

RCKS
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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

September 9, 2019

BY UPS Overnight Mail

Secretary, PA Public Utility Commission
400 North St., 2nd floor
Harrisburg, PA 17120

RE: ABSOLUTE CARE TRANSPORTATION, LLC
Application for Motor Common Carrier of Persons in Limousine Service

Dear Secretary:

As counsel for Absolute Care Transportation, LLC, enclosed herewith please find a revised completed Application for Motor Common Carrier of Persons in Limousine Service, along with related enclosures. Please be advised that the appropriate filing fee in the amount of \$350.00 was previously forwarded to your office by letter dated August 8, 2019.

Thank you for your attention to this matter. If you have any questions or need additional information, please do not hesitate to contact my office directly.

Very truly yours,

RIDLEY, CHUFF, KOSIEROWSKI & SCANLON, P. C.



David F Chuff, Esq.

DFC/pe

cc: Zachary J Ayers, Absolute Care Transportation, LLC

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

PA PUBLIC UTILITY COMMISSION
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**Application for Motor Common Carrier of Persons in
Limousine Service**

This application is required to operate as a common carrier of persons in luxury vehicles seating no more than 10 when providing transportation between points in Pennsylvania. Applicants providing service between points in the city and county of Philadelphia or from any airport, railroad station or hotel located in whole or in part in Philadelphia, must apply to the Philadelphia Parking Authority. Contact PPA at (215) 683-9434 or the website at www.philapark.org

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

Absolute Care Transportation, 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)

N/A

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 to use the name "Johnboy Limo Service" 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 Limo Service" or "J. Doe Limo Service" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** **X** **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

6912510

(See checklist and indicate type of business entity registered)

11. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).
-

Absolute Care Transportation will be serving the tristate area to transport people from the following counties in Pennsylvania, New York and New Jersey, and return: Pike and Wayne counties for Pennsylvania. Warren, Sussex, Morris, Passaic and Burgen counties for New Jersey. Sullivan, Ulster and Orange counties for New York.

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Examples:

- *To transport people from points in Berks County to points in PA, and return.*
- *To transport people between points in the counties of Chester, Delaware, and Montgomery.*

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 Persons in limousine 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.

Absolute Care Transportation, LLC

Legal Name of Applicant

N/A

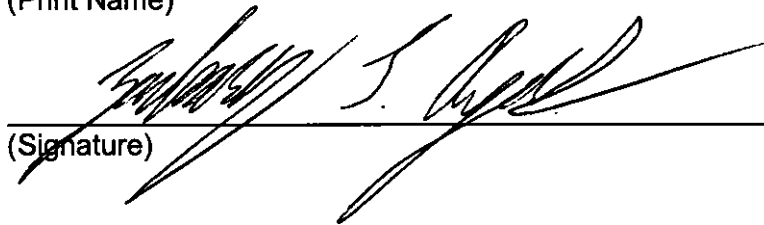
Trade Name, if any

Zachary J. Ayers

President

(Print Name)

(Position)



9/9/2019

(Signature)

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

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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.

Absolute Care Transportation, LLC

Legal Name of Applicant

N/A

Trade Name, if any

119 Larch Drive

Milford

PA

18337

Street Address (principal place of business)

City or Municipality

State

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.

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

Zachary J. Ayers
President
119 Larch Dr.
Milford, PA 18337
(570) 832-4903

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

President/Office manager

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4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of 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.

Initially Absolute Care Transportation will operate from an office located at 119 Larch Drive, with future plans to open an office with garage for vehicles within the town of Milford near East Harford Street. We shall launch our business with a brand New 2019 Chevrolet suburban and a 2019 Toyota Sienna. Maintenance records shall be maintained on a daily, weekly and monthly basis which shall be documented through hard copy checklists/reports and filed electronically on a server.(driver checklists and report forums are attached). All company drivers shall be issued a company mobile phone and be driving a licensed vehicle equipped with GPS, which will allow real time tracking in order to keep clients updated on (real time) arrival times. All customers scheduling Absolute Care Limousines shall be supplied with a picture of their driver along with their mobile number via text message and email prior to scheduled pickup. Clients will be able to book services through our website (AbsoluteCareTransports.com) or over our business line (570) 832-4903. * Website is built and will launch once a PUC license has been obtained. All drivers will have access to the schedule as it updates real time over a booking application preinstalled on their mobile phones. Our Absolute care Transportation office has been set up with a new v-tech multi line office phone with a business line through Blueridge Business Communications. Our vehicles shall be kept at our office location when not in service.

5. 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 territory you will be serving. In addition, please explain:
- a. Your hiring standards for drivers;
All drivers shall undergo a criminal background check and drug test prior to being hired. In addition, each driver will be interviewed to determine levels of social skills and physical conditions.
 - b. Your system for conducting criminal background checks;
A private investigator will be used to perform criminal background checks after signing a legal agreement of acknowledgement
 - c. Your driver training program;
All drivers shall be trained on the vehicles they will be driving for Absolut Care. All drivers shall be required to fill out a daily vehicle checklist for each vehicle they will be driving prior to first customer pickup.
 - d. Your system for conducting driver license checks;
All drivers must carry a valid driver's license and have received no more than 4 points within the proceeding 5 years prior to being hired. All drivers shall carry a license including the endorsement for taxi/limousine certification as required by Pennsylvania law.
 - e. Your policies regarding alcohol and drug use by your drivers.
Absolute Care Transportation shall maintain a zero-tolerance rule for all employees. At no time during scheduled working hours will an employee be able to be under the influence of drugs or alcohol. If suspected of these activities the employee shall be required to take a drug test prior to continuing any driving activities.

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6. 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 territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. (Vehicles in limousine service may not be used if the vehicle mileage is greater than 350,000.)

| YEAR | MAKE | MODEL | SEATING CAPACITY* | VEHICLE ID # | MILEAGE |
|-------------|-------------|--------------|--------------------------|---------------------|----------------|
| 2019 | Chevrolet | Suburban | 7 | 1GNSKHKC9KR338916 | 350 |
| 2019 | Toyota | Sienna | 7 | 5tdjz3dc4ks223318 | 1850 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*Vehicles with seating capacity of more than ten passengers cannot be used for limousine service.

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

a. Your periodic vehicle maintenance plan

Absolute Care Transportation vehicles will undergo a daily inspection by the driver of the vehicle. All vehicles will also undergo a more thorough weekly and monthly bumper to bumper inspection and properly documented as required by state and federal law.

b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Absolute Care Transportation shall ensure all Company vehicles are maintained and have all necessary equipment as described in sub code 1055.4

All vehicles shall be inspected annually at a Pennsylvania licensed inspection station. All vehicles shall be commercially plated and registered

All vehicles shall be properly labeled as per state and federal law which includes a Limousine rights sticker issued by the commonwealth of Pennsylvania.

***Owner has graduated from UTI and has extensive knowledge of the automotive industry.**

c. Your system for ensuring that vehicles which no longer meet vehicle mileage requirement shall be replaced in a timely fashion.

All Absolute Care Transportation Vehicles will be decommissioned and replaced prior to reaching a mileage of 250,000 miles unless the vehicle is still in excellent physical condition in which case that vehicle will be decommissioned and replaced prior to reaching 350,000 miles.

9. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

Absolute Care Transportation Has opened a commercial auto insurance plan with all requirements for livery services for the 2019 Chevrolet Suburban as of 9/6/2019. A quote was also obtained for the 2019 Toyota Sienna and shall be added to the policy once a License has been obtained by the PUC. A company Bank Account has been opened which holds enough funds to cover these premiums already set up on automatic draft through the insurance company.

10. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

YES NO

I, Zachary J. Ayers was charged with a felony possession of marijuana in April of 2012 in Pinebrook NJ. This was an extremely regrettable mistake which I learned very quickly from. Due to this being the only criminal charge ever received to this day and the 200 character letters I had when being sentenced (ALL from very important people in the community which include mayors, chief of police, narcotics detectives, etc...) who believed in me I was accepted into a 16 month program which I easily made it through. After completing the ISP program, I was determined to show everyone that I was capable of great things feeling a weight on my shoulders from all the people I let down.

Within a year of graduating from my NJ ISP program I was offered a management level position running multimillion-dollar construction sites as a superintendent. 6-8 months after that I Was offered the position to manage the company and now oversee tens of millions of dollars in work at once. In addition, I have been named the registered Safety Manager for the company. From the time I graduated ISP to this day I have acquired many NYC licenses and certificates pertaining to the construction field. I handle all the scheduling for the projects, all subcontractors, most customer relations, payroll, estimating and handle all hiring and firing of company employees.

I'm grateful for the opportunities I have been given and believe that anyone can turn their lives around if they stay dedicated. I can only hope the State of Pennsylvania along with the community is willing to give me the same chance to let me prove myself and become a licensed business owner that can help strengthen our commercial community in the town of Milford.

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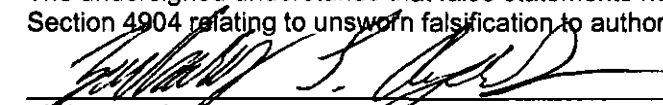
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11. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

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.



(Signature)
Zachary J. Ayers, President

(Name and Title, printed or typed)

9/9/2019

(Date)

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Statement of Financial Position (Balance Sheet)
As of (date) 9/9/2019

ASSETS

| | | |
|----------------------------------|-------------------------------------|-------------------------------|
| Current Assets | | |
| Cash | 20,000 | Paper money |
| Other Current Assets (specify) | <u>20,000</u> | Bank Accounts |
| Total Current Assets | 40,000 | |
| Tangible Assets | | |
| Motor Vehicle Equipment | 43,000.00 | Toyota |
| Property (buildings, land, etc.) | <u>61,471.88</u> <u>2,000.00</u> | Chevrolet Office equipment |
| Office Equipment | | |
| TOTAL ASSETS | 106,471.88 | |

LIABILITIES

| | | |
|--|-------------------|------------------|
| Current Liabilities (Due within one year of date) | | |
| Loans | 22,504.56 | Vehicle payments |
| Credit cards/revolving credit | <u>N/A</u> | |
| Other Liabilities (Attach schedule) | <u>N/A</u> | |
| Total Current Liabilities | 22,504.56 | |
| Long Term Liabilities (Due after one year of date) | | |
| Mortgage | <u>N/A</u> | |
| Long term commercial loan | <u>N/A</u> | |
| Other Liabilities (Attach Schedule) | <u>113,471.88</u> | Vehicle payoffs |
| Total Long-Term Liabilities | | |
| TOTAL LIABILITIES | 113,471.88 | |

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Driver's Daily Vehicle Inspection Report

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Date: _____

Time: _____ AM PM

Vehicle #: _____

Speedometer Reading: _____

Check any defective item and give details under "Remarks".

(Car operators need only to inspect items with an asterisk "**")

- Checklist of vehicle components including Air Compressor, Horn, Safety Equipment, etc.

(This section to be filled out by truck/trailer drivers only.)

Trailer(s) #(s) _____

- Checklist of truck/trailer components including Brake Connections, Hitch, Roof, etc.

Remarks: _____

Condition of above vehicle(s) is/are satisfactory [] YES [] NO

Driver's Signature: _____

Above defects corrected [] YES [] NO

Above defects need not be corrected for safe operation of vehicle [] YES [] NO

Mechanic's Signature: _____ Date: _____

Driver Reviewing Repairs, Signature: _____ Date: _____



Safety & Maintenance

Inspection

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Operator/Inspector _____ Date _____ Time _____
Car/Make/Model _____

| What are you inspecting? | ✓ | What are you looking for? | ✓ | Evaluator Comments |
|--------------------------|---|---------------------------|---|--------------------|
|--------------------------|---|---------------------------|---|--------------------|

DRIVERS/PASSENGER SIDE

| | | |
|--|--|--|
| External Side Mirrors (Right and Left) | Cracks, Broken, Working condition, Properly placed | |
| Tires | Properly inflated, Adequate tread | |
| Windows | Broken, Cracked, Missing, Cleanliness | |

REAR OF VEHICLE

| | | |
|------------------------------|---|--|
| Bumper | Loose, Missing, Damage | |
| License Plate | Current sticker, Cleanliness, Properly attached | |
| Inside of trunk or truck bed | Spare tire, Jack, Wrench, Free of debris, Cleanliness | |
| Brake lights | Tested and working properly, Broken | |
| Rear Window | Broken, Cracked, Missing, Cleanliness | |

FRONT OF VEHICLE

| | | |
|--------------------------------|---|--|
| Headlights (normal and bright) | Tested and working properly, Broken | |
| Turn Signals | Tested and working properly, Broken | |
| Bumper | Securely attached | |
| Windshield | Broken, Cracked, Missing, Cleanliness | |
| Windshield wiper blades | Properly installed, Damaged, Broken, Proper working order | |

UNDER THE HOOD

| | | |
|--------------------|--|--|
| Battery | Properly secured, Cables secured, Working properly | |
| Air Filter | Cleanliness | |
| Leaks | Cracks in hoses, Fluid on ground, Leaks from filters | |
| Windshield Fluid | Proper fluid level | |
| Transmission Fluid | Proper fluid level | |
| Engine Coolant | Proper coolant level | |
| Engine Oil | Proper oil level | |

INSIDE CAR

| | | |
|------------------|--|--|
| Overall Interior | Cleanliness & free of debris | |
| Parking Brake | Tested and working properly | |
| Horn | Tested and working properly | |
| Seat Belts | Tested and working properly, Frays, Cuts, Tears, Snags, Roping | |
| Gauges | Working condition | |
| Rearview Mirror | Properly placed, Working condition, Cleanliness | |

IF REQUIRED

| | | |
|--------------|---|--|
| Wheel Chocks | Available, good working condition, correct size for vehicle | |
| Light Beacon | Tested and working properly | |
| Whip Flag | Available, installed and in good working condition | |



Universal Technical Institute

This is to certify that

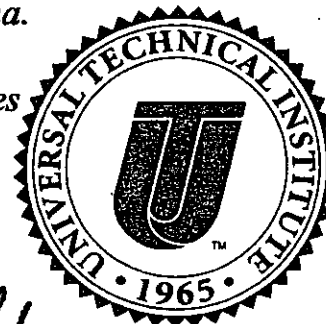
Zachary J. Ayers

who has satisfactorily completed the following program

Automotive Technology

And in recognition of this achievement is entitled to this diploma.

*In witness whereof, we have hereunto subscribed our signatures
at Exton, PA this 1st day of August, 2008*



Ken Kuwadowski

Campus President

Kevin Bright

Education Director

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Statement of Financial Position (Balance Sheet)
As of (date) 8/7/2019

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ASSETS

| | | |
|----------------------------------|-----------|-------------|
| Current Assets | | |
| Cash | 25,000.00 | Paper money |
| Other Current Assets (specify) | 21,000.00 | Bank |
| | | Accounts |
| Total Current Assets | 46,000.00 | <hr/> |
| Tangible Assets | | |
| Motor Vehicle Equipment | 43,000.00 | Toyota |
| | | sienna |
| Property (buildings, land, etc.) | N/A | |
| Office Equipment | 2,000.00 | Computer |
| | | phone, fax |
| TOTAL ASSETS | 45,000.00 | <hr/> |

LIABILITIES

| | | |
|--|-----------|-------------|
| Current Liabilities (Due within one year of date) | | |
| Loans | 9448.56 | Van payment |
| Credit cards/revolving credit | N/A | |
| Other Liabilities (Attach schedule) | N/A | |
| Total Current Liabilities | 9448.56 | <hr/> |
| Long Term Liabilities (Due after one year of date) | | |
| Mortgage | N/A | |
| Long term commercial loan | N/A | |
| Other Liabilities (Attach Schedule) | 52,730.00 | Van payoff |
| Total Long-Term Liabilities | | <hr/> |
| TOTAL LIABILITIES | 52,730.00 | <hr/> |

Application for Employer Identification Number
 (For use by employers, corporations, partnerships, trusts, estates, churches,
 government agencies, Indian tribal entities, certain individuals, and others.)
 ▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003
 EIN _____
 84-2342427

532922070 - 07 EIN OBTAINED

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| | | | |
|--|--|--|-----------------|
| Type or print clearly. | | 1 Legal name of entity (or individual) for whom the EIN is being requested Absolute Care Transportation LLC | |
| 2 Trade name of business (if different from name on line 1) | | 3 Executor, administrator, trustee, "care of" name | |
| 4a Mailing address (room, apt., suite no. and street, or P.O. box) 119 Larch Drive | | 5a Street address (if different) (Do not enter a P.O. box.) | |
| 4b City, state, and ZIP code (if foreign, see instructions) Milford, Pennsylvania 18337 | | 5b City, state, and ZIP code (if foreign, see instructions) | |
| 6 County and state where principal business is located Pike, Pennsylvania | | | |
| 7a Name of responsible party Zachary Joseph Ayers | | 7b SSN, ITIN, or EIN | |
| 8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 8b If 8a is "Yes," enter the number of LLC members 2 | |
| 8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check. | | | |
| <input type="checkbox"/> Sole proprietor (SSN) _____ | | <input type="checkbox"/> Estate (SSN of decedent) _____ | |
| <input checked="" type="checkbox"/> Partnership | | <input type="checkbox"/> Plan administrator (TIN) _____ | |
| <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ | | <input type="checkbox"/> Trust (TIN of grantor) _____ | |
| <input type="checkbox"/> Personal service corporation | | <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government | |
| <input type="checkbox"/> Church or church-controlled organization | | <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government | |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ | | <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises | |
| <input type="checkbox"/> Other (specify) ▶ _____ | | Group Exemption Number (GEN) if any ▶ _____ | |
| 9b If a corporation, name the state or foreign country (if applicable) where incorporated | | State | Foreign country |
| 10 Reason for applying (check only one box) | | | |
| <input checked="" type="checkbox"/> Started new business (specify type) ▶ Transportation services | | <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ | |
| <input type="checkbox"/> Hired employees (Check the box and see line 13.) | | <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ | |
| <input type="checkbox"/> Compliance with IRS withholding regulations | | <input type="checkbox"/> Purchased going business | |
| <input type="checkbox"/> Other (specify) ▶ _____ | | <input type="checkbox"/> Created a trust (specify type) ▶ _____ | |
| <input type="checkbox"/> Other (specify) ▶ _____ | | <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ | |
| 11 Date business started or acquired (month, day, year). See instructions. 06/28/2019 | | 12 Closing month of accounting year December | |
| 13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. | | 14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/> | |
| Agricultural 0 | Household 0 | Other 3 | |
| 15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) 09/01/2019 | | | |
| 16 Check one box that best describes the principal activity of your business. | | | |
| <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing | | <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker | |
| <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance | | <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail | |
| <input checked="" type="checkbox"/> Other (specify) ▶ Transportation services | | | |
| 17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Transportation services | | | |
| 18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If "Yes," write previous EIN here ▶ _____ | | | |
| Third Party Designee | Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. | | |
| | Designee's name Cheyenne Moseley | Designee's telephone number (include area code) (800) 773-0888 x5208 | |
| | Address and ZIP code 101 N. Brand Ave., 10th Floor, Glendale, CA 91203 | Designee's fax number (include area code) (323) 962-0227 | |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | | Applicant's telephone number (include area code) (845) 645-2704 | |
| Name and title (type or print clearly) ▶ Zachary Joseph Ayers, Member | | Applicant's fax number (include area code) | |
| Signature ▶ _____ | | Date ▶ _____ | |



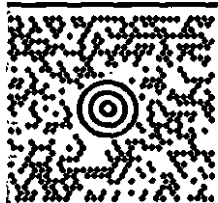
PEGGY
7702965553
THUFF & KOSIEROWSKI, P.C.
100 BROAD STREET
WILFORD PA 18337

1 LBS

1 OF 1

SHIP TO:

SECRETARY, PA PUBLIC UTILITY COMM
2ND FLOOR
400 NORTH ST
HARRISBURG PA 17120



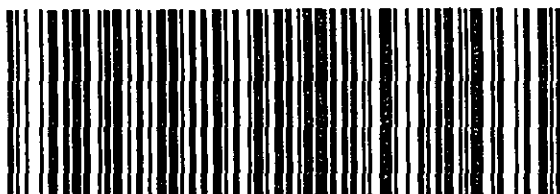
PA 171 9-20



UPS NEXT DAY AIR

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TRACKING #: 1Z 548 6R0 01 9335 1392



BILLING: P/P
DIRECT DELIVERY ONLY

Reference No.1: AYERS



CMPC

To: PUC SECRETARY BUREAU

Agency: PUC

Floor:

External Carrier: UPS 1 DAY AIR

9/10/2019 8:21:13 AM



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SILVER
SERIES
9510-1259
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1 OF 1