

Application for Motor Common Carrier of Persons upon Call or Demand (Taxi Service)

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE PROVIDING LOCAL TRANSPORTATION ON EITHER EXCLUSIVE OR NONEXCLUSIVE BASIS, AND SERVICE IS CHARACTERIZED BY PASSENGERS HIRING THE VEHICLE AND ITS DRIVER EITHER BY TELEPHONE CALL OR BY HAIL, OR BOTH. THIS APPLICATION CANNOT BE USED TO APPLY FOR TAXI SERVICE WITHIN THE CITY AND COUNTY OF PHILADELPHIA.

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

READING CITY CAB, LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. Do you currently hold PUC Authority? NO Previous Authority? NO

If YES, at PUC No. A- _____

4. Are you a business entity registered with the PA Dept. of State? NO

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 6341236

(see checklist and indicate type of business entity registered)

RECEIVED
2016 JAN 14 PM 2:51
PA PUBLIC UTILITY COMMISSION
SECRETARY'S OFFICE

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

620 SOUTH 13TH STREET

Street Address

HARRISBURG, PA 17104

City, State and Zip Code

717-773-5452

Telephone Number

DAUPHIN

County

The address entered here should be the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

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

2304 WALNUT STREET

Street Address

HARRISBURG, PA 17104

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

7. **Attorney** (if applicable)

JOHN W. SWEET, ESQ; 717-836-0229; SUPREME COURT ID # 320182

Attorney's Name & Telephone Number for this Filing

620 SOUTH 13TH STREET, HARRISBURG, PA , 17104

Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

8. **Does applicant hold interstate operating authority?**

No Yes, at No. _____

9. **Describe the service area proposed by this application.**

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

To transport persons in call or demand service from points in Berks County to points in Pennsylvania and return.

Examples:

- *To transport people upon call or demand in the city of Reading, Berks County.*

- To transport people upon call or demand in Spring Township, Centre County.

10. **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 Persons upon Call and Demand (Taxi Service); 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 statement(s) made in this application is/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.

HIBETALLAH OUSSAI

(Print Name)



(Signature)

1/14/16

(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 limited liability company), or by the President or Secretary (if a corporation).

RECEIVED
2016 JAN 14 PM 2:34
PA PUC
SECRETARY'S BUREAU
Revised 12/1/13

READING CITY CAB, LLC

Pennsylvania Department of State Entity Number: 6341236

MEMBERS: Hibetallah Oussai – Owner 100%

MANAGERS: Maher Saber Ahmed

RECEIVED

2016 JAN 14 PM 2: 34

PA PUC
SECRETARY'S BUREAU

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O.BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

John W. Sweet
620 South 13th Street
Harrisburg PA 17104

READING CITY CAB, LLC

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

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEBSITE LOCATED WWW.CORPORATIONS.STATE.PA.US/Search/CorpSearch 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 WEBSITE.


ENTITY NUMBER : 6341236

RECEIVED
2016 JAN 14 PM 2: 34
PA PUC
SECRETARY'S BUREAU

PENNSYLVANIA DEPARTMENT OF STATE
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Entity# : 6341236
 Date Filed : 12/30/2015
 Effective Date : 01/01/2016
 Pedro A. Cortés
 Secretary of the Commonwealth

Return document by mail to:
 JOHN W. SWEET, ESQ.
 Name
 620 SOUTH 13TH STREET
 Address
 HARRISBURG PA 17104
 City State Zip Code
 Return document by email to: john@sweetfirm.com

Certificate of Organization
 Domestic Limited Liability Company

 TML160105JD0738

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):
 READING CITY CAB, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:
(Complete (a) or (b) - not both)

(a) Number and Street	City	State	Zip	County
2304 WALNUT STREET,	HARRISBURG,	PA	17103	DAUPHIN

(b) Name of Commercial Registered Office Provider _____ County _____
 c/o: _____

3. The name and address, including street and number, if any, of each organizer is (*all organizers must sign on page 2*):

Name	Address
JOHN W. SWEET, ESQ.	620 S. 13TH ST., HARRISBURG, PA 17104

RECEIVED
 2016 JAN 14 PM 2:34
 PA PUC
 SECRETARY'S BUREAU

2015 DEC 30 PM 2:00
 PA. DEPT. OF STATE

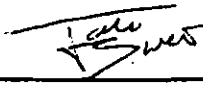
4. *Strike out if inapplicable term*
A member's interest in the company is to be evidenced by a certificate of membership interest.

5. *Strike out if inapplicable:*
Management of the company is vested in a manager or managers.

6. The specified effective date, if any is: 01/01/2016
(MM/DD/YYYY and hour, if any)

~~7. *Strike out if inapplicable:* The company is a restricted professional company organized to render the following restricted professional service(s):~~

8. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this
29TH day of DECEMBER, 2015
 (John W. Sweet, Esq.)

Signature

Signature

Signature

RECEIVED
2016 JAN 14 PM 2:34
PA PUC
SECRETARY'S BUREAU