

DATE OF DEPOSIT

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

AUG 8 2024

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

**Application for Motor Common Carrier of Persons in
Paratransit Service**

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

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

EAGLE RIDE TAXICAB 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?** NO **Previous Authority?** NO

If YES, at PUC No. A- 6320205

4. **Are you a business entity registered with the PA Dept. of State?** NO

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 6568708

(See checklist and indicate type of business entity registered)

EIN = 82-1866900

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

DAVID A. Tenhwa 100%

6. Mailing Address

1031 Bluegrass Road

Street Address

Lancaster PA 17601 Lancaster

City, State and Zip Code

County

717-669-8387

Tenhwa@yahoo.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 than mailing address. Do not use a post office box.)

same

Street Address

City, State and Zip Code County

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)

N/A

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. N/A

10. Describe the service area proposed by this application.

(Use the space below or attach additional sheet if space provided is not sufficient).

Lancaster County, Lebanon County, York
and Harrisburg City areas

Examples:

- To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.
- To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.
- To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.
- To transport people between points in Northumberland County.

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 Paratransit Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

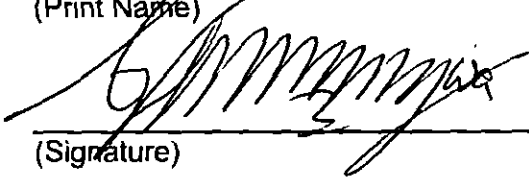
Verification of Application

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.

David Penhwa

(Print Name)



(Signature)

8/1/2024

(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).

DATE OF DEPOSIT

AUG 8 2024

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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.

Eagle Ride Taxi Cab LLC

Legal Name of Applicant

1231 Bluegrass Rd Lancaster PA 17601

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.

David A. Penhag
Owner / Manager / President

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

N/A

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.

For six years, I operated a taxicab company in the Country of Uganda.

For (7) seven years I have operated a taxicab in Lancaster (Eagle Ride Taxi Cab LLC)

In addition I have been operating my own accounting business which is called BS&AS Consulting for over 15 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. 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.

I currently lease an office at 313 W. Liberty of Ste 107, Lancaster, which I plan to continue using for proposed additional services with my existing taxial eagle ride taxi cab. We

have our company phone number 717-824-4195 plus one more land line 717-824-3403 and cell phones 717-669-83. The facility have fax, internet, security cameras and one loop for ⁵⁷ spaces

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:

- Your hiring standards for drivers;
- Your system for conducting criminal background checks;
- Your driver training program;
- Your system for conducting driver license checks;
- Your policies regarding alcohol and drug use by your drivers.

(a) All potential drivers to complete employment application, be at least 21yr of age, present a valid & current driver's license and another form of government identification & provide evidence of five years of driving experience.
 b) prior to permitting a person to operate a vehicle in call or paratransit service, we shall conduct or have a third party conduct a local/national criminal background check for each applicant. It will include multi-state, multi-jurisdictional criminal records. Training will be provided over a period of two to four days, or as required, in safety tips, map reading/gps use, passenger safety, vehicle safety, vehicle maintenance etc. we shall continue review driver history records to ensure that their license remain valid. We require drivers to report any changes in status of their driver license as a condition to continuing with employment.

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
2018	Toyota	Highlander	7		141200
2012	Toyota	Prius	5	1T5K43BUSC1529199	

*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).

(a) All vehicles shall be checked pre-trip & post-trip for any potential problems.

(b) All vehicles maintenance will be performed according to the Manufacturer's Recommendation. A routine & periodic Maintenance schedule shall be established for each vehicle which includes oil change, Review of brakes, tires & other safety-related components of each Car/vehicle

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

~~We~~ We have insurance with Travelers
 Insured we maintain Car/vehicle insurance
 at all times

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.

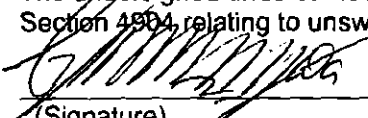
YES

NO

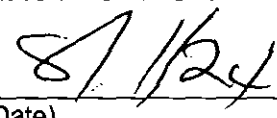
10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

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.


 (Signature)

David A. Fenwick
 (Name and Title, printed or typed)


 (Date)

Statement of Financial Position (Balance Sheet)
As of (date) _____
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	<u>200,000.⁰⁰/₁₀₀</u>	
Other Current Assets (specify)		
Total Current Assets		<u>200,000.⁰⁰/₁₀₀</u>
Tangible Assets		
Motor Vehicle Equipment	<u>40,000.⁰⁰</u>	
Property (buildings, land, etc.)	<u>280,000</u>	<u>40,000.⁰⁰</u>
Office Equipment	<u>960,000</u>	<u>280,000.⁰⁰</u>
		<u>960,000.⁰⁰</u>
	TOTAL ASSETS	<u>1,239,000.⁰⁰</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	<u>00.00</u>	
Credit cards/revolving credit	<u>8000.00</u>	
Other Liabilities (Attach schedule)		
Total Current Liabilities		<u>8000.00</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	<u>600,000.00</u>	
Long term commercial loan	<u>00.00</u>	
Other Liabilities (Attach Schedule)	<u>00.00</u>	
Total Long-Term Liabilities		<u>608000.⁰⁰</u>
	TOTAL LIABILITIES	<u>608,000.⁰⁰</u>



US759 | BR314 | 8
 ROP 450
 P.O. Box 7000
 Providence, RI 02940

**Business Account
 Statement**

Page 1 of 7

Beginning July 01, 2024
 through July 31, 2024

Questions? Contact us today:

BS & DS CONSULTING
 313 W LIBERTY ST STE 107
 LANCASTER PA 17603-2748



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



VISIT:
 Access your account online:
citizensbank.com



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

**BS & DS CONSULTING
 Business Green Checking**

Business Green Checking for XXXXXX-153-2

Balance Calculation

Previous Balance		179,056.14
Checks	-	1,001.25
Debits	-	18,121.66
Deposits & Credit	+	23,606.31
Current Balance	=	183,539.54

You can waive the monthly maintenance fee of \$9.99 by maintaining an average daily balance in your account of \$2,000 or by making 5 qualifying transactions that post to your account during the statement period.

Your average daily balance used to qualify this statement period is: \$179,320

Your number of qualifying transactions this statement period is: 58

Your next statement period will end on August 30, 2024.

TRANSACTION DETAILS FOR BUSINESS CHECKING ACCOUNT ENDING 153-2

Checks (Note - checks that are present out of numeric sequence are denoted with an asterisk (*))

Check #	Amount	Date	Check #	Amount	Date	Previous Balance
						179,056.14
2151	100.00	07/08	2161	15.53	07/09	Total Checks
2155*	100.00	07/08	2162	197.72	07/11	
2159*	321.18	07/09	2163	100.00	07/19	-
2160	82.47	07/10	2165*	84.35	07/31	1,001.25

Please See Additional Information on Next Page

Business Green Checking for**Debits ****

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

Total Debits**18,121.66**

Date	Amount	Description
ATM/Purchases		
07/01	15.10	4408 DBT PURCHASE - 0020 CHICK-FIL-A #0 HARRISBURG PA
07/01	76.00	4408 DBT PURCHASE - 000000 PA BCCO CORP F HARRISBURG PA
07/01	2,167.70	4408 DBT PURCHASE - 0084 DRAKE SOFTWARE FRANKLIN NC
07/02	33.00	4408 DBT PURCHASE - 000000 MVQ*NAPA BENEFL LAKEWOOD R ANCF
07/02	10.25	4408 DBT PURCHASE - 000000 TERIYAKI MAX HARRISBURG PA
07/03	200.00	4408 DBT PURCHASE - LCB11P BANYANKORE KWE WALTHAM MA
07/03	380.00	4408 POS DEBIT - 000017 OMO FIVE STAR LEBANON PA
07/05	81.86	4408 POS DEBIT - 990317 COSTCO WHSE #0 LANCASTER PA
07/05	99.95	4408 DBT PURCHASE - 006698 INTUIT *QuickB CL.INTUIT. COMCA
07/05	9.83	4408 POS DEBIT - 860176 PILOT #0280 BLOOMSBURY NJ
07/05	7.43	4408 POS DEBIT - 000600 Miltons T Milt Chestnut H illMA
07/08	22.00	4408 DBT PURCHASE - P030 PILOT 280 BLOOMSBURY NJ
07/08	16.89	4408 DBT PURCHASE - C69VIE SQ *GORDON'S M Waltham MA
07/08	21.19	4408 DBT PURCHASE - 000000 ADOBE *ADOBE 4085366000 CA
07/10	154.50	4408 DBT PURCHASE - RV9C0H SQ *FLING'S TO Coatesville PA
07/10	29.70	4408 POS DEBIT - 930317 COSTCO GAS #03 LANCASTER PA
07/11	10.49	4408 DBT PURCHASE - 0020 CHICK-FIL-A #0 LANCASTER PA
07/12	18.01	4408 POS DEBIT - 990317 COSTCO WHSE #0 LANCASTER PA
07/15	14.99	4408 DBT PURCHASE - 0019 CHICK-FIL-A #0 HARRISBURG PA
07/16	56.11	4408 POS DEBIT - 930327 COSTCO GAS #03 HARRISBURG PA
07/17	47.34	4408 DBT PURCHASE - 000504 STRAIGHTTALK*S 877-430-23 55 FL
07/17	53.20	4408 POS DEBIT - 930317 COSTCO GAS #03 LANCASTER PA
07/18	230.60	4408 DBT PURCHASE - VSOJEQ NIPR* Z8TYTJK1 KANSAS CITY MO
07/19	18.32	4408 DBT PURCHASE - 0002 CHICK-FIL-A #0 LANCASTER PA
07/22	50.00	4408 POS DEBIT - 930317 COSTCO GAS #03 LANCASTER PA
07/23	83.74	4408 POS DEBIT - 242334 WAL-MART #2334 LANCASTER PA
07/24	30.47	4408 POS DEBIT - 930317 COSTCO GAS #03 LANCASTER PA
07/25	50.00	4408 DBT PURCHASE - 001981 STRAIGHTTALK*A 877-430-23 55 FL
07/26	50.00	4408 DBT PURCHASE - 001981 STRAIGHTTALK*A 877-430-23 55 FL
07/29	32.92	4408 DBT PURCHASE - 001981 STRAIGHTTALK*A 877-430-23 55 FL
07/29	225.00	4408 DBT PURCHASE - 000000 PA BCCO CORP F HARRISBURG PA

Please See Additional Information on Next Page

Business Green Checking for
Debits (Continued) **

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

Date	Amount	Description
ATM/Purchases (Continued)		
07/29	123.41	4408 POS DEBIT - 990317 COSTCO WHSE #0 LANCASTER PA
07/29	34.92	4408 POS DEBIT - 930317 COSTCO GAS #03 LANCASTER PA
07/30	37.00	4408 DBT PURCHASE - 000000 PTC EZ PASS CS HARRISBURG PA
07/31	16.31	4408 DBT PURCHASE - 0026 CHICK-FIL-A #0 LANCASTER PA
Other Debits		
07/01	51.00	LIFE INS OF SW XXXXXXXXXXXX 070124 58691815
07/05	35.00	STOP/HOLD FEE (1)
07/08	257.88	PAYROLL TAX 240708 16791379
07/08	86.00	LIFE INS OF SW XXXXXXXXXXXX 070824 58926004
07/10	904.53	TOYOTA ACH RTL 07092024 240710 8HV1627FHYGIPFG
07/10	.20	MACYS PAYMENT 240709 091429402339907
07/12	2,295.11	INTUIT 32722212 PAYROLL 240712 16791379
07/12	913.94	INTUIT 32722212 PAYROLL 240712 16791379
07/15	2,260.34	IRS USATAXPYMT 071524 227459766072590
07/15	296.95	PAYROLL TAX 240715 16791379
07/16	269.83	TRAVELERS PER INSUR 240715 BPITPI169742041
07/16	207.68	LIFE INS OF SW XXXXXXXXXXXX 071624 59180003
07/24	2,500.00	DEPOSITED CHECK RETURNED
07/24	20.00	DEPOSITED CHECK RETURNED FEE
07/26	2,295.11	INTUIT 35139845 PAYROLL 240726 16791379
07/26	913.94	INTUIT 35139845 PAYROLL 240726 16791379
07/30	150.00	NOW NETWORK DEBIT ZELLE DEBIT NOW NET ID: 421200N09XUR EPP ID: US24073088158262 Zelle PAUL LUKALANGO 8006566561
07/30	104.92	PAYROLL TAX 240730 16791379
07/30	51.00	LIFE INS OF SW XXXXXXXXXXXX 073024 59623010

Deposits & Credits
Total Deposits & Credits

Date	Amount	Description		
			+	23,606.31
07/02	142.42	NATIONAL LIFE COMM 240628 100058593		
07/03	3,075.00	DEPOSIT		
07/09	704.54	NATIONAL LIFE COMM 240705 100058593		
07/11	1,100.00	DEPOSIT		
07/12	100.00	NOW NETWORK CREDIT ZELLE CREDIT NOW NET ID: 419400F0CHBM EPP ID: US24071286450607 Zelle DAISY NAIRUBA 8006566561		
07/15	1,000.00	DEPOSIT		
07/16	166.44	NATIONAL LIFE COMM 240712 100058593		
07/17	3,500.00	DEPOSIT		
07/18	23.75	DRAKE SOFTWARE, PAYMENT 240718 140437_CONNECTI		

Please See Additional Information on Next Page

Business Green Checking for

Deposits & Credits (Continued)

<i>Date</i>	<i>Amount</i>	<i>Description</i>
07/19	300.00	DEPOSIT
07/19	286.11	4408 POS CREDIT - 062305 NST THE HOME D LANCASTER PA
07/22	5,319.00	DEPOSIT
07/23	4,750.00	DEPOSIT
07/25	84.00	THE HARTFORD INSRFDCL 240725 16986824
07/26	1,500.00	DEPOSIT
07/26	100.00	NOW NETWORK CREDIT ZELLE CREDIT NOW NET ID: 420800008LVO EPP ID: US24072687705992 Zelle DAISY NAIRUBA 8006566561
07/30	855.05	NATIONAL LIFE COMM 240726 100058593
07/31	600.00	REFUNDO PREP FEES 240731 240136

Daily Balance

<i>Date</i>	<i>Balance</i>	<i>Date</i>	<i>Balance</i>	<i>Date</i>	<i>Balance</i>
07/01	176,746.34	07/12	175,463.64	07/23	187,119.84
07/02	176,845.51	07/15	173,891.36	07/24	184,569.37
07/03	179,340.51	07/16	173,524.18	07/25	184,603.37
07/05	179,106.44	07/17	176,923.64	07/26	182,944.32
07/08	178,502.48	07/18	176,716.79	07/29	182,528.07
07/09	178,870.31	07/19	177,184.58	07/30	183,040.20
07/10	177,698.91	07/22	182,453.58	07/31	183,539.54
07/11	178,590.70				

Current Balance

= **183,539.54**



611 Centerville Road
Lancaster, PA 17601-1395

FEDERAL CREDIT UNION

RETURN SERVICE REQUESTED

Statement Period

Account #

7/1/2024 - 7/31/2024

DAVID A TENHWA
JACKIE R KAYAGA
1260 UNION ST
LANCASTER PA 17603-6826

Enroll through E-Stat
Enroll through August for a chance to win a \$100 deposit. Available 1st of the month. Easily accessible (5-Min Delivery) No papers to store.



We do business in accordance with the Federal Fair Housing Law and Equal Credit Opportunity Act. The credit union is federally insured by the National Credit Union Administration.

Statement Summary

Deposit Accounts

Total Balance: \$54,226.31

Account Type	Previous Balance	Deposits	Withdrawals	Ending Balance
Share Savings (ID#1)	20,024.04	10,000.00	0.00	30,024.04
Secure Checking (No Tier) (ID#17)	30,619.23	8,946.33	-15,363.29	24,202.27

Share Savings (ID# 1)

PREVIOUS BALANCE: \$20,024.04

Tran Date	Description	Deposits	Withdrawals	Balance
07/04	TRANSFER From account# 31171=17 To account# 31171=1 Reference Account: 17	10,000.00		30,024.04

ENDING BALANCE: \$30,024.04

Dividends Year-to-Date 4.86

Secure Checking (No Tier) (ID# 17)

PREVIOUS BALANCE: \$30,619.23

Tran Date	Description	Deposits	Withdrawals	Balance
07/01	DEBIT CARD DEBIT JOSABANK CLOTHIE LANCASTER PA		19.99	30,599.24
07/01	DEBIT CARD DEBIT DSW PARK CITY CT LANCASTER PA		74.96	30,524.28
07/02	SHARE DRAFT 2172		75.00	30,449.28
07/03	DEBIT CARD DEBIT IGS HOME 877-275-8197 OH		19.95	30,429.33
07/04	TRANSFER From account# 31171=17 To account# 31171=1 Reference Account: 1		10,000.00	20,429.33
07/05	ELECTRONIC DEPOSIT BETTER HOME HEALQUICKBOOKS240705	2,178.06		22,607.39
07/12	ELECTRONIC DEPOSIT	2,295.11		24,902.50

Tran Date	Description	Deposits	Withdrawals	Balance
	BUSINESS SUPPORTPAYROLL 240712			
07/12	DEBIT CARD DEBIT		104.94	24,797.56
	HOMESENSE #0011 EXTON PA			
07/12	SHARE DRAFT 2173		48.06	24,749.50
07/15	ELECTRONIC WITHDRAWAL		4,441.97	20,307.53
	GUILD MORTGAGE MTG-PAYMNT071024			
07/16	SHARE DRAFT 2176		75.00	20,232.53
07/16	SHARE DRAFT 2175		192.15	20,040.38
07/17	SHARE DRAFT 2174		45.00	19,995.38
07/19	ELECTRONIC DEPOSIT	2,178.05		22,173.43
	BETTER HOME HEALQUICKBOOKS240719			
07/20	DEBIT CARD DEBIT		44.52	22,128.91
	GREENIX OREM UT			
07/24	SHARE DRAFT 2177		75.00	22,053.91
07/26	ELECTRONIC DEPOSIT	2,295.11		24,349.02
	BUSINESS SUPPORTPAYROLL 240726			
07/29	SHARE DRAFT 2178		138.65	24,210.37
07/30	SHARE DRAFT 2179		4.10	24,206.27
07/31	MISCELLANEOUS DEBIT		4.00	24,202.27
	Secure checking Fees: \$4.00			

ENDING BALANCE: \$24,202.27

Dividends Year-to-Date 0.00

Check #	Amount	Check #	Amount	Check #	Amount	Check #	Amount
2172	75.00	2174	45.00	2176	75.00	2178	138.65
2173	48.06	2175	192.15	2177	75.00	2179	4.10

YEAR TO DATE Total Dividends for 2024

YTD Total Dividends

4.86



PRIORITY MAIL
FLAT RATE ENVELOPE
POSTAGE REQUIRED

PRE

PRESS FIRMLY TO SEAL

UNITED STATES
POSTAL SERVICE.

Retail

P

US POSTAGE PAID

\$9.85

Origin: 17604
08/08/24
4144080610-23

PRIORITY MAIL

PRIORITY MAIL®

0 Lb 3.90 Oz

RDC 03

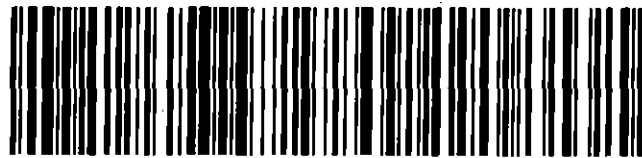
EXPECTED DELIVERY DAY: 08/10/24

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- Domestic
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