

Application for Motor Contract Carrier of Persons

This application is required to request a Permit to operate as a contract carrier of persons, when providing transportation for compensation between points in Pennsylvania. A contract carrier does not offer its services to the general public, but only provides transportation to those as specified in a contract with a specific organization.

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

Elevated Healthcare Hospitality LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Vans" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Vans" or "J. Doe Vans" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** **Previous Authority?** _____

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** _____
If NO, you must register (see checklist on how to register).

If YES, provide your PA Corporation Bureau Entity ID Number

13723170

(See checklist and indicate type of business entity registered.)

5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

Ortega National Parks, LLC - 100% sole member

6. **Mailing Address**

6720 W 121st St Suite 200

Street Address
Overland Park, KS 66209 Johnson

City, State and Zip Code County
913-214-9759 fleet@goexplorus.com

Telephone Number E-mail Address

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

7. **Physical Address** (if different from Physical Address. Do not use a PO Box.)

100 E Mountain Dr.

Street Address
Wilkes-Barre, PA 18711 Luzerne

City, State and Zip Code County
913-214-9759 fleet@goexplorus.com

Telephone Number E-mail Address

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

8. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

_____ No Yes, at No. 4503884

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

To transport, by private shuttle, persons on a regularly scheduled route at one of two areas. Within the city limits of Wilkes-Barre, Luzerne County, transporting employees of Geisinger Wyoming Valley (GWV) on a regular 1.4-mile loop between the Heart Hospital entrance and the employee parking lots, a regular 1.7-mile loop between the Heart Hospital and the West Campus of GWV, and transporting patients by request on a 2.5-mile loop from the GWV West Campus to the GWV Specialty Clinic. Within Scranton, Lackawanna County, transporting employees of Geisinger Community Medical Center (GCMC) on a regular, 1-mile loop between the off-campus employee parking lot and the GCMC campus. No compensation is collected from passengers.

Examples:

- *To transport people in motor vehicles as a contract carrier for ABC, Inc. between points in the counties of Bucks, Chester, and Delaware.*
- *To transport people in motor vehicles under the Medical Assistance Transportation Program as a contract carrier for 123, LLC, from points in the city and county of Philadelphia to points in PA, and return.*

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.

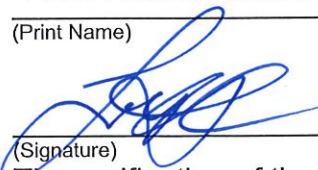
Verification of Application

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.

Frank Pikus on behalf of Ortega National Parks LLC, 100% member of Elevated Healthcare Hospitality LLC

(Print Name)



(Signature)

3/28/24

(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.

Elevated Healthcare Hospitality LLC

Legal Name of Applicant

Trade Name, if any

100 E Mountain Dr.	Wilkes-Barre	PA	18711
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.

Rachel Hermreck, Fleet Manager and Authorized Representative, 6720 W 121st St Suite 200, Overland Park, KS 66209, 913-214-9759.

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

None

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.

Elevated Healthcare Hospitality LLC (the applicant) is taking over the contract from Towne Park with Geisinger Medical Group. The applicant is in the process of hiring almost all of the Towne Park employees that have been working this shuttle service contract for the past several years.

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. With 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.

Operation is exclusively on the Geisinger Medical Campus, and shuttles are stored in a segregated area of the parking lot. Every shift has a pre- and post-trip inspection, which determines preventative maintenance and maintenance. All maintenance and invoices are recorded in a monthly report and stored in a company cloud drive along with mileage coversheets. Shuttles have cellular devices and all drivers are equipped with hands-free bluetooth headsets for continuous communication. No office machines are used except for one company laptop for the operations manager. Shuttles run on a continuous loop and only one route is made by request, in-person, at the pick-up point.

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.

The number of drivers is dictated by the contracted hours of operation with Geisinger Medical. In total, 17 drivers will be hired, with a combination of full-time and part-time drivers.

- a. All drivers go through background screenings, MVR checks, and Medical DOT physicals.
- b. Background checks are conducted by a third-party service, Sterling.
- c. Drivers must proceed through a new-hire checklist, which includes training on pre- and post-trip DVIR and Maintenance reports, a ride along for the first week, and having a seasoned driver ride-along with them for the second week. After training period, the driver must pass four driver evaluations before they are permitted to drive alone.
- d. Drivers' licenses are checked monthly, Medical DOT and MVR checks are conducted annually
- e. There is a zero tolerance policy for drug and alcohol use on the job. In the case of an accident, the driver is required to submit to a drug and alcohol test.

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2024	Ford	E450	13	1FD4E4FN5RDD46004	0
2024	Ford	E450	13	1FD4E4FN6RDD45766	0
2023	Ford	Transit	14	1FBVU4XG3PKB96281	0
2023	Ford	Transit	14	1FBVU4XG1PKB96909	0
2023	Ford	Transit	14	1FBVU5XG5PKC00031	0
2023	Ford	Transit	14	1FBVU5XG6PKB99830	0

The first four vehicles will be in use for three routes in Wilkes-Barre. The last two vehicles will be used for one route in Scranton. All regular loop routes are less than 2-miles round trip, and one route in Wilkes-Barre is a 2.5-mile round trip route by request.

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

To ensure vehicle safety, all drivers complete New Hire trainings, which include DVIR/Vehicle inspection training, shadowing experienced drivers, ride-along trainings, and monthly driver evaluations. Additionally all vehicles are equipped with telematic devices monitoring driver patterns and behaviors and sets parameters on each vehicle to alert the manager when the driver is not complying with the pre-determined rules (ie, speeding, hard breaking, designated routes, etc.). Vehicles are also equipped with dual-facing and exterior cameras to allow for visual monitoring. All vehicles are inspected before and after each trip, in which driver's identify and report any maintenance issues. Vehicles will also completed DOT and State inspections as required.

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

Insurance premiums are covered monthly by Geisinger Medical as part of the service contract with our company. Insurance has already determined coverage eligibility of our shuttles.

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 x 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. § 4904 relating to unsworn falsification to authorities.

Rachel Hermreck
(Signature)

3/28/24
(Date)

Rachel Hermreck, Fleet Manager
(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
As of (date) December 31, 2023
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$5,714,997	
Other Current Assets (specify)	See Attached Schedule	
Total Current Assets		\$18,414,279
Tangible Assets		
Motor Vehicle Equipment	\$19,643,502	
Property (buildings, land, etc.)	See Attached Schedule	
Office Equipment		
TOTAL ASSETS		\$97,173,086

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$51,982	
Credit cards/revolving credit		
Other Liabilities (Attach schedule)	See Attached Schedule	
Total Current Liabilities		\$11,448,826
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan	\$24,612,327	
Other Liabilities (Attach Schedule)	See Attached Schedule	
Total Long-Term Liabilities		\$26,830,991
TOTAL LIABILITIES		\$38,279,817

ExplorUS
Consolidated Balance Sheet
QTD Dec-23

	QTD Dec-23
ASSETS	
Current Assets	
Cash	5,714,997
Accounts Receivable	1,711,894
Inventory	6,559,100
Prepaid Expenses	3,949,961
Other Current Assets	478,327
	18,414,279
Fixed Assets (net)	19,643,502
Goodwill & Intangible Assets (net)	8,559,892
Goodwill, net	47,918,705
Other NonCurrent Assets	2,637,708
	97,173,086
TOTAL ASSETS	97,173,086
LIABILITIES & EQUITY	
Current Liabilities	
Accounts Payable	2,768,160
Accrued Expenses	3,182,678
Deferred Revenue	4,918,276
Current Portion of lease liability	527,741
Current portion of long-term debt	51,982
Other Current Liabilities	0
	11,448,825
Long Term Liabilities	
Repair and maintenance reserve liability	1,123,029
Long-term lease liability	1,095,634
Long-term debt, less current portion	24,612,327
Other Current Liabilities	0
	26,830,991
	38,279,817
Total Liabilities	38,279,817
Equity	
Owner Equity	63,624,591
Retained Earnings	-26,471,724
Net Income	1,740,403
	58,893,270
TOTAL LIABILITIES & EQUITY	97,173,086
 MEMO - Debt Breakdown	
Term Loan Balance	22,812,500
DDTL Balance	0
EIDL Balance (Incl. Current Portion)	2,146,037
ST Term Debt	51,982
Net Deferred Financing Cost	-346,209
Total	24,664,309

Current Assets:

- Accounts Receivable - \$1,711,894
- Inventory - \$6,559,100
- Prepaid Expenses - \$3,949,961
- Other Current Assets - \$478,327

Long Term Assets:

- Intangible Assets (net) - \$8,558,892
- Goodwill (net) - \$47,918,706
- Other Noncurrent Assets - \$2,637,706

Current Liabilities:

- Accounts Payable - \$2,768,150
- Accrued Expenses - \$3,182,678
- Deferred Revenue - \$4,918,276
- Current Portion of lease liability - \$527,741

Long Term Liabilities:

- Repair and maintenance reserve - \$1,123,029
- Long-term lease liability - \$1,095,634

Long Term Liabilities:

- Contractual Reserves - \$3,882,910
- 25701 Replacement - \$11,753