to points in Pennsylvania and return.

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

Home to : Hospital, Dubois shopping, Smicksburg midwife, Med Express

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

weekly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

not sure

- Have you supported similar applications in the past? If so, who was the applicant?

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.

Iva L. Byler

(Signature of Supporter)

3-3-15

(Date)

Iva L. Byler

(Supporter's Name, printed or typed)

RECEIVED

MAR 10 2015

PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU