



**COMMERCIAL TRANSPORTATION  
CONSULTANTS, LLC**

RR #1, BOX 16911  
ROME, PA 18837

**CTC**

RECEIVED  
COMMERCIAL TRANSPORTATION SOCIETY  
200 JUN 15 11:03:03

From the desk of *Marlene Morgan*, Representative of Carrier

570-247-7177

(Fax) 570-247-2474

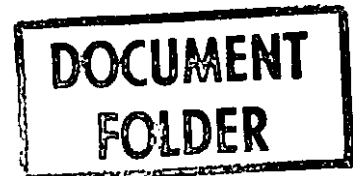
June 15, 2000

PA PUC  
1<sup>st</sup> FLOOR  
BARTO BUILDING  
231 STATE STREET  
HARRISBURG, PA 17101

A- 117028

SUBJECT: MEMORIAL HOSPITAL, INC.  
ONE HOSPITAL DRIVE  
TOWANDA, PA 18848

RE: PARATRANSIT APPLICATION



Dear Sir/Madam,

Enclosed is an original and one (1) copy of above subject carrier's application for Common Carrier Paratransit and all attachments.

Also enclosed is our business check (#1484) for carrier's filing fee of \$350.00.

As carrier's representative, I am requesting that all correspondence or questions be directed to our office at the above address and telephone number. Your cooperation will be greatly appreciated.

Thank you and have a good day!

Sincerely,

Marlene Morgan  
Representative of Carrier

Before the Pennsylvania Public Utility Commission

APPLICATION

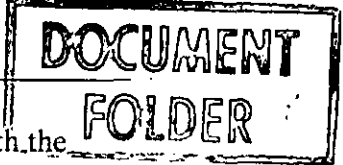
MOTOR COMMON or CONTRACT CARRIER OF PERSONS

CHECK ONLY ONE SERVICE TYPE:

- Airport Transfer
- Paratransit
- Call or Demand
- Scheduled Route
- Limousine
- Group and Party  
(15 passengers or less)

1. The MEMORIAL HOSPITAL, INC., of Towanda, Pennsylvania.  
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. N/A  
TRADE NAME IF ANY  
The trade name, if fictitious, \_\_\_\_\_ been registered with the  
(has or has not)



Secretary of the Commonwealth on \_\_\_\_\_ Attach a date  
stamped copy of the registration form.

3. ONE HOSPITAL DRIVE, TOWANDA, BRADFORD, 18848 (fax 570-268-2244)  
570-268-2258  
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)  
(City, County, and Zip Code)

4. \_\_\_\_\_  
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS



5. \_\_\_\_\_  
ATTORNEY'S NAME AND TELEPHONE NUMBER FOR THIS FILING  
(Do not supply an Attorney's name if you want all correspondence and notice of  
process mailed directly to you.)

ATTORNEY'S ADDRESS

A-17028

6. APPLICANT DOES NOT HOLD PA PUC AUTHORITY UNDER  
(does or does not)  
Docket Number \_\_\_\_\_, and operates as a \_\_\_\_\_ carrier.  
(common or contract)

7. APPLICANT DOES NOT HOLD INTERSTATE OPERATING  
(does or does not)  
AUTHORITY AT DOCKET NUMBER \_\_\_\_\_.

8. CHECK ONE THAT APPLIES TO THIS APPLICATION:

INDIVIDUAL

PARTNERSHIP. ATTACH A COPY OF A PARTNERSHIP  
AGREEMENT AND LIST THE NAMES AND ADDRESSES OF ALL  
PARTNERS BELOW:

---

(Attach a separate sheet if space provided is not sufficient.)

CORPORATION. ORGANIZED UNDER THE LAWS OF THE STATE  
OF Pennsylvania AND QUALIFIED TO DO BUSINESS  
IN PENNSYLVANIA BY REGISTERING WITH THE SECRETARY  
OF THE COMMONWEALTH ON 5/5/1933.  
ATTACH A DATE-STAMPED COPY OF THE APPLICATION FOR  
CERTIFICATE OF INCORPORATION OR CERTIFICATE OF  
AUTHORITY. INCLUDE A LIST OF CORPORATE OFFICERS WITH  
TITLES, NAMES OF SHAREHOLDERS AND NUMBER OF SHARES  
HELD, AND ADDRESSES.

10. ATTACHMENT CHECKLIST:

FOR CORPORATIONS ONLY:

DATE STAMPED COPY OF APPLICATION FOR CERTIFICATE OF  
INCORPORATION OR CERTIFICATE OF AUTHORITY.

LIST OF CORPORATE OFFICERS/TITLES AND DISTRIBUTION OF  
SHARES.

STATEMENT OF CORPORATE CHARTER PURPOSE.

FOR PARTNERSHIPS ONLY:

COPY OF PARTNERSHIP AGREEMENT.

FOR ALL APPLICANTS:

- FICTITIOUS TRADE NAME REGISTRATION (IF APPLICABLE)  
 MAP FOR SCHEDULED ROUTE SERVICE (IF APPLICABLE)  
 CERTIFIED CHECK, MONEY ORDER OR ATTORNEY'S CHECK

- 11.** DESCRIBE THE SERVICE PROPOSED BY THIS APPLICATION.  
COMMON OR CONTRACT? IN WHAT AREA OF PENNSYLVANIA WILL  
THIS PROPOSED SERVICE BE PROVIDED?  
(Use the space below or attach additional sheet if space provided is not sufficient).

---

MEMORIAL HOSPITAL, INC.- a non-profit corporation of the Commonwealth of Pennsylvania, persons in Paratransit service, as a Common Carrier, between points in the Counties of Bradford, Sullivan, and Wyoming, and from points in the said Counties to points in Pennsylvania and return; to be transported in vehicles with a capacity of 15 or less, including the driver.  
Vehicles to be used for this service- Medi/Wheelchair Vans.

- 
- 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 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.

GARY A. BAKER      Gary A Baker      6/6/2000  
(PRINT NAME)                      (SIGNATURE)                      (DATE)

President Memorial Hospital Inc

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 OR BY THE PRESIDENT OR SECRETARY IF A CORPORATION.

**INSURANCE IDENTIFICATION CARD**

(STATE) PA  
COMPANY NUMBER 0087 COMPANY Volunteer Fireman's Ins Serv  
POLICY NUMBER CM1001365 EFFECTIVE DATE 08/07/1999 EXPIRATION DATE 08/07/2000  
YEAR 1997 MAKE/MODEL Dodge/B350 VEHICLE IDENTIFICATION NUMBER 2B5WB35Y8VK513007

AGENCY / COMPANY ISSUING CARD  
Gannon Associates, Inc.  
28 Main Street (570)265-3197  
P.O. Box 327  
Towanda, PA 18848  
INSURED

Memorial Hospital, Inc.  
One Hospital Drive  
Towanda, PA 18848

SEE IMPORTANT NOTICE ON REVERSE SIDE

FAX 265-8284

# ATTACHMENT I

## LIST OF OFFICERS FOR CORPORATION

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PRESIDENT:

MR. GARY A. BAKER



U. S. TREASURY DEPARTMENT  
WASHINGTON 25

OFFICE OF  
COMMISSIONER OF INTERNAL REVENUE

ADDRESS REPLY TO  
COMMISSIONER OF INTERNAL REVENUE  
WASHINGTON 25, D. C.

AND REFER TO

T.R.:PEO :S  
TUC

MAR 1 1956

The Community Hospital Association Incorporated,  
of Towanda, Pennsylvania  
401 Main Street  
Towanda, Pennsylvania

Gentlemen:

It is the opinion of this office, based upon the evidence presented, that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code of 1954, as it is shown that you are organized and operated exclusively for charitable purposes.

Accordingly, you are not required to file income tax returns unless you change the character of your organization, the purposes for which you were organized, or your method of operation. Any such changes should be reported immediately to the District Director of Internal Revenue for your district in order that their effect upon your exempt status may be determined.

You are required, however, to file an information return, Form 990A, annually, with the District Director of Internal Revenue for your district so long as this exemption remains in effect. This form may be obtained from the District Director and is required to be filed on or before the fifteenth day of the fifth month following the close of your annual accounting period.

Contributions made to you are deductible by the donors in computing their taxable income in the manner and to the extent provided by section 170 of the 1954 Code.

Bequests, legacies, devises or transfers to or for your use are deductible in computing the value of the taxable estate of a decedent for Federal estate tax purposes in the manner and to the extent provided by sections 2055 and 2106 of the 1954 Code. Gifts of property to or for your use are deductible in computing taxable gifts for Federal gift tax purposes in the manner and to the extent provided by section 2522 of the 1954 Code.



2 - The Community Hospital Association Incorporated,  
of Towanda, Pennsylvania

No liability is incurred by you for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you have filed a waiver of exemption certificate in accordance with the applicable provisions of such Act. In the event you desire social security coverage for your employees or have any questions relating to the filing of a waiver of exemption certificate you should take the matter up with your District Director of Internal Revenue.

Your attention is called to the provisions of section 501(c)(3) of the Internal Revenue Code of 1954 under which your exemption will be revoked if any substantial part of your activities consists of carrying on propaganda, or otherwise attempting, to influence legislation, or if you participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of any candidate for public office.

For the purpose of applying this ruling to any period with respect to which the Internal Revenue Code of 1954 is not applicable, any reference herein to a provision of the 1954 Code shall be deemed a reference to the corresponding provision of the 1939 Code.

The District Director of Internal Revenue, Scranton, Pennsylvania, is being advised of this action.

Our letter dated February 23, 1950, in which you were advised that inasmuch as you have failed to establish that you are entitled to an exempt status you should file income tax returns, is hereby revoked.

Very truly yours,



Chief, Pensions and  
Exempt Organizations Branch

On May 5, 1933 the hospital was incorporated as a non-profit corporation under the name of Community Hospital Association of Towanda, Pennsylvania.

An amendment to the charter of the Community Hospital Association of Towanda, Pennsylvania was made at 2:32 p.m. on January 22, 1957 to have a name change of "The Memorial Hospital, Inc. of Towanda, Pennsylvania."

Looked up in records by R. L. VanDuzer on 9/15/77 at 1:45 p.m.

*Debbie Fairchild*  
Debbie Fairchild

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

HARRISBURG December 29, 1938

I DO HEREBY CERTIFY, That the name

ENCLOSURE, INC.,

being available for use by a proposed nonprofit corporation, was  
this day duly registered in this office in accordance with the  
provisions of Article III of the Nonprofit Corporation Law,  
approved the fifth day of May, A. D. 1933, P. L. 289, as amended.

IN TESTIMONY WHEREOF, I have hereunto  
set my hand and caused the seal of the  
Department of State to be affixed, the day and  
year first written.

*Henry E. Harner*  
Deputy Secretary of the Commonwealth

RECORDED  
INDEXED  
MADE CERTAIN  
ASSISTANT

IN RE: APPLICATION FOR : IN THE COURT OF COMMON PLEAS  
AMENDMENT TO CHARTER OF :  
COMMUNITY HOSPITAL : OF BRADFORD COUNTY, PA.  
ASSOCIATION, INCORPORATED :  
OF TOWANDA, PENNSYLVANIA : NO. 125 *Jury* TERM, 1956<sup>6</sup>

DE C R E E

AND NOW, TO WIT, this 22 day of Jan  
<sup>2 04 PM</sup>  
1957, the within petition having been on file in the Office of the Prothonotary  
of the Court of Common Pleas of Bradford County, Pennsylvania since the  
11 day of January, . 1957, as appears from the entry thereof  
and after due proof of publication of the intended application having been  
presented to the Court herewith and also proper certificate attached hereto  
from the Department of State of the Commonwealth of Pennsylvania consenting  
to the proposed amendment and showing the registry of said name, and after  
examination of all instruments and same found to be in proper form, the  
Court finds the said purposes are lawful and not injurious to the community  
and it is therefore, ordered, adjudged, and decreed that said charter be and  
is hereby amended and upon the recording of the same and its endorsement  
together with this Order in the Office of the Recorder of Deeds of Bradford  
County, Pennsylvania, the subscribers thereto and their associates and  
successors shall henceforth be known as The Memorial Hospital, Inc. of  
Towanda, Pennsylvania.

By the Court,

*William D. Rosenb. 11* P.J

RECEIVED as a true and correct copy

*[Faint, illegible text]*



Princeton Insurance Company  
746 Alexander Road  
Princeton, NJ 08540-6305

FORM:  
EDITION:

DEC 0001  
5/96

### HEALTH CARE FACILITY DECLARATIONS PAGE

Some coverage parts forming this policy may be claims-made type coverage. Please read the policy carefully.

POLICY NUMBER: CH37000022

Item 1. Insured Name and Address

MEMORIAL HOSPITAL, INC.  
ONE HOSPITAL DRIVE  
TOWANDA, PA 18848

Item 2. Policy Period

From 08/14/1999 to 08/14/2000 12:01 a.m. Standard Time At Location of Designated Premises

Item 3. The Named Insured is: Corporation

Item 4. Designated Premises and Occupancy

Occupancy: Hospital  
Designated Premises:

Item 5. Coverages (Coverage applies if an "X" appears in the box)

<input type="checkbox"/>	Property Coverage	\$	
<input type="checkbox"/>	Crime Coverage	\$	
Liability Coverages:			
<input checked="" type="checkbox"/>	Health Care Facility Professional Liability	\$	61,952.00
<input checked="" type="checkbox"/>	Health Care Providers' Professional Liability	\$	9,936.00
<input checked="" type="checkbox"/>	Comprehensive General Liability	\$	7,000.00
	Pennsylvania CAT Fund	\$	72,271.00
	Elevator Inspection Fee	\$	280.00
	<b>TOTAL DUE</b>	\$	<b>151,439.00</b>

Item 6. Endorsements Forming Part Of This Policy At Inception: See attached Applicable Forms List

Agent: HENRY DUNN, INC.  
317 MAIN STREET  
P.O. BOX 109  
TOWANDA, PA 18848

August 25, 1999

DATE

AUTHORIZED REPRESENTATIVE



Princeton Insurance Company  
746 Alexander Road  
Princeton, NJ 08540-6305

FORM #: GL100  
EDITION: 06/96

## GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS

Named Insured <b>MEMORIAL HOSPITAL, INC.</b>	Endorsement Effective Date 08/14/1999	Policy Number CH37000022
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LIMITS OF INSURANCE PROVIDED UNDER GENERAL LIABILITY COVERAGE ARE  
SUBJECT TO AN AGGREGATE LIMIT.

<u>COVERAGE</u>	<u>LIMITS OF LIABILITY</u>
Bodily Injury & Property Damage Each Occurrence Limit	\$ 1,000,000
Bodily Injury and Property Damage Aggregate Limit	\$ 1,000,000
Advertising Injury Aggregate Limit	\$ 1,000,000
Fire Legal Liability Each Occurrence Limit	\$ 50,000
Premises Medical Payments Each Person	\$ 10,000
Each Accident	\$ 25,000
Personal Injury Aggregate Limit	\$ 1,000,000



Princeton Insurance Company  
746 Alexander Road  
Princeton, New Jersey 08540-6305

FORM: UL-0030 PA  
EDITION: 9/93  
Page 1 of 1

### DECLARATIONS - UMBRELLA/EXCESS LIABILITY POLICY (CLAIMS-MADE POLICY)

Policy Number: UL37000034

1. **Named Insured and Address:**

Memorial Hospital, Inc.  
One Hospital Drive  
Towanda, PA 18848

2. **Agent's Name and Address:**

Henry Dunn, Inc.  
317 Main Street  
Towanda, PA 18848

3. **Policy Period:** 08/14/1999 - 08/14/2000

4. **Retroactive Date:** 08/14/1983

5. **Premium:** \$ 16,100

6. **Limits of Liability:** a. \$ 3,000,000 Each Occurrence b. \$ 3,000,000 Annual Aggregate

7. **Self Insured Retention:** \$ 10,000 Each Occurrence

8. **Schedule of Underlying Insurance:**

Underlying Coverage	Insurer, Policy Number, Policy Period	Limits of Liability
Health Care Facility Professional Liability (Hospital)	Princeton Insurance Company CH37000022 08/14/1999 to 08/14/2000	\$ <u>400,000</u> Each Medical Incident \$ <u>2,000,000</u> Aggregate
	Princeton Insurance Company CH37000022 08/14/1999 to 08/14/2000	\$ <u>400,000</u> Each Medical Incident \$ <u>1,200,000</u> Aggregate
Medical Catastrophe Excess	Pennsylvania Medical Professional Liability Catastrophe Loss Fund	\$ <u>800,000</u> Each Medical Incident \$ <u>2,400,000</u> Aggregate
	Princeton Insurance Company CH37000022 08/14/1999 to 08/14/2000	B/ PD: \$ <u>1,000,000</u> Each Occurrence B/ PD: \$ <u>1,000,000</u> Aggregate
General Liability Bodily Injury and Property Damage	Princeton Insurance Company CH37000022 08/14/1999 to 08/14/2000	
Automobile Liability	AM Alternative Ins. Co VFIS-CM-1001365-01000 08/07/1999 to 08/07/2000	\$ <u>1,000,000</u> CSL
Employers' Liability	PMA	BI By Accident \$ <u>500,000</u> Each Accident
	209500-53-63-86-6	BI By Disease \$ <u>500,000</u> Policy Limit
	08/01/1999 to 08/01/2000	BI By Disease \$ <u>500,000</u> Each Employee

Countersignature

Date

Countersigned at

ROUTE SLIP

6/30/00

Bureau: T&S  
Typist: Kerstetter  
Author: Ehrhart  
Docket: A-00117028  
Document Type: Caption and Insert  
Document No.: 200082 and 200088

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Final 6/30

12:05P



BUREAU OF TRANSPORTATION AND SAFETY  
COMMON CARRIER  
June, 00

A-00117028

X Application of The Memorial Hospital, Inc., of Towanda, Pennsylvania, a corporation of the Commonwealth of Pennsylvania, for the right to begin to transport, as a common carrier, by motor vehicle, persons, in paratransit service, between points in the counties of Bradford, Sullivan, and Wyoming, and from points in said counties, to points in Pennsylvania, and return.

DEE:dk

06/30/2000

Application Received: 06/19/00

Application Docketed: 06/29/00

A-00117028 THE MEMORIAL HOSPITAL, INC., OF TOWANDA, PENNSYLVANIA (One Hospital Drive, Towanda, Bradford County, PA 18848), a corporation of the Commonwealth of Pennsylvania - persons, in paratransit service, between points in the counties of Bradford, Sullivan, and Wyoming, and from points in said counties, to points in Pennsylvania, and return.

# PENNSYLVANIA PUBLIC UTILITY COMMISSION

## RECEIPT

The addressee named here has paid the PA P.U.C. for the following bill:

COMMERCIAL TRANSPORTATION CONSULTANTS LLC  
RR 1 BOX 169H  
ROME, PA 18837-9801

DATE 7/7/00  
RECEIPT # 197307

Application fees for MEMORIAL HOSPITAL INC OF TOWANDA PA

Docket Number A-00117028..... \$350.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: 1484  
CHECK AMOUNT: \$350.00

C. Joseph Meisinger  
(for Department of Revenue)

DOCUMENT  
FOLDER  
DOCKETED  
JUL 10 2000



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE  
REFER TO OUR FILE

JULY 10, 2000

MEMORIAL HOSPITAL INC  
ONE HOSPITAL DR  
TOWANDA PA 18848

In Re: A-00117028 – Application of The Memorial Hospital, Inc., of Towanda, Pennsylvania

To Whom It May Concern:

The Application cited above has been captioned as attached and will be submitted for review providing no protests are filed on or before August 7, 2000. If protests are filed, you will be advised as to further proceedings.

You are further advised that the above application will be published in the Pennsylvania Bulletin of July 15, 2000.

Very Truly Yours,

David Ehrhart, Application Spec.  
Compliance Office – Technical Unit  
Bureau of Transportation and Safety

Cc: Document Folder



**DOCKETED**  
JUL 10 2000

A-00117028 THE MEMORIAL HOSPITAL, INC., OF TOWANDA, PENNSYLVANIA (One Hospital Drive, Towanda, Bradford County, PA 18848), a corporation of the Commonwealth of Pennsylvania - persons, in paratransit service, between points in the counties of Bradford, Sullivan, and Wyoming, and from points in said counties, to points in Pennsylvania, and return.

**SERVICE OF NOTICE OF MOTOR CARRIER APPLICATIONS**

**Published in Pennsylvania Bulletin**           **JUL 15 2000**          

**BUREAU OF TRANSPORTATION AND SAFETY  
COMMON CARRIER  
June, 00**

A-00117028

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DEE:dk

06/30/2000

Application Received: 06/19/00

Application Docketed: 06/29/00

Protests due           **AUG 07 2000**