

DOCKET NO. A-2022-3032252

Hearing Date: September 20, 2022

Applicant's Exhibits

No. 1 (Four Verified Statements)

No. 2 (Application Checklist)

No. 3 (Business Plan)

No. 4 (Policies)

No. 5 (Personal Financial Statements)

No. 6 (IRS Documents)

Protestant's Exhibits

No. 1 (Website Printout)

VERIFIED STATEMENT OF SUPPORT OF THE PARATRANSIT
APPLICATION OF HELPING HANDS WARMING HEART TRANSPORTATION LLC

1. This Verified Statement is being submitted in support of the paratransit application of Helping Hands Warming Heart Transportation LLC ("Applicant"). I understand that the Applicant has filed an application with the Pennsylvania Public Utility Commission ("PUC"), and the application seeks paratransit authority to transport persons who require wheelchair/paratransit transportation to and from medical offices, between points in the City and County of Philadelphia ("Application").
2. My name is Joan Phillips, and my home address is 3732 Wallace St Phila PA 191
3. I am an individual, and I am supporting Helping Hands Warming Heart Transportation because I am disabled and occasionally need public transportation to and from medical appointments in a vehicle equipped to transport a passenger in a wheelchair.
4. I would like to be able to use the paratransit services proposed by the Applicant in order to have public transportation available to me when I have to be transported to a medical office for an appointment or procedure within Philadelphia. I understand that service would be provided in a vehicle equipped to transport me in my wheelchair. I am interested in being able to make reservations at specific times in advance of when I need service. I also understand that service would be provided on a shared-ride basis, and it is possible that I would be transported in a vehicle with other wheelchair/disabled passengers.
I would like to use Helping Hands Warming Hearts Transportation service for the following purposes:
 - Doctor Appointments
 - Therapy
 - Treatments
5. I estimate that I would use the Applicant's paratransit services on trips within Philadelphia on an average of approximately 5 times per (week) month, or year).

6. I reside in Phila, Pennsylvania, and a representative list of points where I would like to be transported from and to are as follows:

Street Address of Pick-up Points	Street Address of Destination	Description of Medical Offices
3732 Wallace St Phila PA 19104	5501 Old York Rd Phila PA 19141	Medical Center

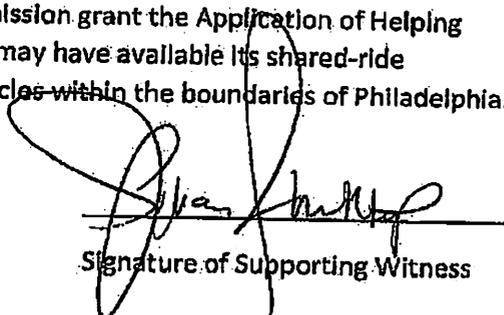
7. I would like to have available professional, dependable and reasonably priced public transportation service in a van or other vehicle which is equipped to transport passengers in wheelchairs. I would like to be able to request service on an advanced reservation basis so that I would be picked up at designation times so that I arrive at my destinations in a timely manner. I keep costs down, I would like service to be provided on a shared-ride basis so that I could ride with other wheelchair passengers in the same vehicle with me. It is important to me that service be provided in a safe, friendly and reliable fashion so that I can enjoy the ride and count on being picked upon-time and arriving at my destination without incident or safety concerns.

8. I (have) or have not) supported any other application for paratransit service from the Pennsylvania Public Utility Commission. If applicable, the name of any other carriers that I have supported in the past is as follows:

9. On Paratransit (a few) several, numerous) occasions, I have experienced the following problems with unsatisfactory service from passengers carriers: Not on time to pick up to and from my appointments and special occasions

10. I am aware that the Applicant has been in business for approximately 1 year. I would like to have available a passenger motor carrier, like Helping Hands Warming Hearts Transportation LLC, which owners have experience in transporting passengers with disabilities. I am supporting Helping Hands Warming Hearts Transportation's application to provide paratransit service because its service would benefit to me for the following reasons: To go back and forth to my appointments, I know they are reliable company

I request that the Pennsylvania Utility Commission grant the Application of Helping Hand Warming Hearts Transportation, LLC so that I may have available its shared-ride transportation services in wheelchair equipped vehicles within the boundaries of Philadelphia.

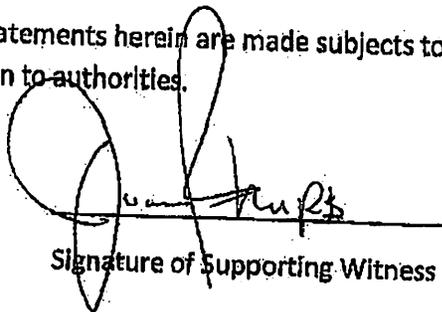

Signature of Supporting Witness

Verification

The Undersigned hereby states and affirms that he/she signed the attached Verified Statement in support of the paratransit application of Helping Hand Warming Hearts Transportation LLC, that he/she is authorized to and does make this Verification, and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subjects to penalties of 18 Pa 4904 relating to unsworn falsification to authorities.

Date: 2/11/22


Signature of Supporting Witness

Joan Phillips
Print Name of Supporting Witness

VERIFIED STATEMENT OF *Tyrina McGill* SUPPORT OF THE PARATRANSIT
APPLICATION OF HELPING HANDS WARMING HEART TRANSPORTATION LLC

1. This Verified Statement is being submitted in support of the paratransit application of Helping Hands Warming Heart Transportation LLC ("Applicant"). I understand that the Applicant has filed an application with the Pennsylvania Public Utility Commission ("PUC"), and the application seeks paratransit authority to transport persons who require wheelchair/paratransit transportation to and from medical offices, between points in the City and County of Philadelphia ("Application").
2. My name is *Tyrina McGill*, and my home address is *2339 Nicholas St Phila PA 19121*
3. I am an individual, and I am supporting Helping Hands Warming Heart Transportation because I am disabled and occasionally need public transportation to and from medical appointments in a vehicle equipped to transport a passenger in a wheelchair.
4. I would like to be able to use the paratransit services proposed by the Applicant in order to have public transportation available to me when I have to be transported to a medical office for an appointment or procedure within Philadelphia. I understand that service would be provided in a vehicle equipped to transport me in my wheelchair. I am interested in being able to make reservations at specific times in advance of when I need service. I also understand that service would be provided on a shared-ride basis, and it is possible that I would be transported in a vehicle with other wheelchair/disabled passengers.

I would like to use Helping Hands Warming Hearts Transportation service for the following purposes:

- Adult Day Center
- Social events
- Therapy

5. I estimate that I would use the Applicant's paratransit services on trips within Philadelphia on an average of approximately *2* times per week, month, or year.

6. I reside in Phila, Pennsylvania, and a representative list of points where I would like to be transported from and to are as follows:

Street Address of Pick-up Points	Street Address of Destination	Description of Medical Offices
2339 Nicholas St Phila PA 19121	Ana Health	3998 Red Lion Rd Phila PA 19114

7. I would like to have available professional, dependable and reasonably priced public transportation service in a van or other vehicle which is equipped to transport passengers in wheelchairs. I would like to be able to request service on an advanced reservation basis so that I would be picked up at designation times so that I arrive at my destinations in a timely manner. I keep costs down, I would like service to be provided on a shared-ride basis so that I could ride with other wheelchair passengers in the same vehicle with me. It is important to me that service be provided in a safe, friendly and reliable fashion so that I can enjoy the ride and count on being picked upon-time and arriving at my destination without incident or safety concerns.

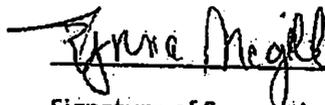
8. I (have or have not) supported any other application for paratransit service from the Pennsylvania Public Utility Commission. If applicable, the name of any other carriers that I have supported in the past is as follows:

9. On several (a few, several, numerous) occasions, I have experienced the following problems with unsatisfactory service from passengers carriers:

Paratransit

10. I am aware that the Applicant has been in business for approximately 1 year. I would like to have available a passenger-motor carrier, like Helping Hands Warming Hearts Transportation LLC, which owners have experience in transporting passengers with disabilities. I am supporting Helping Hands Warming Hearts Transportation's application to provide paratransit service because its service would benefit to me for the following reasons:

I request that the Pennsylvania Utility Commission grant the Application of Helping Hand Warming Hearts Transportation, LLC so that I may have available its shared-ride transportation services in wheelchair equipped vehicles within the boundaries of Philadelphia.



Signature of Supporting Witness

Verification

The Undersigned hereby states and affirms that he/she signed the attached Verified Statement in support of the paratransit application of Helping Hand Warming Hearts Transportation LLC, that he/she is authorized to and does make this Verification, and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subjects to penalties of 18 Pa 4904 relating to unsworn falsification to authorities.

Date: 3/1/22

Tyrina McGill
Signature of Supporting Witness

Tyrina McGill
Print Name of Supporting Witness

VERIFIED STATEMENT OF *Tamar Woods* SUPPORT OF THE
PARATRANSIT APPLICATION OF HELPING HANDS WARMING HEART
TRANSPORTATION LLC

1. This Verified Statement is being submitted in support of the paratransit application of Helping Hands Warming Heart Transportation LLC ("Applicant"). I understand that the Applicant has filed an application with the Pennsylvania Public Utility Commission ("PUC"), and the application seeks paratransit authority to transport persons who require wheelchair/paratransit transportation to and from medical offices, between points in the City and County of Philadelphia ("Application").

2. My name is *Tamar Woods* and my home address is *7046 Chew Ave
Phila PA 19119*

3. I am an individual, and I am supporting Helping Hands Warming Heart Transportation because I am disabled and occasionally need public transportation to and from medical appointments in a vehicle equipped to transport a passenger in a wheelchair.

4. I would like to be able to use the paratransit services proposed by the Applicant in order to have public transportation available to me when I have to be transported to a medical office for an appointment or procedure within Philadelphia. I understand that service would be provided in a vehicle equipped to transport me in my wheelchair. I am interested in being able to make reservations at specific times in advance of when I need service. I also understand that service would be provided on a shared-ride basis, and it is possible that I would be transported in a vehicle with other wheelchair/disabled passengers.

I would like to use Helping Hands Warming Hearts Transportation service for the following purposes:

- To get to and from my medical appointments
- To get to therapy
- To help me complete my errands

5. I estimate that I would use the Applicant's paratransit services on trips within Philadelphia on an average of approximately 3 times per *(week)* (month, or year).

6. I reside in *Philadelphia*, Pennsylvania, and a representative list of points where I would like to be transported from and to are as follows:

Street Address of Pick-up Points	<i>7046 Chew Ave</i>
Street Address of Destination	<i>1912 Fairmount Ave</i>
Description of Medical Offices	<i>Phila PA 19119</i>

7. I would like to have available professional, dependable and reasonably priced public transportation service in a van or other vehicle which is equipped to transport passengers in

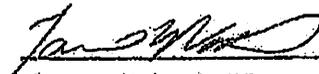
wheelchairs. I would like to be able to request service on an advanced reservation basis so that I would be picked up at designation times so that I arrive at my destinations in a timely manner. I keep costs down. I would like service to be provided on a shared-ride basis so that I could ride with other wheelchair passengers in the same vehicle with me. It is important to me that service be provided in a safe, friendly and reliable fashion so that I can enjoy the ride and count on being picked upon-time and arriving at my destination without incident or safety concerns.

8. I (have or have not) supported any other application for paratransit service from the Pennsylvania Public Utility Commission. If applicable, the name of any other carriers that I have supported in the past is as follows:

9. On several (a few, several, numerous) occasions, I have experienced the following problems with unsatisfactory service from passenger carriers:

10. I am aware that the Applicant has been in business for approximately 1 year. I would like to have available a passenger motor carrier, like Helping Hands Warming Hearts Transportation LLC, which owners have experience in transporting passengers with disabilities. I am supporting Helping Hands Warming Hearts Transportation's application to provide paratransit service because its service would benefit to me for the following reasons: *Allowing me to get to my appointments on time. Allow me to get all of my therapy sessions and allow me to pick up my medical*

I request that the Pennsylvania Utility Commission grant the Application of Helping Hand Warming Hearts Transportation, LLC so that I may have available its shared-ride transportation services in wheelchair equipped vehicles within the boundaries of Philadelphia.

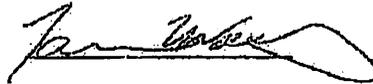

Signature of Supporting Witness

Verification

The Undersigned hereby states and affirms that he/she signed the attached Verified Statement in support of the paratransit application of Helping Hand Warming Hearts Transportation LLC, that he/she is authorized to and does make this Verification, and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subjects to penalties of 18 Pa 4904 relating to unsworn falsification to authorities.

Date: *2/18/2022*


Signature of Supporting Witness

Taman Woods
Print Name of Supporting Witness

VERIFIED STATEMENT OF *Bernice Jones*

SUPPORT OF THE PARATRANSIT
APPLICATION OF HELPING HANDS WARMING HEART TRANSPORTATION LLC

1. This Verified Statement is being submitted in support of the paratransit application of Helping Hands Warming Heart Transportation LLC ("Applicant"). I understand that the Applicant has filed an application with the Pennsylvania Public Utility Commission ("PUC"), and the application seeks paratransit authority to transport persons who require wheelchair/paratransit transportation to and from medical offices, between points in the City and County of Philadelphia ("Application").
2. My name is *Bernice Jones*, and my home address is *1205 Wingohocking St Philadelphia PA*.
3. I am an individual, and I am supporting Helping Hands Warming Heart Transportation because I am disabled and occasionally need public transportation to and from medical appointments in a vehicle equipped to transport a passenger in a wheelchair.
4. I would like to be able to use the paratransit services proposed by the Applicant in order to have public transportation available to me when I have to be transported to a medical office for an appointment or procedure within Philadelphia. I understand that service would be provided in a vehicle equipped to transport me in my wheelchair. I am interested in being able to make reservations at specific times in advance of when I need service. I also understand that service would be provided on a shared-ride basis, and it is possible that I would be transported in a vehicle with other wheelchair/disabled passengers.

I would like to use Helping Hands Warming Hearts Transportation service for the following purposes:

- *Errands*
- *Doctor App.*
- *Therapy*

5. I estimate that I would use the Applicants paratransit services on trips within Philadelphia on an average of approximately times per (week, month, or year).

6. I reside in _____, Pennsylvania, and a representative list of points where I would like to be transported from and to are as follows:

Street Address of Pick-up Points	Street Address of Destination	Description of Medical Offices
1205 Wingohocking st Phila PA 19121	3400 Spruce st Phila PA 19104	Doctors Appointments

7. I would like to have available professional, dependable and reasonably priced public transportation service in a van or other vehicle which is equipped to transport passengers in wheelchairs. I would like to be able to request service on an advanced reservation basis so that I would be picked up at designation times so that I arrive at my destinations in a timely manner. I keep costs down, I would like service to be provided on a shared-ride basis so that I could ride with other wheelchair passengers in the same vehicle with me. It is important to me that service be provided in a safe, friendly and reliable fashion so that I can enjoy the ride and count on being picked upon-time and arriving at my destination without incident or safety concerns.

8. I have (have or have not) supported any other application for paratransit service from the Pennsylvania Public Utility Commission. If applicable, the name of any other carriers that I have supported in the past is as follows:

9. On Paratransit (a few, several, numerous) occasions, I have experienced the following problems with unsatisfactory service from passenger carriers: I had a experience with a no ride show up. no dependable at all.

10. I am aware that the Applicant has been in business for approximately 1 year. I would like to have available a passenger motor carrier, like Helping Hands Warming Hearts Transportation LLC, which owners have experience in transporting passengers with disabilities. I am supporting Helping Hands Warming Hearts Transportation's application to provide paratransit service because its service would benefit to me for the following reasons: Get to appointments on time, and safe.

I request that the Pennsylvania Utility Commission grant the Application of Helping Hand Warming Hearts Transportation, LLC so that I may have available its shared-ride transportation services in wheelchair equipped vehicles within the boundaries of Philadelphia.

Shirley Jones
Signature of Supporting Witness

Verification

The Undersigned hereby states and affirms that he/she signed the attached Verified Statement in support of the paratransit application of Helping Hand Warming Hearts Transportation LLC, that he/she is authorized to and does make this Verification, and that the facts set forth in the attached Verified Statement are true and correct to the best of his/her knowledge, information, and belief.

The Undersigned understands that any false statements herein are made subjects to penalties of 18 Pa 4904 relating to unsworn falsification to authorities.

Date: 1/19/22

Polmer Jones
Signature of Supporting Witness

Bernice Jones
Print Name of Supporting Witness

APPLICATION CHECKLIST**Motor Common Carrier of Persons in Paratransit Service**

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at www.puc.pa.gov).
- Verified Statement of Applicant.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania."
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website, OR you may submit your filing by overnight delivery. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.

If not e-Filed, mail your application and attachments to: SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2ND FLOOR, HARRISBURG, PA 17120

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at www.dos.state.pa.us/corps or how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

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

Please see the attached sheet

Example:

To transport, as a common carrier, by motor vehicle, persons on schedule, beginning on State Route 88 at the point where said route begins in the Township of Union, Washington County, at the point adjacent to the border with the Township of Carroll, Washington County, thence via said route to the City of Pittsburgh, Allegheny County, and return over the same route, with the right to render shuttle service and through service.

11. **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 Scheduled Route 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.

Candice Bay
(Print Name)

Candice Bay
(Signature)

4/28/22
(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).

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.

Helping Hands Warming Hearts LLC

Legal Name of Applicant

Trade Name, if any

611 N 33rd Street

Philadelphia

PA

19104

Street Address (principal place of business)

City or Municipality

State

Zip Code

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.
2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.
3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

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.

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;
- b. Your system for conducting criminal background checks;
- c. Your driver training program;
- d. Your system for conducting driver license checks;
- e. Your policies regarding alcohol and drug use by your drivers.

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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2015	Ford	T350	12	1FB2X2GM7FKB15385	106,000

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

7. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan
 - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

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

9. 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

10. 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.

Candice Ray
(Signature)

4/28/22
(Date)

Candice Ray
(Name and Title, printed or typed)

Candice Raw
 Statement of Financial Position (Balance Sheet)
 As of (date) 1/1/2001
 (Must be less than 6 months old)

ASSETS

Current Assets

Cash
 Other Current Assets (specify)
 Total Current Assets

\$ 11,000

\$ 0

\$ 11,000

Tangible Assets

Motor Vehicle Equipment
 Property (buildings, land, etc.)
 Office Equipment

\$ 0

\$ 0

\$ 0

TOTAL ASSETS

\$ 11,000

LIABILITIES

Current Liabilities (Due within one year of date)

Loans
 Credit cards/revolving credit
 Other Liabilities (Attach schedule)
 Total Current Liabilities

\$ 7,500

\$ 1,000

\$ 0

\$ 8,500

Long Term Liabilities (Due after one year of date)

Mortgage
 Long term commercial loan
 Other Liabilities (Attach Schedule)
 Total Long-Term Liabilities

\$ 0

\$ 0

\$ 0

TOTAL LIABILITIES

\$ 0

Helping Hands Warming Hearts Transportation LLC BUSINESS PLAN

EXHIBIT

Applicant's Ex. No. 3 9/20/22

exhibitcenter.com

Non-Emergency Medical Transportation

Table of Contents

1.0 Executive Summary

Helping Hands Warming Hearts Transportation LLC is a Pennsylvania-based non-medical transportation service. Helping Hands Warming Hearts Transportation LLC provides fleets including highly efficient wheelchair vans, minivans and private automobiles to Medicaid recipients and other medically appropriate clients in, Philadelphia, and surrounding counties in the Pennsylvania area. Helping Hands Warming Hearts Transportation LLC is led by Candice Ray and Leikicha Lowan Phillips, two business owners with over 15 years of a vast of business experiences.

The Market and Services Offered

Helping Hands Warming Hearts Transportation LLC currently has two (2) Non-Emergency Medical vehicles servicing our target area of Philadelphia and its regional population of about 1.6 Million with most of them being Medicaid recipients.

Research indicates there is a high demand for non-emergency medical transportation services and few providers leading to long wait times for transportation and cancelled appointments for residents in the city that desperately need the service. According to the Pennsylvania Medicaid Health System, many requests for transport in the Philadelphia region were cancelled due to long wait times and unavailability of transport services. The non-emergency medical transportation market is growing on an average at 9% per year and there are over a million potential customers.

Sales and Marketing Strategy

As a new transportation company, we will need to do a lot of work to make our name known by members of the public. We will also need to ensure that our potential customers trust us and get willing to do business with us. To make all this happen rapidly we will be doing the following.

- Printing handbills and making them available in public places
- Have a strong internet presence
- Offer discount prices to our first set of potential customers

The Competitive Edge

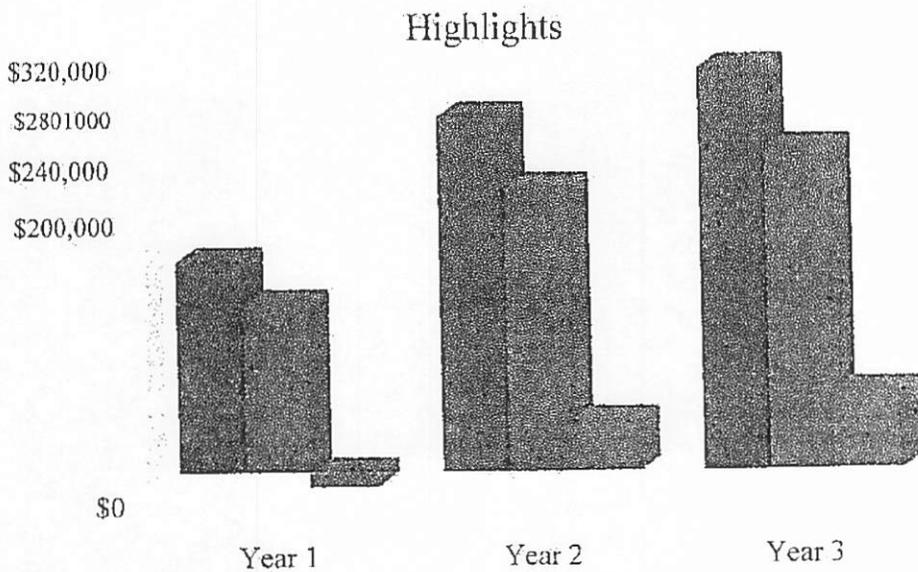
Helping Hands Warming Hearts Transportation LLC recognizes the key to success in this industry is to provide unmatched customer service and to appeal to families as a reliable source for non-medical emergency transportation.

Helping Hands Warming Hearts Transportation LLC has infused the importance customer service into the drivers' training and jobs by offering financial incentives to the drivers for superior service. This will ensure that the best customer service will be offered at every level

Management Team

Helping Hands Warming Hearts Transportation LLC was founded and is run by Candice Ray and Leikicha-Phillips. Candice Ray is currently the owner of Helping Hands Warming Hearts LLC which is a home care agency. It is the mission to become a one stop shop of home health care, meals and transportation.

Helping Hands Warming Hearts Transportation LLC will fulfill Pennsylvania's unmet need for reliable and timely non-emergency transportation services and high service level transportation services. Helping Hands Warming Hearts Transportation LLC will achieve break-even status by month eight and will double sales of year one by year three. While Helping Hands Warming Hearts Transportation LLC will incur a loss for year one, we will generate a tidy net profit by year three.



1.1 OBJECTIVES

The objectives for the first three years of operation include:

1. To create a service-based company whose primary goal is to exceed customer's expectations to fill the gap between the lack of service and the high demand for non-emergency transportation service
2. To increase customers by 20% per year through superior performance and word-of-mouth referrals.
3. To develop a sustainable non-emergency medical transportation company serving the Philadelphia County and surrounding area.

1.2 Mission

The Mission of is to provide the customer with reliable, timely, high quality and customer focused non-emergency transportation services. Our focus is to attract and maintain customers. When we adhere to this maxim, everything else will fall into place. Our services will exceed the expectations of our customers.

In addition to providing top quality services for our clients, we are also looking to establish a transportation company that is top-notch as well as very affordable.

2.0 Company Summary

Helping Hands Warming Hearts Transportation LLC located in Pennsylvania will contract with the NEMTS Medicaid managed care program to offer non-emergency transportation service for the greater Montgomery County area. Services will also be provided to families and individuals to the community at a private pay rate. Helping Hands Warming Hearts Transportation LLC will offer their service 24 hours a day to most neighborhoods in the Philadelphia County and surrounding area.

Candice Ray will be working full time as the dispatcher a Leikicha Lowan Phillips will work as the backoffice person The Management Team will have another employee to assist with management

2.1 Company Ownership

Helping Hands Warming Hearts Transportation LLC is a Pennsylvania corporation founded and owned by Candice Ray and Leikicha Lowan Phillips

- Candice Ray 50%
- Leikicha Lowan Phillips 50%

2.2 Start-up Summary

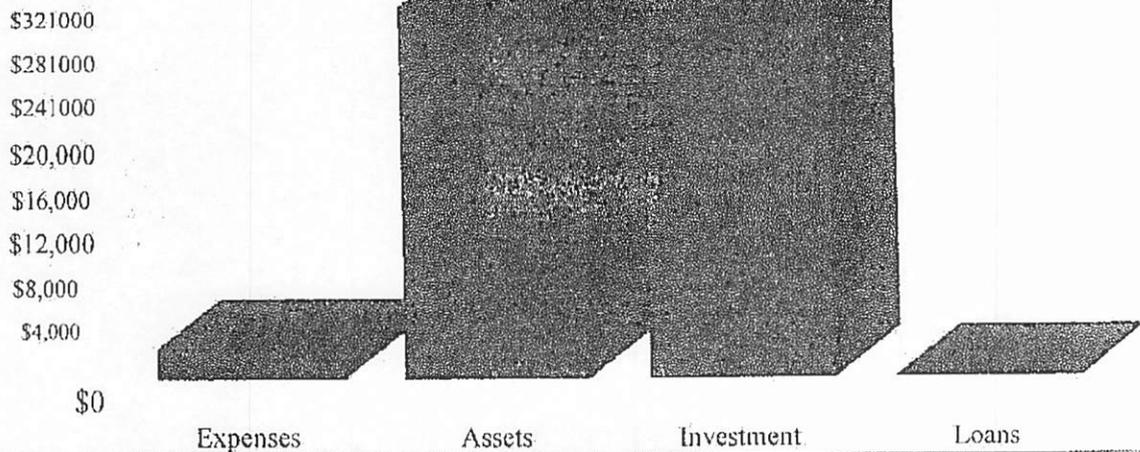
Helping Hands Warming Hearts Transportation LLC start-up costs will include all the equipment needed for the office, legal fees, website creation, and start-up advertising.

The office equipment will be the largest chunk of the start-up expenses. This equipment includes a computer system, fax machine, office supplies. The computer should have at least a 500megahertz Celeron/ Pentium processor, 64 megabytes of RAM (preferably 128), 6 gigabyte hard drive, and a rewritable CD- ROM for backing up the system. A DSL line will need to be set up as well. Helping Hands Warming Hearts Transportation LLC will also need some Cisco phones. The advantage of the Cisco phones is it allows two-way communications from the base to the cars over cellular frequencies but at a drastically reduced rate.

The office will need some furniture such as a desk, file cabinets. The legal fees are used for the formation of the business as well as for reviewing/generating standard client contracts.

Start-

up



Start-up Requirement and Start-up Expenses	
Legal	\$1,000
Stationery etc.	\$125
Brochures	\$400
Office equipment	\$500
Website creation	\$500
Other	\$0
Total Start-up Expenses	\$2,525
Start-up Assets	
Cash Required	\$30,975

Other Current Assets	\$0
Long-term Assets	\$1,500
Total Assets	\$32,475
Total Requirements	\$35,000
Start-up Funding	
Start-up Expenses to Fund Start-up Assets to Fund	\$80,425
Total Funding Required	\$112,900
Assets	
Non-cash Assets from Start-up	\$1,500
Cash Requirements from Start-up	\$111,400
Additional Cash Raised	\$0
Cash Balance on Starting Date	\$32,475
Total Assets	\$32,475
Liabilities and Capital	\$80,425
Liabilities	
Current Borrowing	\$77,900
Long-term Liabilities	\$0
Accounts Payable (Outstanding Bills)	\$0

Other Current Liabilities (interest-free)	\$0
Total Liabilities	\$77,900
Capital	
Planned Investment	
Investor I	\$35,000
Other	\$0
Additional Investment Requirement	\$0
Total Planned Investment	\$35,000
Loss at Start-up (Start-up Expenses)	(\$2,525)
Total Capital	\$32,475
Total Capital and Liabilities	\$80,425
Total Funding	\$112,900

3.1 Services

Helping Hands Warming Hearts Transportation LLC will provide for the pick-up and delivery of the customer or patient to the requested medical facility, treatment center or doctor's office. Upon completion of the initial process, Helping Hands Warming Hearts Transportation LLC will deliver the patient to the designated treatment center for completion of any procedure, treatment or doctors visit. Patient will then be returned to the pre-designated location unless otherwise instructed by appropriately qualified healthcare professional or the Patient. Medical support services during transportation will be provided by independently contracted and medically licensed medical providers such as nurses and emergency medical technicians.

The Customer:

When carrying our patients, we can send them an SMS message with pick-up details. A useful tool to increase security, this message will show:

- Arrival time.
- The driver's name. • Car type.

Our non-emergency medical transport service is available on a contractual or on-demand basis. We work with both medical facilities and private individuals.

3.2 Market Analysis Summary

Helping Hands Warming Hearts Transportation LLC will be focusing on families as well as medically appropriate Medicaid recipients. Both groups will likely demand. The families will utilize our service because it is convenient and less expensive than if they drove themselves and paid for long-term parking of their car in the Philadelphia County and surrounding area. Medicaid recipients will use our service because it offers a wheelchair accessibility and immediate pick up and drop off as opposed to long wait times and lack of reliability with current providers. Helping Hands Warming Hearts Transportation LLC currently has two (2) Non-Emergency Medical Transportation limousine servicing the entire Philadelphia County and surrounding area.

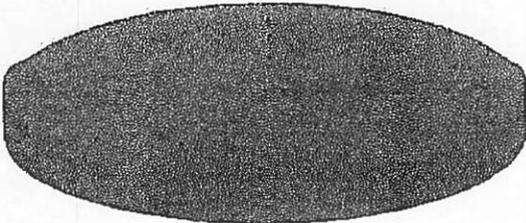
4.1 Market Segmentation

Our customers can be divided into two groups: families/individuals on pleasure trips, and business travelers which are Medicaid recipients.

The first group is families with medical problems such as wheelchair bound patients and others with complex medical problems that require frequent visits to meet with providers such as dialysis patients without Medicaid insurance (private pay customers). This group does not typically mind paying a bit more for a solution that takes care of their transportation to and from medical appointments. All they must do is make the reservation and show up at the arranged pickup point.

The second group is Medicaid recipients. This group will be served under a contract with the Pennsylvania Medicaid Health System to provide transportation. Helping Hands Warming Hearts Transportation LLC will be reimbursed at a rate set by Medicaid.

Market Analysis (Pie)



Individual/families
Business travelers

Potential
Customers

Growth

Individual/families	9%	578,000	630,020	686,722	748,527	815,894	9.00%
Business Travelers	8%	425,000	459,000	495,720	535,378	578,208	8.00%
Total	8.58%			1,182,442		1,394,102	8.58%

4.2 Target Market Segment Strategy

Helping Hands Warming Hearts Transportation LLC will be targeting these two groups because they consistently travel, and Helping Hands Warming Hearts Transportation LLC solution makes traveling easy, reliable and convenient for them. While a slow economy has some effect on travel in general, Medicaid recipients and families with complex medical problems will continue to make travel arrangements to get their medical needs met.

4.3 Competition and Buying Patterns

Currently in Philadelphia there are several competing transportation systems, however there are only a few options for non-emergency transportation services as mentioned above. Other transportation services available in the city are:

1. **Public transportation:** It provides rapid transit services around the city. While this is an inexpensive alternative there are several disadvantages. The service does not run all hours of the night. Public transportation also forces travelers to change trains downtown which is a major inconvenience for medically frail travelers.
2. **Taxi service:** Taxis do provide service in the city; however, travelers cannot book the trip in advance, forcing them to call right before they want to travel. The level of service is inconsistent from taxi service to taxi service as well as from occasion to occasion. Taxis can also be quite expensive if city dwellers are going out to the suburbs. Taxi services are also not wheelchair accessible, and driver's lack first aid/CPR training. Taxis are not equipped with first aid supplies.
3. **Airport parking:** Airport parking can be cost effective if it is for fewer than four days. Driving oneself has the advantage of not having to deal with anyone else. The flip side to this however is they must do everything for themselves. Lastly, there is always the risk of damage to their car when it is parked, and all airport parking facilities have drivers sign a waiver absolving the lot from responsibility if anything happens to the car.

Strategy and Implementation Summary

Helping Hands Warming Hearts Transportation LLC marketing/sales strategy will be two pronged, one to address each of our two segmented targeted groups:

1. **Families/individuals:** In addition to some advertising, we will be working with associations such as AAA, health care organizations in the community, community and civic centers, senior centers, retirement living communities and other community groups to try to build up a network of users. Helping Hands Warming Hearts Transportation LLC believes that working with these groups will provide us with steady flow of customers.

Additionally, since a lot of these groups have close knit among member, referrals will be quite powerful when they are coming from a member who already has established a trust bond with other organizational members.

5.1 Competitive Edge

Helping Hands Warming Hearts Transportation LLC competitive advantage will be based on superior customer service and reliability. This will be achieved by offering an incentive system that rewards the driver economically when they achieve good service, develop repeat customers and act in a team fashion instead of competing against other company drivers. This incentive system will reward drivers when:

1. The company receives positive feedback about the driver (a feedback system will be set up).
2. The customer is turned into a repeat customer.
3. The driver develops new customers.
4. The driver acts in manners that are team-based instead of for individual gain.
5. Timeliness and on-going training on customer service and relationship building will be offered to customers.

Through this complicated but purposeful system, Helping Hands Warming Hearts Transportation LLC is incentivizing behavior that they believe will help the company succeed, while not rewarding behavior that is destructive to the company.

5.2 Sales Strategy

Transportation will use contacts through community medical associations and home health care and network providers to build customers. Customers that are a part of an association tend to put more trust in a service provider when the service provider is aligned with the association. Helping Hands Warming Hearts Transportation LLC will offer a discount for the association members to try to build up a following. Our selling spiel will be total convenience at a cost that is competitive with the price that they currently paying. Offering the ability to schedule in advance, offering several scheduling options such as online scheduling, emails and 24/7 customer service should be a big selling point. Our customer services department will also confirm all appointments within 24 hours of scheduling. People like convenience, and people are willing to pay for conveniences. One phone call to arrange all your transport needs is quite a convenience.

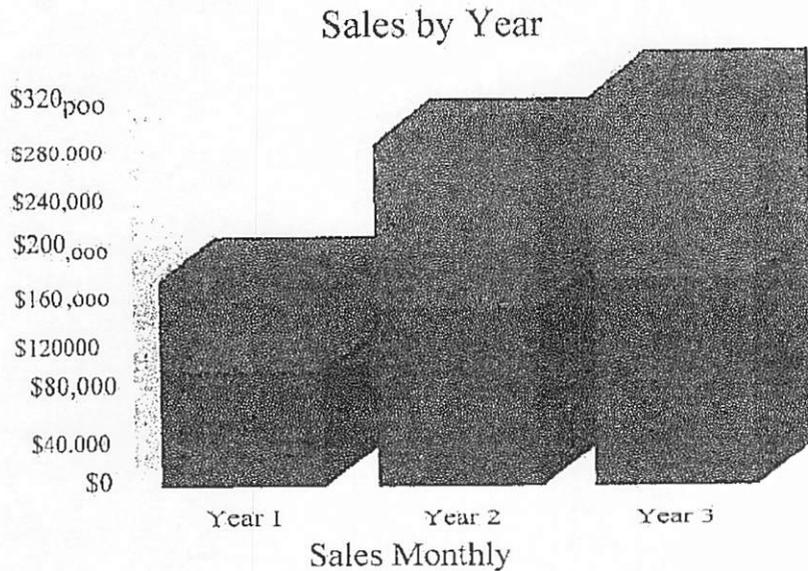
Our strategy of wooing the business travelers (Medicaid recipients) will be a campaign to introduce Helping Hands Warming Hearts Transportation LLC as a reliable source of transportation and home care agency. Transportation for Medicaid recipients are offered by the state through a broker service. The Broker service arranges transportation for recipient based on availability of contracted NEMT companies. Helping Hands Warming Hearts Transportation LLC will maintain an open relationship with the Broker service by effectively communicating the availability of our drivers

Our initial marketing efforts will include a letter/brochure describing our services along with a pricing guide with all identified source of customers.

5.2.1 Sales Forecast

The first month will be considered as the startup period for Helping Hands Warming Hearts Transportation LLC. It is anticipated that, by the second month the business office will be in order, brochures will have been sent out and Helping Hands Warming Hearts Transportation LLC will be working with associations to create visibility for the company. Helping Hands Warming Hearts Transportation LLC will have two drivers and will be paying a base monthly wage on the assumption that the drivers will be to transport customers. However, it is highly unlikely that that Helping Hands Warming Hearts Transportation LLC will generate enough revenue to support the wages of the 5 drivers.

Helping Hands Warming Hearts Transportation LLC will have an increase in service by Month three. Business will continue to grow and by month five and two drivers will be brought on board. A fifth and final driver will be brought on board by month eleven to accommodate all transportation needs.



**Sales Forecast for Helping Hands Warming Hearts Transportation
LLC**

	Year 1	Year 2	Year 3
Sales			
Individuals/families	\$94,061	\$145,885	\$169,874
Business travelers	\$74,763	\$136,874	\$149,874
Total Sales	\$168,824	\$282,759	\$319,748
Direct Cost of Sales	Year 1	Year 2	Year 3
Individuals/families	\$18,812	\$29,177	\$33,975
Business travelers	\$14,953	\$27,375	\$29,975
Subtotal Direct Cost of Sales	\$33,765	\$56,552	\$63,950

5.3 Milestones

Helping Hands Warming Hearts Transportation LLC will have several milestones to aim for:

1. **Business plan completion:** This will be done as a road map for the organization. While we do not need a business plan to raise capital it will be an indispensable tool for the ongoing performance and improvement of the company.
2. **Set up office.**
3. **Profitability.**
4. **Purchasing more vehicles and hiring more staff .**

4.12 PERSONNEL FILES POLICY

Purpose: To define guidelines for the maintenance of personnel files.

Policy: The Company will maintain a personnel file for each crewmember. All personnel files shall be maintained at the company's principal place of business in a readily accessible manner and shall be made available to Department of Health and Senior Services staff upon demand. It is the policy of the company not to knowingly verify a record or document that is falsified, fraudulent or untrue. Any employee that knowingly verifies any such falsified records or documents shall be terminated.

Personnel file for each crewmember shall at a minimum contain the following:

- Application or resume which contains the crewmember's name and home address
- Job description
- Qualifications
- Licensure or certification verification checked at time of hire and each renewal including A copy of the crewmember's PAT Technician, MAV Technician or EMT-Basic certification card, as applicable; CPR certification card;
- Evidence of observed competency skills checks, if applicable
- Performance evaluations
- Valid Driver's License for staff operating a motor vehicle in the course of duties, and or A copy of the crewmember's photo I.D. (a valid photo driver's license may be utilized);
- MVR checks minimally upon hire and every 3 years for staff operating a motor vehicle in the course of duties
- Evidence of Motor Vehicle Insurance for all staff operating a motor vehicle in the course of duties
- Immigration status
- Other items and information required by the Company
- Reference checks - two work related, verbal or written and one personal reference
- Background checks, as required by state/federal guidelines

- Health Statement detailing TB screening and Hepatitis B vaccine or declination

Personnel records shall be maintained on all employees. They shall be kept in the Company's offices in a locked file and safeguarded from unauthorized use. Personnel records shall contain the following:

Personnel records shall be maintained according to regulations and the Company's policy for record retention.

Confidential health related requirements such as a current TB skin test or chest x-ray, Hepatitis B vaccination or declination documentation, required physical exams, and work-related injury reports would be maintained in a separate personnel folder, apart from the primary personnel file.

Personnel records must be maintained in confidentiality. Only the Administrator or the employee's immediate supervisor may have unlimited access to the personnel record.

Employees may review their personnel files in reply to a written request for an appointment.

Other requests for personnel records will be processed and approved by the Administrator or designee.

It shall be the Company's policy to reply to written requests for information on former employees, providing the Company has written authorization from the employee to do so.

4.13 BACK SAFETY POLICY

Purpose: The purpose of this safety plan is to establish guidelines, practices and procedures to implement and sustain a Back-Injury Reduction Program.

Policy: All employees will use safe technique for performing lifting tasks. Employees will maintain proper back alignment during periods of sitting and standing. Staff will prepare for and execute safe lifting practices during the performance of their roles at the Company.

Strategies to reduce the incidence of back injuries include promoting awareness of risks and education of all employees.

The risk of repetitive motion disorders, manual lifting and back injuries will be the focus of back safety training.

Training on back safety and lifting will be attended annually by all employees who are required to lift in the course of their job.

4.14 PERFORMANCE EVALUATION POLICY

Purpose: The purpose of this policy is to establish guidelines for employee performance evaluation.

Policy: The Company will endeavor to provide each employee with an evaluation upon completion of 6 months of employment, and annually thereafter.

The evaluation shall be job specific, include the performance of the individual and, if applicable, shall include one direct observation per year for a competency skills check. If the individual doesn't pass an area of competency, or if a new competency skill is introduced to the individual, the company shall establish a reinstruction, performance monitoring after completion of reinstruction and a satisfactory skill check prior to performing the skill independently.

The appropriate supervisor shall review the performance evaluation with the employee, who shall sign the evaluation indicating that it has been discussed with him/her. The performance evaluation shall become a permanent part of the employee's personnel file.

Negative client outcomes directly related to staff performance will have appropriate actions, documented in the personnel records. Actions may include remedial training of the staff, reassignment of the staff, or limitation of the staff's involvement in client service or other appropriate actions.

The company may choose to collect the performance evaluation in the most appropriate way based on a variety of methodologies: record review, direct observation, monitoring of service techniques, and discussion with other individuals involved in the service such as the patient or caregiver, peer review or supervisor. A multi methodology approach is the preferred method.

Any employee taking a leave of absence shall have his/her evaluation deferred until he/she has been back on the job 30 days.

EQUIPMENT TESTING AND MAINTENANCE POLICY

Purpose: To provide guidelines for equipment testing and maintenance policy.

Policy: The company will ensure all equipment is tested and maintained in compliance with the manufacturer's recommendations and federal standards whichever is more frequent. The administrator will maintain a list of all equipment, testing and maintenance schedule and periodically ensure the testing and maintenance are completed in compliance with manufacturer's recommendation or federal standards, whichever is more frequent.

The administrator will ensure the required testing and maintenance shall be conducted by:

1. Qualified employees of the firm that manufactured the equipment;
2. Qualified employees of a firm approved or authorized by the manufacturer;
3. Crewmembers or other employees of the company who have been qualified by the equipment manufacturer to perform such testing and maintenance.

VEHICLE PIOOS (PROVIDER-INITIATED-OUT-OF-SERVICE) LOGS AND MAINTENANCE POLICY

Vehicle Maintenance

1. It is the policy of the company to maintain vehicles to promote the safety and comfort of passengers, operators, and protect the public.
 - Conduct regular pre-trip inspections in order to identify vehicle and equipment problems and assure vehicles are in good operating condition.
 - Conduct basic Preventive Maintenance service routines in a timely manner to identify vehicle problems and keep vehicle systems in good repair.
 - Conduct vehicle repairs in a timely manner and in accordance with industry best practices.
 - Maintain a clean appearance for vehicles through regular interior and exterior cleaning.
2. Manage Preventive Maintenance and repair activities to promote the reliability of the service by minimizing service interruptions due to vehicle or equipment failure.
 - Regularly inspect vehicles in order to identify and correct problems in to prevent service interruptions.
 - Schedule repairs promptly in order to minimize service interruptions.
 - Utilize subcontractors as needed to perform specialized services.
 - Analyze repair, road call and tow data to identify trouble-prone components or systems for proactive attention.
3. Maintain vehicles and equipment to promote cost-efficiency of operations.
 - Maintain and repair vehicles to ensure their operation at peak efficiency, including fuel efficiency, emissions systems, etc.

- Analyze vehicle fuel usage and repair data; identify vehicles which may need remedial work or may need to put in PIOOS.
 - Maintain vehicles and related equipment to fulfill manufacturer's warranty requirements and pursue warranty repairs where applicable; research and follow up on any applicable recalls or service bulletins.
 - Maintain vehicles to maximize the useful vehicle life, including the life of key components such as tires, brakes, batteries, etc.
 - Manage the maintenance program to be cost effective in terms of staff time, service vendors and parts and supplies costs.
4. Conduct vehicle operations, repairs, and cleaning in compliance with applicable local, state and federation regulations.
- Ensure maintenance procedures comply with applicable OSHA laws and regulations protecting the health and welfare of workers.
 - Handle and dispose of fuels, lubricants, solvents, tires and related materials in a safe and environmentally responsible manner.
 - Maintain vehicles to comply with relevant emission standards and other applicable regulations.
 - Conduct vehicle cleaning to comply with applicable wastewater and other relevant regulations.
 - Conduct maintenance and repairs in compliance with environmental standards and other relevant regulations.

Program Elements:

Pre-trip inspections. Each vehicle will be inspected at the start of each shift by a driver trained in the procedure. A walk-around will be performed with a vehicle pre-trip checklist and any irregularities reported to the Mechanic before the vehicle leaves the lot. Please see Attachments for Pre-Trip Inspection checklist.

Basic Service Routines. Per the recommendations of the chassis, bus body, and wheelchair lift manufacturers, and the additional recommendations of the Mechanic, a thorough preventive maintenance schedule will be established and followed for each vehicle. At or before the recommended mileage intervals, the company mechanic will perform all the elements of maintenance due at that mileage.

Vehicle Cleaning. Interior cleaning and sweeping of each in-service vehicle will be performed at the end of each shift by crewmembers. Vehicle exteriors will be washed on a weekly basis or more frequently, as needed.

Vehicle Repairs. The need for a vehicle repair may be discovered during a pre-trip inspection, preventive maintenance inspection, or breakdown. The Mechanic will determine warranty coverage for the system requiring attention, and if appropriate, pursue warranty repairs with the vendor, bus or chassis manufacturer, or authorized warranty outlet. The Mechanic will determine whether the repair can be accomplished by the Mechanic, or because of the need for special diagnostic expertise or equipment, will be assigned to a subcontractor.

Documentation and Analysis. Vehicle condition will be regularly documented through pre-trip inspections and problems discovered on the road will be documented on a Vehicle Condition Report by the driver. In addition, all vehicle maintenance and repair activity and costs will be documented. Vehicle data will be organized for summary and analysis.

The above mentioned documentation will be made readily available and accessible for any internal, state, and/or federal audits.

VEHICLE REGISTRATION POLICY

Purpose: To set guidelines for each non-emergency transportation vehicle registration.

Policy: The Company shall register, maintain and operate each vehicle in accordance with all applicable state and federal regulations. The vehicle registration card shall be made available to state licensing agency staff upon demand. Vehicles registered as a motor vehicle in the state shall display a valid motor vehicle inspection decal issued by the state Motor Vehicle Commission. The vehicle shall only be utilized to provide service after it has successfully passed all motor vehicle tests conducted by the DMV or an authorized re-inspection Station. No vehicle shall be utilized to provide services while it bears a voided, expired or "Rejected" MVC sticker. Vehicles registered as motor vehicles in other states shall display a valid motor vehicle inspection decal issued in accordance with the requirements of the state registering the vehicle. The vehicle shall only be utilized to provide service after it has successfully passed all tests conducted in accordance with the requirements of the state registering the vehicle.

VEHICLE SANITATION POLICY

Purpose: To provide guidelines regarding the sanitation of vehicles

Policy: The interior of the vehicle, including all areas utilized for storage, and the equipment and supplies within the vehicle, shall be kept clean and sanitary. A disinfectant shall be applied to all contact surfaces at least weekly. The floor, walls and equipment shall be free of stains, dirt, debris, odors and insect infestation.

All interior surfaces shall be covered with stain resistant material that is impervious to blood, vomitus, grease, oil and common cleaning materials.

Pre-Trip Fleet Vehicle Inspection Form

DRIVER MUST INSPECT THE ASSIGNED VEHICLE BEFORE THE VEHICLE IS MOVED.

DRIVER: USE THIS CHECK LIST AS A GUIDE FOR INSPECTING THE VEHICLE.

CHECK "OK" IF ITEM FUNCTIONS PROPERLY AND "REPAIR" IF REPAIR IS NEEDED.

Vehicle Receiving Inspection: _____ License No. _____

Odometer Reading: _____ Driver Name: _____

Fuel Level: Full 3/4 1/2 1/4

OK	REPAIR	CRITERIA	COMMENTS
		WINDOWS CLEAN INSIDE AND OUT	
		WINDSHIELD WIPERS WORK W/FLUID	
		SEAT BELTS FUNCTION CORRECTLY	
		EMERGENCY/INCIDENT REPORTS AVAILABLE	
		FIRE EXTINGUISHER AVAILABLE/NON-EXPIRED	
		OXYGEN-AT LEAST 1000 PSI	
		HEADLIGHT FUNCTION ON BOTH HI AND LO BEAM	
		TURN SIGNAL FUNCTION	
		BRAKE LIGHTS FUNCTION INCLUDING THIRD BRAKE LIGHT	
		REVERSE LIGHTS/BACK UP ALARM FUNCTIONS	
		FLUID LEAK	
		MIRROR FUNCTION	
		BRAKES FUNCTION CORRECTLY	
		ANY NEW DAMAGE	
		FUEL LEVELS	
		AED	

OK	REPAIR	CRITERIA	COMMENTS
		PORTABLE SUCTION	
		MAIN SUCTION	

Notes: _____

I have personally inspected the vehicle above and have found it to be in the condition listed above.

***IF PRE-INSPECTION IN NOT COMPLETED BEOFRE THE BEGINNING OF EVERY SHIFT THE EMPLOYEE FORFEITS THE MONTHLY SAFE DRIVING BONUS.**

Signature: _____ Date: _____

General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Paratransit Service.

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation on a nonexclusive, advance reservation basis. Service includes, but not restricted to:
 - Transportation of people whose personal convictions prevent them from owning or operating motor vehicles.
 - Transportation of people to correctional facilities for visitation.
 - Transportation of people in wheelchair and stretcher vans.

****Important Note: Paratransit carriers may not render service to or from airports.***

2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at www.nicinsurancefilings.com. You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

- | | | |
|------------------------|-----|--|
| 15 passengers or less: | (a) | \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD). |
| | (b) | \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law). |
| | (c) | First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits). |

Personal Financial Statements - Candice Ray
Balance Sheet as of 06/30/2022

EXHIBIT

Applicant's Ex. No. 5 9/20/22

exhibitster.com

Assets

Checking Account	\$	69,512
Savings Account		38,520
401(K) Plan		251,269
Property		369,230
Vehicle		45,360
Total Assets	\$	773,891

Liabilities

Credit Card - AMEX	\$	10,369
Credit Card		6,954
Student Loan		50,162
Mortgage		256,145
Total Liabilities	\$	323,630

Net Worth \$ **450,261**

Personal Financial Statements - Candice Ray
Monthly Income Statement

Income

Owner's Draw \$ 12,000

Expenses

Mortgage Payment \$ 1,985

Student Loan Payment 345

Utilities 659

Food 1,459

Total Expenses \$ 4,448

Leikicha Phillips Personal Financial Statements
Balance Sheet as of 06/30/2022

Assets

Checking Account	\$	26,547
Savings Account		16,369
Property		160,150
Vehicle		10,632
Total Assets	\$	213,698

Liabilities

Credit Card	\$	2,366
Mortgage		89,474
Total Liabilities	\$	91,840

Net Worth	\$	121,858
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Leikicha Phillips Personal Financial Statements
Monthly Income Statement

Income

Salary \$ 10,369

Expenses

Mortgage Payment 1,706

Utilities 504

Food 1,633

Total Expenses \$ 3,843

EXHIBIT

Applicant's Ex. No. 6 9/20/22

exhibitcenter.com

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 11-12-2021

Employer Identification Number:
87-3536957

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

HELPING HANDS WARMING HEARTS
TRANSPORTATION LLC
LEIKICHA LOWAN PHILLIPS MBR
611 N 33RD ST
PHILA, PA 19104

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-3536957. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	04/30/2022
Form 940	01/31/2023
Form 1065	03/15/2022

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

(IRS USE ONLY) 575A

11-12-2021 HELP B 999999999 SS-4

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 11-12-2021
EMPLOYER IDENTIFICATION NUMBER: 87-3536957
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI, OH 45999-0023
|||

HELPING HANDS WARMING HEARTS
TRANSPORTATION LLC
LEIKICHA LOWAN PHILLIPS MBR
611 N 33RD ST
PHILA, PA 19104

Entity#: 7386128
Date Filed: 10/20/2021
Pennsylvania Department of State

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

<input type="checkbox"/> Return document by mail to:	147824	Certificate of Organization Domestic Limited Liability Company DSCB:15-8821 (rev. 2/2017)  TCQ211020DF0885
Name	Legalzoom.com, Inc.	
Address	c/o Penncorp Servicegroup, Inc.	
City State Zip Code		
<input checked="" type="checkbox"/> Return document by email to:	penncorp2@penncorp.net	

Read all instructions prior to completing. This form may be sub

Fee: \$125 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (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 is: Helping Hands Warming Hearts Transportation LLC
(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)

2. Complete part (a) or (b) – not both:

(a) The address of this limited liability company's registered office in this Commonwealth is:
(post office box alone is not acceptable)

Number and Street City State Zip County

(b) The name of this limited liability company's commercial registered office provider and county of venue is:

c/o United States Corporation Agents, Inc., County of Lehigh
Name of Commercial Registered Office Provider County

3. The name of each organizer is (all organizers must sign on page 2):

Cheyenne Moseley, Legalzoom.com, Inc.

4. Effective date of Certificate of Organization (check, and if appropriate complete, one of the following):

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

2021 OCT 20 PM 5:48
PA DEPT OF STATE

5. **Restricted professional companies only.**

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

6. **Benefit companies only.**

Check the box immediately below if the limited liability company is organized as a benefit company:

This limited liability company shall have the purpose of creating general public benefit.

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach 8 1/2 x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

19 day of October, 2021

Cheyenne Mosley, Organizer, Legabiz.com, Inc.

Signature

Signature

Operating Agreement

Helping Hands Warming Hearts Transportation LLC, a Pennsylvania Limited Liability Company

THIS OPERATING AGREEMENT of Helping Hands Warming Hearts Transportation LLC (the "Company") is entered into as of the date set forth on the signature page of this Agreement by each of the Members listed on Exhibit A of this Agreement.

A. The Members have formed the Company as a Pennsylvania limited liability company under the Pennsylvania Uniform Limited Liability Company Act of 2017. The purpose of the Company is to conduct any lawful business for which limited liability companies may be organized under the laws of the commonwealth of Pennsylvania. The Members hereby adopt and approve the certificate of organization of the Company filed with the Department of State.

B. The Members enter into this Agreement to provide for the governance of the Company and the conduct of its business, and to specify their relative rights and obligations.

ARTICLE 1: DEFINITIONS

Capitalized terms used in this Agreement have the meanings specified in this Article 1 or elsewhere in this Agreement and if not so specified, have the meanings set forth in the Pennsylvania Uniform Limited Liability Company Act of 2017.

"Agreement" means this Operating Agreement of the Company, as may be amended from time to time.

"Capital Account" means, with respect to any Member, an account consisting of such Member's Capital Contribution, (1) increased by such Member's allocated share of income and gain, (2) decreased by such Member's share of losses and deductions, (3) decreased by any distributions made by the Company to such Member, and (4) otherwise adjusted as required in accordance with applicable tax laws.

"Capital Contribution" means, with respect to any Member, the total value of (1) cash and the fair market value of property other than cash and (2) services that are contributed and/or agreed to be contributed to the Company by such Member, as listed on Exhibit A, as may be updated from time to time according to the terms of this Agreement.

"Economic Interest" shall mean the proprietary interest of any Economic-Only Interest Owner in the capital, income, losses, credits, and other economic rights and interests of a limited liability company, including the right of the owner of the interest to receive distributions from the limited liability company.

An "Economic-Only Interest Owner" shall have an Economic Interest as defined in this Agreement but shall not be a Member or have a Membership Interest.

"Exhibit" means a document attached to this Agreement labeled as "Exhibit A," "Exhibit B," and so forth, as such document may be amended, updated, or replaced from time to time according to the terms of this Agreement.

"Member" means each Person who acquires Membership Interest pursuant to this Agreement or who has his/her Membership Interest recognized by this Agreement. The Members are listed on Exhibit A, as may be updated from time to time according to the terms of this Agreement. Each Member has the rights and obligations specified in this Agreement.

"Membership Interest" means the entire ownership interest of a Member in the Company at any particular time, including the right to any and all benefits to which a Member may be entitled as provided in this Agreement and under the Pennsylvania Uniform Limited Liability Company Act of 2017, together with the obligations of the Member to comply with all of the terms and provisions of this Agreement.

"Ownership Interest" means the Percentage Interest or Units, as applicable, based on the manner in which relative ownership of the Company is divided.

"Percentage Interest" means the percentage of ownership in the Company that, with respect to each Member, entitles the Member to a Membership Interest and is expressed as either:

- A. If ownership in the Company is expressed in terms of percentage, the percentage set forth opposite the name of each Member on Exhibit A, as may be adjusted from time to time pursuant to this Agreement; or

B. If ownership in the Company is expressed in Units, the ratio, expressed as a percentage, of:

- (1) the number of Units owned by the Member (expressed as "MU" in the equation below) divided by
- (2) the total number of Units owned by all of the Members of the Company (expressed as "TU" in the equation below).

$$\text{Percentage Interest} = \frac{MU}{TU}$$

"Person" means an individual (natural person), partnership, limited partnership, trust, estate, association, corporation, limited liability company, or other entity, whether domestic or foreign.

"Units" mean, if ownership in the Company is expressed in Units, units of ownership in the Company, that, with respect to each Member, entitles the Member to a Membership Interest which, if applicable, is expressed as the number of Units set forth opposite the name of each Member on Exhibit A, as may be adjusted from time to time pursuant to this Agreement.

ARTICLE 2: CAPITAL CONTRIBUTIONS, ADDITIONAL MEMBERS, CAPITAL ACCOUNTS AND LIMITED LIABILITY

2.1 Initial Capital Contributions. The names of all Members and each of their respective addresses, initial Capital Contributions, and Ownership Interests must be set forth on Exhibit A. Each Member has made or agrees to make the initial Capital Contribution set forth next to such Member's name on Exhibit A to become a Member of the Company.

2.2 Subsequent Capital Contributions. Members are not obligated to make additional Capital Contributions unless unanimously agreed by all the Members. If subsequent Capital Contributions are unanimously agreed by all the Members in a consent in writing, the Members may make such additional Capital Contributions on a pro rata basis in accordance with each Member's respective Percentage Interest or as otherwise unanimously agreed by the Members.

2.3 Additional Members.

A. With the exception of a transfer of interest (1) governed by Article 7 of this Agreement or (2) otherwise expressly authorized by this Agreement, additional Persons may become Members of the Company and be issued additional Ownership Interests only if approved by and on terms determined by a unanimous written agreement signed by all of the existing Members.

B. Before a Person may be admitted as a Member of the Company, that Person must sign and deliver to the Company the documents and instruments, in the form and containing the information required by the Company, that the Members deem necessary or desirable. Membership Interests of new Members will be allocated according to the terms of this Agreement.

2.4 Capital Accounts. Individual Capital Accounts must be maintained for each Member, unless (a) there is only one Member of the Company and (b) the Company is exempt according to applicable tax laws. Capital Accounts must be maintained in accordance with all applicable tax laws.

2.5 Interest. No interest will be paid by the Company or otherwise on Capital Contributions or on the balance of a Member's Capital Account.

2.6 Limited Liability; No Authority. A Member will not be bound by, or be personally liable for, the expenses, liabilities, debts, contracts, or obligations of the Company, except as otherwise provided in this Agreement or as required by the Pennsylvania Uniform Limited Liability Company Act of 2017. Unless expressly provided in this Agreement, no Member, acting alone, has any authority to undertake or assume any obligation, debt, or responsibility, or otherwise act on behalf of, the Company or any other Member.

ARTICLE 3: ALLOCATIONS AND DISTRIBUTIONS

3.1 Allocations. Unless otherwise agreed to by the unanimous consent of the Members any income, gain, loss, deduction, or credit of the Company will be allocated for accounting and tax purposes on a pro rata basis in proportion to the respective Percentage Interest held by each Member and in compliance with applicable tax laws.

3.2 Distributions. The Company will have the right to make distributions of cash and property to the Members on a pro rata basis in proportion to the respective Percentage Interest held by each Member. The timing and amount of distributions will be determined by the Members in accordance with the Pennsylvania Uniform Limited Liability Company Act of 2017.

3.3 Limitations on Distributions. The Company must not make a distribution to a Member if, after giving effect to the distribution:

A. The Company would be unable to pay its debts as they become due in the usual course of business; or

B. The fair value of the Company's total assets would be less than the sum of its total liabilities plus the amount that would be needed, if the Company were to be dissolved at the time of the distribution, to satisfy the preferential rights upon dissolution and winding up of Members and transferees, if any, whose preferential rights are superior to those of the Members receiving the distribution.

ARTICLE 4: MANAGEMENT

4.1 Management.

A. **Generally.** Subject to the terms of this Agreement and the Pennsylvania Uniform Limited Liability Company Act of 2017, the business and affairs of the Company will be managed by the Members.

B. **Approval and Action.** Unless greater or other authorization is required pursuant to this Agreement or under the Pennsylvania Uniform Limited Liability Company Act of 2017 for the Company to engage in an activity or transaction, all activities or transactions must be approved by the Members, to constitute the act of the Company or serve to bind the Company. With such approval, the signature of any Members authorized to sign on behalf of the Company is sufficient to bind the Company with respect to the matter or matters so approved. Without such approval, no Members acting alone may bind the Company to any agreement with or obligation to any third party or represent or claim to have the ability to so bind the Company.

C. **Certain Decisions Requiring Greater Authorization.** Notwithstanding clause B above, the following matters require unanimous approval of the Members in a consent in writing to constitute an act of the Company:

- (i) A material change in the purposes or the nature of the Company's business;
- (ii) To undertake any act outside the ordinary course of the Company's business and affairs, subject to the exceptions under the Pennsylvania Uniform Limited Liability Company Act of 2017;
- (iii) With the exception of a transfer of interest governed by Article 7 of this Agreement, the admission of a new Member or a change in any Member's Membership Interest, Ownership Interest, Percentage Interest, or Voting Interest in any manner other than in accordance with this Agreement;
- (iv) The merger of the Company with any other entity or the sale of all or substantially all of the Company's assets; and
- (v) With the exception of correcting an error in the Company's Certificate of Organization, the amendment of the Certification of Organization; and
- (vi) The amendment of this Agreement.

4.2 Officers. The Members are authorized to appoint one or more officers from time to time. The officers will have the titles, the authority, exercise the powers, and perform the duties that the Members determine from time to time. Each officer will continue to perform and hold office until such time as (a) the officer's successor is chosen and appointed by the Members; or (b) the officer is dismissed or terminated by the Members, which termination will be subject to applicable law and, if an effective employment agreement exists between the officer and the Company, the employment agreement. Subject to applicable law and the employment agreement (if any), each officer will serve at the direction of Members, and may be terminated, at any time and for any reason, by the Members.

ARTICLE 5: ACCOUNTS AND ACCOUNTING

5.1 Accounts. The Company must maintain complete accounting records of the Company's business, including a full and accurate record of each Company transaction. The records, as well as those described in Article 5.2, must be kept at the Company's principal executive office and must be open to inspection and copying by Members during normal business hours upon reasonable notice by the Members wishing to inspect or copy the records or their authorized representatives, for purposes reasonably related to the Membership Interest of such Members. The costs of inspection and copying will be borne by the respective Member.

5.2 Records. The Members will keep or cause the Company to keep the following business records.

- (i) An up to date list of the Members, each of their respective full legal names, last known business or residence address, Capital Contributions, the amount and terms of any agreed upon future Capital Contributions, and Ownership Interests, and Voting Interests;
- (ii) A copy of the Company's federal, state, and local tax information and income tax returns and reports, if any, for the six most recent taxable years;
- (iii) A copy of the certificate of organization of the Company, as may be amended from time to time ("Certificate of Organization"); and
- (iv) An original signed copy, which may include counterpart signatures, of this Agreement, and any amendments to this Agreement, signed by all then-current Members.

The Company shall furnish to each member any information concerning the Company's activities, affairs, financial condition and other circumstances which the Company knows and is material to the proper exercise of the member's rights and duties.

5.3 Income Tax Returns. Within 45 days after the end of each taxable year, the Company will use its best efforts to send each of the Members all information necessary for the Members to complete their federal and state tax information, returns, and reports and a copy of the Company's federal, state, and local tax information or income tax returns and reports for such year.

5.4 Subchapter S Election. The Company may, upon unanimous consent of the Members, elect to be treated for income tax purposes as an S Corporation. This designation may be changed as permitted under the Internal Revenue Code Section 1362(d) and applicable Regulations.

5.5 Tax Matters Member. Anytime the Company is required to designate or select a tax matters partner or partnership representative, pursuant to Section 6223 of the Internal Revenue Code and any regulations issued by the Internal Revenue Service, the Members must designate one of the Members as the tax matters partner or partnership representative of the Company and keep such designation in effect at all times.

5.6 Banking. All funds of the Company must be deposited in one or more bank accounts in the name of the Company with one or more recognized financial institutions. The Members are authorized to establish such accounts and complete, sign, and deliver any banking resolutions reasonably required by the respective financial institutions in order to establish an account.

ARTICLE 6: MEMBERSHIP - VOTING AND MEETINGS

6.1 Members and Voting Rights. The Members have the right and power to vote on all matters with respect to which the Certificate of Organization, this Agreement, or the Pennsylvania Uniform Limited Liability Company Act of 2017 requires or permits. Unless otherwise stated in this Agreement (for example, in Section 4.1(c)) or required under the Pennsylvania Uniform Limited Liability Company Act of 2017, the vote of the Members holding at least a majority of the Voting Interest of the Company is required to approve or carry out an action.

6.2 Meetings of Members. Annual, regular, or special meetings of the Members are not required but may be held at such time and place as the Members deem necessary or desirable for the reasonable management of the Company. A written notice setting forth the date, time, and location of a meeting must be sent within a reasonable period of time before the date of the meeting to each Member entitled to vote at the meeting. A Member may waive notice of a meeting by sending a signed waiver to the Company's principal executive office or as otherwise provided in the Pennsylvania Uniform Limited Liability Company Act of 2017. In any instance in which the approval of the Members is required under this Agreement, such approval may be obtained in any manner permitted by the Pennsylvania Uniform Limited Liability Company Act of 2017, including by conference call or similar communications equipment. Any action that could be taken at a meeting may be approved by a consent in writing that describes

the action to be taken and is signed by Members holding the minimum Voting Interest required to approve the action. If any action is taken without a meeting and without unanimous written consent of the Members, notice of such action must be sent to each Member that did not consent to the action.

ARTICLE 7: WITHDRAWAL AND TRANSFERS OF MEMBERSHIP INTERESTS

7.1 Withdrawal. Members may withdraw from the company prior to the dissolution and winding up of the Company by: (a) transferring or assigning all of their Membership Interests; (b) providing written notice to the Company as to the withdrawal; and (c) providing the Company with the written terms of any transfer or assignment. The transfer or assignment may not take effect, absent written consent of all of the remaining Members, until at least 30 days after the written notice and written terms are provided to the Company. Subject to the provisions of Article 3, a Member that withdraws pursuant to this Section 7.1 will be entitled to a distribution from the Company in an amount equal to such Member's Capital Account.

7.2 Withdrawal by Death. The death of a Member shall be considered a Withdrawal, generally subject to the other provisions of Article 7. The 30 day period referred to in Section 7.1 shall begin upon the company being notified of the death.

7.3 Restrictions on Transfer; Admission of Transferee. The Person acquiring Membership Interest pursuant to Section 7.1 will not become a Member of the Company, but rather will only be an Economic Interest Owner, unless that Person is admitted as a Member by written consent of all Members as set forth under Section 2.3(A).

7.4 Right of First Refusal. The Company has the right of first refusal with regard to the transfer or assignment of any Membership Interests, including by way of death, and has the 30 day period set forth in Section 7.1 or Section 7.2 to give formal written notice if it is exercising that right. If the Company exercises its right of first refusal, it must either match the offer being made to the withdrawing or transferring Member as set forth in the notice provided by that member in Section 7.1 or purchase the Membership Interest at the internal fair market value set forth in Section 7.5 or at a value the Company and the withdrawing or transferring Member otherwise agree on. Unless the remaining Members of the Company unanimously agree otherwise, the Membership Interests purchased from the withdrawing or transferring Member shall be apportioned to the remaining Members in direction proportion to their comparative Units of ownership. (In other words, if there are a total of 100 ownership Units, with the four members owning 40, 30, 20, and 10 Units, respectively, and the Member owning 20

units withdraws, and the Company exercises its right of first refusal, the remaining three members would end up owning 50, 37.5, and 12.5 Units, respectively.)

7.5 Valuation of Company or an Interest in Company.

A. Valuation Process. Should the Company, or an interest in the Company, need to be valued, a neutral, objective certified public accountant ("CPA") shall be hired by the Company to perform a valuation engagement. The selection of said CPA will be made by unanimous vote of the Members, but if the Members cannot agree, then each Member will select a CPA, and each of those CPAs will each perform a valuation engagement. The Company must allow each CPA access to the information each CPA needs in order to properly perform a valuation engagement.

B. Valuation Engagement and Valuation Standard. The CPA(s) must use valuation and ethics standards consistent with those approved by the American Institute of Certified Public Accountants ("AICPA"). If multiple CPAs are providing valuations, then they shall all attempt to agree on the methodology to be used, such as those set forth by the AICPA, and use that methodology. Written valuation reports and conclusions of value shall be provided within 90 days of the event triggering the decision to have a valuation engagement performed. All valuation reports and conclusions of values shall identify the valuation method used.

C. Final Determination as to Fair Market Value. The conclusion of value, or average of the conclusions of value shall be called the "fair market value".

D. Final Determination as to Internal Fair Market Value. 90% of the conclusion of value, or average of the conclusions of value, shall be called the "internal fair market value".

ARTICLE 8: DISSOLUTION

8.1 Dissolution. The Company will be dissolved upon the first to occur of the following events:

- (i) The unanimous agreement of all Members in a consent in writing to dissolve the Company;
- (ii) Entry of a decree of judicial dissolution under Pennsylvania Uniform Limited Liability Company Act of 2017;

- (iii) At any time that there are no Members, unless and provided that the Company is not otherwise required to be dissolved and wound up, within 90 days after the occurrence of the event that terminated the continued membership of the last remaining Member, the legal representative of the last remaining Member agrees in writing to continue the Company and (i) to become a Member; or (ii) to the extent that the last remaining Member assigned its interest in the Company, to cause the Member's assignee to become a Member of the Company, effective as of the occurrence of the event that terminated the continued membership of the last remaining Member;
- (iv) The sale or transfer of all or substantially all of the Company's assets;
- (v) A merger or consolidation of the Company with one or more entities in which the Company is not the surviving entity.

8.2 No Automatic Dissolution Upon Certain Events. Unless otherwise set forth in this Agreement or required by applicable law, the death, incapacity, disassociation, bankruptcy, or withdrawal of a Member will not automatically cause a dissolution of the Company.

ARTICLE 9: INDEMNIFICATION

9.1 Indemnification. The Company has the power to defend, indemnify, and hold harmless any Person who was or is a party, or who is threatened to be made a party, to any Proceeding (as that term is defined below) by reason of the fact that such Person was or is a Member, officer, employee, representative, or other agent of the Company, or was or is serving at the request of the Company as a director, Governor, officer, employee, representative or other agent of another limited liability company, corporation, partnership, joint venture, trust, or other enterprise (each such Person is referred to as a "Company Agent"), against Expenses (as that term is defined below), judgments, fines, settlements, and other amounts (collectively, "Damages") to the maximum extent now or hereafter permitted under Pennsylvania law. "Proceeding," as used in this Article 9, means any threatened, pending, or completed action, proceeding, individual claim, demand, or matter within a proceeding, whether civil, criminal, administrative, or investigative. "Expenses," as used in this Article 9, includes, without

limitation, court costs, reasonable attorney and expert fees, and any expenses incurred relating to establishing a right to indemnification, if any, under this Article 9.

9.2 Mandatory. The Company must defend, indemnify and hold harmless a Company Agent in connection with a Proceeding in which such Company Agent is involved if, and to the extent, Pennsylvania law requires that a limited liability company indemnify a Company Agent in connection with a Proceeding.

9.3 Expenses Paid by the Company Prior to Final Disposition. Expenses of each Company Agent indemnified or held harmless under this Agreement that are actually and reasonably incurred in connection with the defense or settlement of a Proceeding may be paid by the Company in advance of the final disposition of a Proceeding if authorized by a vote of the Members that are not seeking indemnification holding a majority of the Voting Interests (excluding the Voting Interest of the Company Agent seeking indemnification). Before the Company makes any such payment of Expenses, the Company Agent seeking indemnification must deliver a written undertaking to the Company stating that such Company Agent will repay the applicable Expenses to the Company unless it is ultimately determined that the Company Agent is entitled or required to be indemnified and held harmless by the Company (as set forth in Sections 9.1 or 9.2 above or as otherwise required by applicable law).

ARTICLE 10: GENERAL PROVISIONS

10.1 Notice. (a) Any notices (including requests, demands, or other communications) to be sent by one party to another party in connection with this Agreement must be in writing and delivered personally, by reputable overnight courier, or by certified mail (or equivalent service offered by the postal service from time to time) to the following addresses or as otherwise notified in accordance with this Section: (i) if to the Company, notices must be sent to the Company's principal executive office; and (ii) if to a Member, notices must be sent to the Member's last known address for notice on record. (b) Any party to this Agreement may change its notice address by sending written notice of such change to the Company in the manner specified above. Notice will be deemed to have been duly given as follows: (i) upon delivery, if delivered personally or by reputable overnight carrier or (ii) five days after the date of posting if sent by certified mail.

10.2 Entire Agreement; Amendment. This Agreement along with the Certificate of Organization (together, the "Organizational Documents"), constitute the entire agreement among the Members and replace and supersede all prior written and oral

understandings and agreements with respect to the subject matter of this Agreement, except as otherwise required by the Pennsylvania Uniform Limited Liability Company Act of 2017. There are no representations, agreements, arrangements, or undertakings, oral or written, between or among the Members relating to the subject matter of this Agreement that are not fully expressed in the Organizational Documents. This Agreement may not be modified or amended in any respect, except in a writing signed by all of the Members, except as otherwise required or permitted by the Pennsylvania Uniform Limited Liability Company Act of 2017.

10.3 Governing Law; Severability. This Agreement will be construed and enforced in accordance with the laws of the commonwealth of Pennsylvania. If any provision of this Agreement is held to be unenforceable by a court of competent jurisdiction for any reason whatsoever, (i) the validity, legality, and enforceability of the remaining provisions of this Agreement (including without limitation, all portions of any provisions containing any such unenforceable provision that are not themselves unenforceable) will not in any way be affected or impaired thereby, and (ii) to the fullest extent possible, the unenforceable provision will be deemed modified and replaced by a provision that approximates the intent and economic effect of the unenforceable provision and the Agreement will be deemed amended accordingly.

10.4 Further Action. Each Member agrees to perform all further acts and execute, acknowledge, and deliver any documents which may be reasonably necessary, appropriate, or desirable to carry out the provisions of this Agreement.

10.5 No Third Party Beneficiary. This Agreement is made solely for the benefit of the parties to this Agreement and their respective permitted successors and assigns, and no other Person or entity will have or acquire any right by virtue of this Agreement. This Agreement will be binding on and inure to the benefit of the parties and their heirs, personal representatives, and permitted successors and assigns.

10.6 Incorporation by Reference. The recitals and each appendix, exhibit, schedule, and other document attached to or referred to in this Agreement are hereby incorporated into this Agreement by reference.

10.7 Counterparts. This Agreement may be executed in any number of counterparts with the same effect as if all of the Members signed the same copy. All counterparts will be construed together and will constitute one agreement.

[Remainder Intentionally Left Blank.]

EXHIBIT A
MEMBERS

The Members of the Company and their respective addresses, Capital Contributions, and Ownership Interests are set forth below. The Members agree to keep this Exhibit A current and updated in accordance with the terms of this Agreement, including, but not limited to, Sections 2.1, 2.3, 2.4, 7.1, 7.2, and 10.1.

Members	Capital Contribution	Percentage Interest
Candice Ray Address: 611 N. 33rd St. Phila, Pennsylvania 19104		50%
Lekichia Phillips Address: 611 N. 33rd St. Phila, Pennsylvania 19104		50%

IN WITNESS WHEREOF, the parties have executed or caused to be executed this Operating Agreement and do each hereby represent and warrant that their respective signatory, whose signature appears below, has been and is, on the date of this Agreement, duly authorized to execute this Agreement.

Dated: _____

Signature of Candice Ray

Signature of Lekichia Phillips

<http://www.careinhomes.com/> » [Cities \(https://www.careinhomes.com/states-list\)](https://www.careinhomes.com/states-list) » [Philadelphia \(/Philadelphia-PA?gs=Philadelphia%2C+PA\)](/Philadelphia-PA?gs=Philadelphia%2C+PA) »

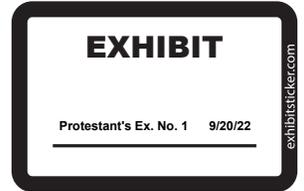
Philadelphia, PA



Need Help? Call us at 866-624-9817.

Helping Hands Warming Hearts LLC

Share:



3720 Spruce St, Philadelphia, PA, 19104 (/Philadelphia-PA?gs=19104)

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Established 2017

About Us

Helping Hands Warming Hearts services allows clients to live at their own home as long as they want while ensuring quality, comprehensive care is given to them. With the help of our care team, we will closely monitor the condition of our clients to assure their home care needs are provided.

Caregiving Available 24 Hours a Day

Bonded & Insured

Services Provided

Meal Preparation

Light Housekeeping

Bathing & Dressing
Transportation
Respite Care
Errands

Medication Reminders
Alzheimer's/Dementia
Hospice

Payment Types Accepted

Private Pay
Medicaid

Long Term Insurance
VA Benefits

Care Types Offered

Home Care

Number of Caregivers Available

Total Caregivers - 30

Reviews

0 reviews - Write Your Review

Tell Us About The Experience

Select your rating.

Start your review...

Name

Email address

I Hired This Company

(Your email will not be shown)



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SUBMIT REVIEW

Nearby Providers

Need to find another provider? Choose a nearby provider from the list below.

Amada Senior Care Chester County (/Malvern-PA/amada-senior-care-aa47744a-a31e-43a4-aec1-dd0de26fba43)

Fairfield Family Care (/Stamford-CT/fairfield-family-care)

Right At Home Of Morris And Union Co, Nj (/Chatham-NJ/right-at-home-of-morris-and-union-co-nj)

Executive Care Corp North Jersey (/Hackensack-NJ/interim-healthcare-of-dothan)

Arrange a Visit

First Name

Last Name

Zip where you are looking for care

Email

Phone

Who is the care for

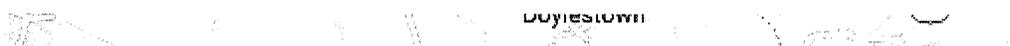
Comments/Questions

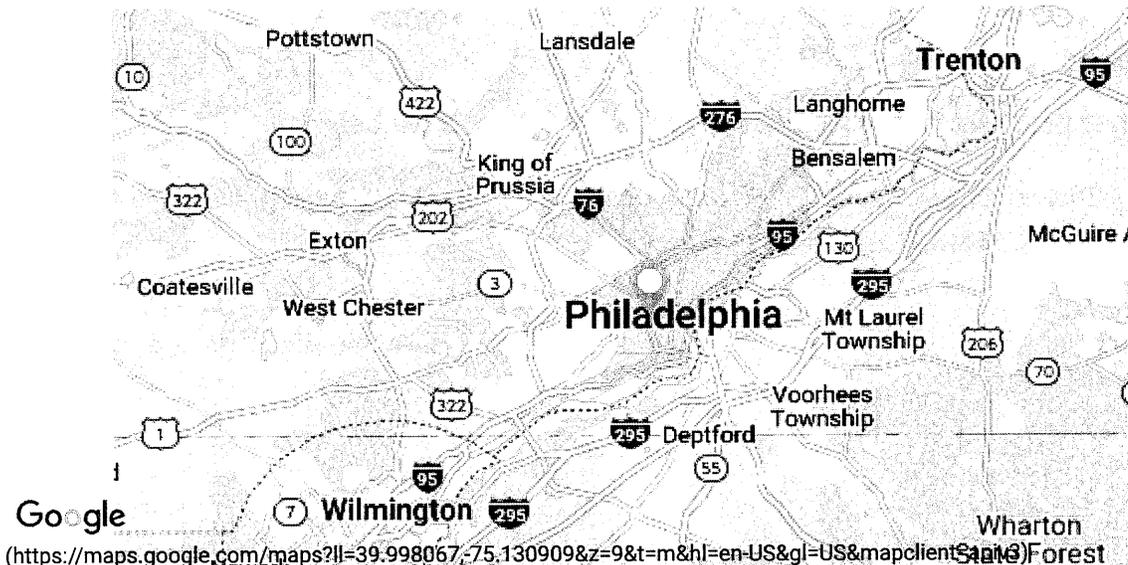
I am looking for a job

ARRANGE MY VISIT

By clicking the button above, I agree to receive autodialed and pre-recorded telemarketing calls and texts from or on behalf of our senior care companies, this website's operator, and other partner companies (/seniorcare-list) at the number provided above. I understand my consent is not a condition of purchase.

Map & Location





HomeCare.com

**The Best Way
to find
a caregiver.**

888-336-2072



(https://homecare.com/home-care-consultation)

Contact us

1-866-624-9817 (tel:18666249817)

Support@CareInHomes.com (mailto:Support@CareInHomes.com)

(https://www.facebook.com/CareInHomes) (https://plus.google.com/107632408364261770411/posts)

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CareInHomes

Welcome to CareInHomes.com, the best place for getting matched with quality in-home care agencies that provide care in the comfort of your own home. To get started, enter in your location at the top to get connected with quality agencies through our proprietary matching service.

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Services

Take advantage of services that allow you to remain in an environment where you feel safe and comfortable.

With home care, you can stay at your own residence while receiving the care that you need. At **Helping Hands Warming Hearts LLC**, our caregivers will strive to deliver personalized services that are tailored to address your specific health needs. We begin our services by conducting a thorough assessment of your care needs so we can develop a unique care plan for you. Our team can work closely with you and your family members to ensure your needs are well-provided.

Our care providers can render these services:



Bathing Service



Personal Care



Respite Care



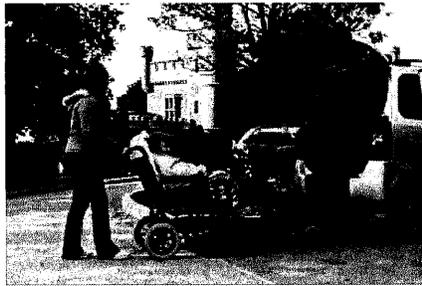
Housekeeping



Protective Supervision



**Comfort and
Companionship**



**Transportation to
Appointments**



**Grocery Shopping and
Errands**

We also offer the following services:

Laundry

Our care team can wash, iron, and fold your clothes and linens so you can rest easy knowing your laundry is well taken care of.

Meal preparation

We can make sure that you eat delicious and nutritious meals every day with our meal preparation services.

Medication reminders

Our caregivers can help keep track of your prescription so you won't be at risk of medication errors.

Grooming and hygiene

We can help you feel fresh and clean every day by providing support and assistance with your daily hygiene needs.

Assistance with exercise

We can lend a helping hand in doing your routine exercise to keep you safe and secure.

Assistance with wheelchair and walker use

If your loved ones are dependent on assistive devices, our care team can help in transferring and moving to assure their safety and comfort.

SEND US A MESSAGE

We'd love to hear your concerns, feedback, and suggestions. Kindly use the form below to send your message. We will get back to you once we've reviewed your messages.

Name *	Email Address *	
Message		SUBMIT

Address:
611 N 33rd St
Philadelphia, PA 19104

Phone Number:
267-460-1277

Email Address: cray@helpinghandswarminghearts.com Website: helpinghandswarminghearts.com

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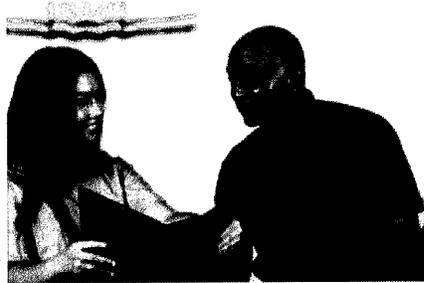
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