

Application for Transportation Network Service License

THIS APPLICATION IS TO BE USED WHEN PROVIDING TRANSPORTATION FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA USING A DIGITAL NETWORK TO FACILITATE PREARRANGED RIDES.

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

GoVysh Technologies 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 to 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. **Applicant is:**

- Sole Proprietor
- Partnership
- Limited Partnership (Provide list of partners and copy of Certificate of Limited Partnership)
- Limited Liability Partnership (Provide list of partners and copy of Statement of Registration)
- Limited Liability Company (Provide list of members and copy of Certificate of Organization)
- Corporation (Provide list of shareholders, distribution of shares, officers, and copy of Articles of Incorporation)
- Foreign Association not formed in PA (Provide copy of Foreign Registration Statement)

4. **Registration with the Department of State** - The applicant certifies that the TNC is registered with the Pennsylvania Department of State to do business in the Commonwealth. Please provide a copy of the TNC applicant's registration with this application.

5. **Please check Applicant's PUC status:**

- Does not now, nor never has had PUC Authority
- Does not now, but has previously held PUC Authority at A -
- Holds current Puc Authority at A-

6. **Dual Motor Carrier** - Please indicate whether the Applicant is a call demand carrier.

- The Applicant WILL BE operating as a Dual Motor Carrier.
- The Applicant WILL NOT BE operating as a Dual Motor Carrier

7. **Mailing Address**

8304 Bustleton Ave, 2nd Floor

Street Address

Philadelphia, PA 19152

City, State and Zip Code

Philadelphia County

County

267-990-7148

Telephone Number

info@govysh.com

E-mail Address

This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.

8. **Physical Address** (If different than mailing address. Do not use a post office box.)

8304 Bustleton Ave, 2nd Floor

Street Address

Philadelphia, PA 19152

City, State and Zip Code

Philadelphia County

County

267-990-7148

Telephone Number

info@govysh.com

E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

9. **Website**

https://govysh.com

Website Address

The applicant certifies that it will establish and maintain a website that complies with Chapter 26.

10. Registered Agent

Registered Agents Inc
Agent's Name

502 W. 7th Street, STE 100
Street Address

Erie, PA 16502
City, State and Zip Code

302-288-0684
Telephone Number

Erie County
County

E-mail Address

11. Attorney (if applicable)

Jon A. Thielen (484) 325-5660
Attorney's Name & Telephone Number for this Filing

Two Bala Plaza, Suite 300 | Bala Cynwyd, PA 19004
Attorney's Address

jthielen@companycounsel.law
E-mail 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.

12. Affiliated Interests – List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

None.

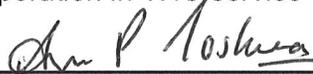
13. General Description of Nature and Scope of Business - Provide a general description of the nature and scope of the proposed TNC service to be offered, including the company's business model, the use of independent drivers or employee drivers, the use of driver-owned vehicles or company-owned vehicles, the names and roles of any affiliates involved in providing the service, and other relevant features of the proposed TNC service.

The primary purpose of the Company is to provide ridesharing services to customers. The Company is a technology company that acts as a liaison between the customers and drivers, utilizing a state-of-the-art website and mobile application to provide affordable and comfortable transport services to customers across Pennsylvania. The Company will utilize independent contractors who will use their own vehicles to provide the services, but will require that such drivers adhere to the minimum driver standards and insurance requirements (as set forth fully in the attached documents).

14. **Driver Standards** -- Please explain: See attached documents
- a. Your standards for drivers;
 - b. Your system for ensuring compliance with criminal background and license check requirements;
 - c. Your driver training program;
 - d. Your policy regarding alcohol and drug use by your drivers;
 - e. How your policy or your written policy will ensure that drivers have the necessary insurance coverage;
 - f. How your policy or your written policy will ensure your drivers will continuously comply with all requirements under Chapter 26, including providing service to people with disabilities;
 - g. How your policy or your written policy will ensure your drivers will be informed of nondiscrimination policies.

15. **Vehicle Safety Program** – Please explain: See attached documents
- a. How your policy or your written policy will ensure that vehicles will continuously comply with Pennsylvania’s equipment standards (67 Pa. Code, Chapter 175) and Chapter 26.
 - b. Plans for ensuring that vehicles which no longer meet vehicle age and/or vehicle mileage standards shall be replaced in a timely fashion.
 - c. How your policy or your written policy will ensure vehicles engaged in TNC service display their respective TNC placard in accordance with Chapter 26.

16. **Autonomous Vehicle Safety** – Please certify that all autonomous vehicles and their operation in TNC service comply with all applicable PennDOT regulations.



The certification must be signed here by the applicant appearing on Line 1 by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Officer (if a corporation)

17. **Customer Service Standards** – Please describe your customer service standards. Within your description, please explain: See attached documents

- a. Your plan to inform customers of how to file complaints with the PUC;
- b. Your intended customer complaint resolution procedure.

18. **Insurance** – Describe steps you have taken to obtain liability insurance coverage for your business. Upon tentative approval of the application, you will be required to have an acceptable Form E certificate of insurance filed by the insurance carrier. Note: An acceptable Form E certificate may be filed at the time of filing the application.

The Company has a commercial auto insurance binder containing required coverage, and the insurance carrier will be uploading an acceptable Form E certificate of insurance.

19. **Financial Data** –You must submit documentation as evidence of your current financial position.

See attached documents

20. **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 License for failure to comply with Commission requirements. **TNC applicant certifies that it will comply with all of the requirements under Chapter 26.** (Act 164 of 2016)

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported annual gross Pennsylvania intrastate receipts derived from all fares charged to customers for the provision of TNC service. Applicant 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.

Ani Joshua

(Print Name)



(Signature)

9/9/2022

(Date)

The verification of the application must be completed by the applicant appearing on Line 1 by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Officer (if a corporation).

Additional Information for TNC Application

14. Driver Standards

- a. GoVysh Technologies will utilize a third-party company (Checkr) to run background/MVR check for all drivers who wish to drive as an independent contractor on the GoVysh platform. All drivers must be licensed to operate a vehicle in PA and the background / MVR checks includes the following:

Background Checks:

- a. County Criminal Search (Last 7 Years)
- b. National Criminal Search (Standard)
- c. Sex Offender Search
- d. SSN Trace
- e. Global Watchlist Search

License check requirements (MVR Checks):

MVR searches will typically report information regarding the status of an operator's driving privileges, restrictions, expiration date, license type and class, endorsements, suspensions or revocations, DUI history, moving violations, and accidents for the state where the applicant's license was issued. Violations typically remain on the MVR report for three years, although convictions for serious offenses may be reported for five years or more, depending on the state.

Drivers will also be required to acknowledge and agree to the GoVysh Terms & Conditions, which will set forth additional minimum safety standards and expectations for drivers.

- b. In order to be hired, drivers will initially be required to pass a criminal background and license check (aforementioned). Additionally, drivers will be required to acknowledge to the GoVysh Terms & Conditions, which will require them to provide any updates to the company regarding any changes to criminal activity, license status, etc. Also, GoVysh Technologies will require drivers to agree to run criminal background checks and MVR checks on a yearly basis.
- c. Drivers will receive training directly from GoVysh regarding job expectations, safety, applicable Pennsylvania driving laws, and more. Additionally, drivers will have to complete mandatory company paid defensive driving training and will require to attest to GoVysh Terms & Conditions which will list drivers service contracts, agreements and restricted activities.
- d. The Company has a clear policy against drug and alcohol use while driving, and against operating a vehicle under the influence of drugs, alcohol, or any controlled substance. Drivers will be made aware of this policy and will be required to sign a policy stating such.

- e. Drivers will be required to maintain minimum insurance requirements as set forth by applicable law and per the Company's insurance coverage. The Company will have a written policy regarding such minimum insurance requirements, and Drivers must acknowledge and agree to this policy.
- f. Drivers will receive and acknowledge policies regarding providing service to individuals with disabilities and service animal laws. The Company's policy will incorporate the requirements of Chapter 26, which drivers must acknowledge and agree to before driving.
- g. Drivers will be trained on all relevant policies regarding non-discrimination and will receive written policies that they will be required to acknowledge and agree to before driving.

15. Vehicle Safety Program

- a. The Company's written policy will ensure that vehicles will comply with Pennsylvania's equipment standards in that the written policy will contain all minimum requirements set forth in 67 Pa. Code, Chapter 175 and Chapter 26. GoVysh Technologies will and have contracted with PA Licensed Garage to perform vehicle inspections to comply with the standards / requirements set forth in 67 Pa. Code, Chapter 175 and Chapter 26. Any vehicles listed to provide service on GoVysh Platform will need to comply with all inspection requirements, registration requirements, safety requirements, and insurance requirements. The Company will maintain valid paperwork at all times.
- b. Vehicles that no longer meet the age and/or mileage standard will be removed immediately from GoVysh Technologies platform to comply with such standards. Additionally, GoVysh Technologies proprietary platform will monitor age / mileage /inspection requirements at all time. GoVysh will also require operators to provide inspection/ mandatory vehicle standard inspection reports to be provided to the platform on a yearly and /or need basis to comply with PA TNC rules / standards.
- c. The Company's written policy will ensure that vehicles will display their TNC placard / decal as required at all times. These decals will be provided to each operator / driver when cleared to operate on GoVysh technologies platform. Also ,operators will have the ability to request a new decal by requesting a replacement if the decal is damaged or lost to comply with signage display requirement rules as set forth on PA TNC Code.

17. Customer Service Standards

- a. When signing up to use the mobile application, customers will be required to acknowledge reading terms and conditions. These terms and conditions will contain, among other information, language regarding a complaint filing process and a complaint resolution process. Customers will have the ability to access filing complaints with the PUC directly through the mobile/ web application.

- b. When a complaint is filed against the Company through the mobile application, the Company will have an appointed individual to promptly review that complaint, investigate it, and reach a resolution. This resolution will be provided to the customer, who will then have the ability to ask any additional questions or refer the complaint to a third-party authority if desired.

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: Bernard Williams Name Company Counsel LLC, Two Bala Plaza, Suite 300 Address Bala Cynwyd PA 19004 City State Zip Code	Amendment of Foreign Registration  TML220915AK1353
<input checked="" type="checkbox"/> Return document by email to: jthielen@companycounsel.la	

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

Fee: \$250

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 413 (relating to amendment of foreign registration statement), the undersigned registered foreign association hereby states that:

1. The name of the association under which it is registered to do business in this Commonwealth is:

GoVysh Technologies LLC

2. The type of association is (check only one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | |

3. The (a) address of the association's registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) **OR** (b) – not both:

(a) 21 Providence Drive Richboro PA 18954
Number and street City State Zip County

OR

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

4. Effective date of amendment of foreign registration (check, and if appropriate complete, one of the following):

- The Amendment of Foreign Registration shall be effective upon filing in the Department of State.
 The Amendment of Foreign Registration shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

5. Check, and if appropriate complete, one of the following:

The association desires that its registration be amended to change or correct the following information:

Change Registered Office Address to Registered Agents Inc, Erie County

The amendment adopted by the association is set forth in full in Exhibit A attached hereto and made a part hereof.

If the amendment reflects a change in name for the association which does not comply with 15 Pa.C.S. § 414 and §§ 201-209, the foreign association must adopt an alternate name that complies with 15 Pa.C.S. §§ 201-209 for use in Pennsylvania and a resolution from the association's governors adopting the name must be attached.

IN TESTIMONY WHEREOF, the undersigned association has caused this Amendment of Foreign Registration Statement to be signed by a duly authorized representative thereof this 29th day of August 2022.

GoVysh Technologies LLC

Name of Association

Ani Joshua

Signature

Member

Title

1 Wages, tips, other compensation		2 Federal Income tax withheld	
114855.09		12209.74	
3 Social security wages		4 Social security tax withheld	
124992.08		7749.51	
5 Medicare wages and tips		6 Medicare tax withheld	
124992.08		1812.39	
a Employee's SSA number		Employer use only	
b Employer's FED ID number		d Control number	
c Employer's name, address, and ZIP code		00103251	
Lincoln National Corporation Agent for Linc Natl Mgmt Corp PO Box 21008 Greensboro NC 27420-1008			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		DD 7129.98	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b C 73.76	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
14 Other PA SUI EE LST		12c D 10136.99	
76.47 52.00		12d W 1020.00	
e Employee's first name and initial Last name Suff.			
Ani P Joshua 21 Providence Drive Richboro PA 18954			
f Employee's address and ZIP code			
15 State PA 90133789		18 Local wages, tips, etc 124918.32	
16 State wages, tips, etc. 124918.32		19 Local income tax 1249.09	
17 State income tax 3834.89		20 Locality name 230801-23	
Form W-2 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
114855.09		12209.74	
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		DD 7129.98	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b C 73.76	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
14 Other PA SUI EE LST		12c D 10136.99	
76.47 52.00		12d W 1020.00	
e Employee's first name and initial Last name Suff.			
Ani P Joshua 21 Providence Drive Richboro PA 18954			
f Employee's address and ZIP code			
15 State PA 90133789		18 Local wages, tips, etc 124918.32	
16 State wages, tips, etc. 124918.32		19 Local income tax 1249.09	
17 State income tax 3834.89		20 Locality name 230801-23	
Form W-2 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and			

2021 W-2 and EARNINGS SUMMARY



This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

Employee Reference Copy		Wage and Tax Statement		2021	
Copy C for employee's records					
d Control number	Dept.	Corp.	Employer use only		
235985	CLI2/CTS	SH0953	A		
c Employer's name, address, and ZIP code					
COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845					
Batch #02766					
e/f Employee's name, address, and ZIP code					
MANTAK SHARMA 28 SOUTHGATE RD APT 1 NEW PROVIDENCE NJ 07974-1661					
b Employer's FED ID number	a Employee's SSA number				
	XXX-XX-6263				
1 Wages, tips, other comp.	2 Federal income tax withheld				
74194.12	4224.28				
3 Social security wages	4 Social security tax withheld				
79501.21	4929.08				
5 Medicare wages and tips	6 Medicare tax withheld				
79501.21	1152.77				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12				
	C 117.36				
	12b D 5307.09				
14 Other	12c DD 16535.04				
153.85 UI/WF/SWF 248.28 FLJ 416.71 NJVPDI 08674726 DI PP#	12d				
	13 Stat emp	Ret. plan	3rd party sick pay		
		X			
15 State Employer's state ID no.	16 State wages, tips, etc.				
NJ 133924155/000	83481.40				
17 State income tax	18 Local wages, tips, etc.				
1762.84					
19 Local income tax	20 Locality name				

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NJ. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	88,671.13	88,671.13	88,671.13	88,671.13
Plus GTL (C-Box 12)	117.36	117.36	117.36	117.36
Less 401(k) (D-Box 12)	5,307.09	N/A	N/A	5,307.09
Less Medical FSA	499.92	499.92	499.92	N/A
Less Other Cafe 125	8,787.36	8,787.36	8,787.36	N/A
Reported W-2 Wages	74,194.12	79,501.21	79,501.21	83,481.40

2. Employee Name and Address.

MANTAK SHARMA
28 SOUTHGATE RD
APT 1
NEW PROVIDENCE NJ 07974-1661

© 2021 ADP, Inc.

1 Wages, tips, other comp.	2 Federal income tax withheld		
74194.12	4224.28		
3 Social security wages	4 Social security tax withheld		
79501.21	4929.08		
5 Medicare wages and tips	6 Medicare tax withheld		
79501.21	1152.77		
d Control number	Dept.	Corp.	Employer use only
235985	CLI2/CTS	SH0953	A
c Employer's name, address, and ZIP code			
COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845			
b Employer's FED ID number	a Employee's SSA number		
	XXX-XX-6263		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	C 117.36		
	12b D 5307.09		
14 Other	12c DD 16535.04		
153.85 UI/WF/SWF 248.28 FLJ 416.71 NJVPDI 08674726 DI PP#	12d		
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		X	
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COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT 211 QUALITY CIR STE 150 COLLEGE STATION TX 77845			
b Employer's FED ID number	a Employee's SSA number		
	XXX-XX-6263		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
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	C 117.36		
	12b D 5307.09		
14 Other	12c DD 16535.04		
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		X	
15 State Employer's state ID no.	16 State wages, tips, etc.		
NJ 133924155/000	83481.40		
17 State income tax	18 Local wages, tips, etc.		
1762.84			
19 Local income tax	20 Locality name		

Scan QR code to go to TurboTax and import your W-2 information and file your return. Or by typing this into your browser:
<https://turbotax.intuit.com/affiliate/ultpaper>



Form W-2 Wage & Tax Statement 2021
Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number ██████████		1 Wages, tips, other compensation 82583.72		2 Federal income tax withheld 9284.69		
c Employer's name, address, and ZIP code Almac Clinical Services, LLC 25 Fretz Rd Souderton, PA 18964 USA		3 Social security wages 90443.92		4 Social security tax withheld 5607.52		
		5 Medicare wages and tips 90443.92		6 Medicare tax withheld 1311.44		
		7 Social security tips 0.00		8 Allocated tips 0.00		
b Employer identification number (EIN) ██████████		9		10 Dependent care benefits 0.00		
e Employee's name, address, and ZIP code Darshan Pandya 612 Hartzel Way Sellersville, PA 18960		11 Nonqualified plans 0.00		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		
		12 See instructions for box 12 C 100.57 D 7860.20 DD 29783.78		14 Other		
15 State PA	Employer's state ID No. 19077676	16 State wages, tips, etc. 90343.35	17 State income tax 2773.53	18 Local wages, tips, etc. 90343.35	19 Local income tax 1355.15	20 Locality name 461502-46 MONTG



US702 | BR399
 ROP 450
 P.O. Box 7000
 Providence, RI 02940

GOVYSH TECHNOLOGIES LLC
 8304 BUSTLETON AVE
 PHILADELPHIA PA 19152-1909

**Business Account
 Statement**

Page 1 of 3

Beginning August 01, 2022
 through August 31, 2022

Questions? Contact us today:



CALL:
 Business Account Customer
 Service
 1-800-862-6200



VISIT:
 Access your account online:
 citizensbank.com



MAIL:
 Citizens
 Customer Service Center
 P.O. Box 42001
 Providence, RI 02940-2001

**GOVYSH TECHNOLOGIES LLC
 Clearly Better Business Checking
 XXXXXX-509-2**

Clearly Better Business Checking for XXXXXX-509-2

Balance Calculation

Previous Balance		60,230.05
Checks	-	.00
Debits	-	4,176.27
Deposits & Credit	+	171.55
Current Balance	=	56,225.33

As a Clearly Better Business Checking customer, you do not pay a monthly maintenance fee. We appreciate your continued business.

Your next statement period will end on September 30, 2022.

TRANSACTION DETAILS FOR BUSINESS CHECKING ACCOUNT ENDING 509-2

Debits **

***May include checks that have been processed electronically by the payee/merchant.*

Date	Amount	Description	Previous Balance
			60,230.05
			Total Debits
ATM/Purchases			4,176.27
08/03	144.42	6652 DBT PURCHASE - 251003 Amazon web serviceaws.amazo .coWA	-
08/08	153.70	6652 DBT PURCHASE - 762312 MINUTEMAN PRESS 215-348575 0 PA	
08/08	441.37	6652 DBT PURCHASE - 281002 DRI*UPRINTING 888-888-42 11 CA	
08/08	113.38	6652 DBT PURCHASE - 5RXCS5 CHECKR, INC CHECKRHTTPS CHECK R.CC	
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