

**APPLICATION FOR APPROVAL OF ABANDONMENT OR
DISCONTINUANCE OF SERVICE, IN WHOLE OR IN PART**

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

C-2016-2549560

(See Instructions Before Preparing Application)

In re:

Application Docket
No. A- 6411163
Folder No. _____

For approval of the abandonment or
discontinuance of common carrier service.

TO PENNSYLVANIA PUBLIC UTILITY COMMISSION:

1. Butler Medical Transport, Inc.
(Name of applicant, and trade name, as it appears on the Certificate
of Public Convenience.)

8804 Orchard Tree Lane
(Business Street Address)

<u>Towson</u>	<u>MD</u>	<u>21286</u>	<u>Baltimore</u>	<u>(410) 602-4007</u>
(City)	(State)	(Zip)	(County)	(Telephone)

2. Applicant's attorney (for this application) is:

NA
(Name) (Address) (Telephone)

3. Any notice, process or order of the PUC should be served upon:

NA
(Name) (Address)

4. This application is for the discontinuance of All
service now authorized. (All or Part)

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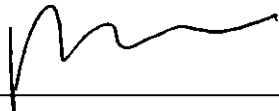
5. Attach the following, as appropriate (check those attached):

- Exhibit A: A statement of the right or rights to be abandoned or discontinued (required for partial abandonments or discontinuances only).
- Exhibit B: A statement of the revenues and expenses associated with the operation of the service to be discontinued or abandoned.
- Exhibit C: For motor carriers of passengers seeking to discontinue service over any scheduled route also encompassed by interstate operating authority, a statement containing:
 - i. Description of interstate authority;
 - ii. Statement of the extent to which interstate and intrastate revenues received for the service sought to be abandoned are less than the variable costs of providing that service, including depreciation for revenue equipment. This statement shall include a designation of those items claimed to be variable costs; and
 - iii. An estimate of the annual subsidy required, if any, to continue the service.

6. Approval of the application is necessary or proper for the following reasons:

Wherefore, Applicant requests the Commission to cancel, or amend the certificate of public convenience, as now held, in conformance with the application.

Applicant sign here:

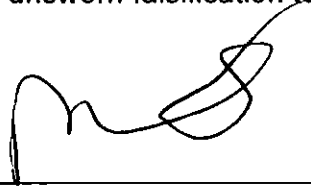


(Corporate Seal)

(If a partnership, each partner must sign; if a corporation, at least one officer must sign and affix corporate seal.)

VERIFICATION

Richard Yaffe hereby states that the statements made in the
(Name of Person)
foregoing are true and correct to the best of his/her knowledge, information and
belief. The undersigned understands that the estimates therein are made subject
to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to
authorities.



Signature of Person

Date: July 26, 2016

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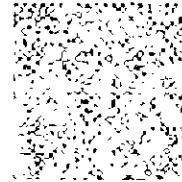


BUTLER

MEDICAL TRANSPORT

8804 Orchard Tree Lane
Towson, MD 21286-2141

BALTIMORE
MD 212
27 JUL '16
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**Commonwealth of PA
PA Public Utility Commission
400 North Street
Harrisburg, PA 17120**

17120-007999

