



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

January 2, 2025

A-6427629
A-2024-3052726

SAFEWAYZ TRANSPORTATION LLP
4104 NORTH 5TH STREET
PHILADELPHIA PA 19140-2614

RE: Application of SafeWayz Transportation LLP

To Whom It May Concern:

On December 30, 2024, the application of SafeWayz Transportation LLP, at A-2024-3052726, as a motor carrier was accepted for filing and docketed with the Public Utility Commission. In order for the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, Pennsylvania 17120

ALL Parties to proceedings pending before the Commission are advised to 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.

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

I, Tracey Johnson, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to David Canzoneri, Bureau of Technical Utility Services at (717) 346-9738. Faxed or emailed filings are **not** accepted.

Sincerely,

A handwritten signature in cursive script, reading "Rosemary Chiavetta".

Rosemary Chiavetta
Secretary

Enclosure

Docket No. A-2024-3052726
SafeWayz Transportation LLP

Request for Information

- 1.) Do you offer transportation services to members of the general public, or is your service limited to individuals who utilize the services of Personal Care Home C&G or Sial Medical?
- 2.) You failed to adequately answer all aspects of question #5 of the Verified Statement of Applicant. **Please review Title 52 Pa Code §29.501-509 Driver Regulations** to see what is required of motor carriers.
 - a. Please explain your hiring standards for drivers; **(Title 52 Pa Code §29.503 – Age Restrictions)**
 - i. Are there any age restrictions?
 - b. Your system for conducting criminal background checks; **(Title 52 Pa Code §29.505 – Criminal History)**
 - i. How do you plan on conducting criminal background checks?
 - ii. How often will you conduct criminal background checks?
 - iii. What type of things in their criminal background check would disqualify them from employment?
 - iv. How will you maintain records (record retention) of the criminal background checks performed?
 - c. Please describe your driver training program.
 - d. Your system for conducting driver license/history checks; **(Title 52 Pa Code §29.504 – Driver History)**
 - i. How often will you conduct driver license/history checks?
 - ii. How will you maintain records (record retention) of such checks?
 - e. Please identify what your policies are regarding alcohol and drug use by your drivers.
- 3.) Please review the below criteria and submit a revised compliant Statement of Financial Position:
 - a. The information provided is also to be strictly limited to assets and debts held by the applicant (SafeWayz Transportation LLP), and not the individual member(s). Any property and accounts listed must be registered or titled to the corporation. Bank accounts must be in the name of SafeWayz Transportation LLP. Vehicles must be registered to SafeWayz Transportation LLP. Property must be titled to

SafeWayz Transportation LLP. If these items are not in the name of SafeWayz Transportation LLP, then they should not be included on the balance sheet.

If you have not fully funded and equipped the business, now is the time to do so (before re-submitting your corrections). Applicants lacking suitable finances, resources, and equipment will be denied authority.

- b. In order to fully assist the Commission in determining your financial fitness, please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and notarized/official statements of account balances/ownership provided by bank officers (with current contact information). Any and all claimed vehicles or land/buildings must also include proof of ownership/registration vehicle titles, vehicle registrations, property titles, purchase agreements, etc.

You are encouraged to enlist professional financial assistance if you experience difficulty in constructing your statement of financial position. Be advised that failing to provide an acceptable financial statement is sufficient grounds for the denial of your application.

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). |

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)

SafeWayz Transportation, LLP

- 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- _____

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

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

If YES, provide your PA Corporation Bureau Entity ID Number 0013993280

(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).**

~~SafeWayz Transportation, LLP will develop and publish vehicle maintenance plan which outlines regular/interval servicing and vehicle safety inspections to include wear/tear of brakes, tires wipers, and other external equipment; system electronics, fluid levels, and external vehicle parts. All vehicle inspections will be scheduled with certified automotive service centers~~

6. **Mailing Address**

4104 North 5TH Street
Street Address

Philadelphia, PA 19140-2614 Philadelphia
City, State and Zip Code County

445-223-3812 contactus@personalcarehomecg.net
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 AS ABOVE
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)

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. _____

10. Describe the service area proposed by this application.

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

The service area will include Philadelphia County, Philadelphia, Pennsylvania as point of origin for transportation. The services will include transport of persons of elderly age, disabilities, and children who require assistance while traveling; transport of persons in wheelchair vans from Philadelphia to points in PA as required. The base service operations area will be in Philadelphia, PA and extend as required to meet needs of customer in state of PA. Additional services will be offered to school district, nursing homes, and insurance providers as alternate transportation. Additional vans/vehicles will be used to transport ambulatory non-emergency medical transport to and from scheduled appointments.

We offer transportation services to members of the general public.

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.

Tracey Johnson

(Print Name)



(Signature)

01/13/2025

(Date)

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

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VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

SafeWayz Transportation, LLP

Legal Name of Applicant

Trade Name, if any

4104 North 5TH Street	Philadelphia	PA	19140-2614
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.

Name: Tracey Johnson

Title: Owner

Address: 4104 North 5TH Street, Philadelphia, PA 19140-2614

Phone# 445-223-3812

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.

The applicant has served as owner/operations manager for transportation company where duties included recruiting, developing maintenance service plans/driver training programs/driver onboarding, maintenance of physical transportation records and overall business operations processes.

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.

The physical office organized in Personal Care Home C&G Medical Clinic where there is ample vehicle storage along with office suite which would serve as hub for dedicated operations support staff and personnel training, as required. The company also has ability to lease office space as business expands to further support operations and vehicle storage for expansion. SafeWayz will integrate computer system/capability to support electronic storage of maintenance plans, and maintenance records, and any additional records required by the PA PUC for verification. All drivers will be required to maintain fully charged and mounted cell phone/GPS devices in order to communicate driver activities through internal dispatch/transportation system.

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.

SafeWayz Transportation LLP plans to hire between 2-6 personnel to include drivers and support staff (dispatchers) with experience in the transportation industry. SafeWayz plans to utilize employment platforms such as LinkedIn for recruiting and hiring along with staffing agency partnership. All staff will be required to have driving experience to include knowledge of PA local and state laws, as well as federal laws. All staff will undergo credentialing to include background/criminal checks, motor vehicle check, and drug screen conducted by 3rd party entity, Occuscreen. All drivers will be required to maintain valid driver's license and acquire driver certification: CTAA, First Aid/CPR, and defensive driving. All staff will be required to provide verbal and written acknowledgement of drug and alcohol use policies prior to driver training. The company will develop and publish updated policy as required by PUC, local, state, and federal requirements. All staff will complete NEMT operations training with emphasis on customer service skills.

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>
2005	Chrysler	Town&Country	5	2C4GP44R35R277457	140,000

*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:
 - 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).

SafeWayz Transportation LLP will develop and publish vehicle maintenance plan which outlines regular/interval servicing and vehicle safety inspections to include wear/tear of brakes, tires, wipers, and other external equipment; system electronics, fluid levels, and external vehicle parts. All vehicle inspections will be scheduled with maintenance contractor following factory guidelines. The maintenance plan will be developed in accordance with compliance to local, state, and federal laws and/or ordinances.

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

The company has received quote from insurance broker specializing in PA NEMT provider (insureNEMT). The company will acquire insurance as part of PUC compliance and requirements as company awaits PUC approval to operate.

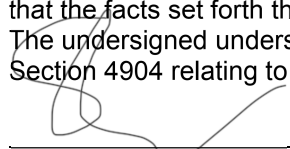
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

_____ 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)
 Tracey Johnson - Owner

 (Name and Title, printed or typed)

01/13/2025

 (Date)

Statement of Financial Position (Balance Sheet)
As of (date) 01/10/2025
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$13300	
Other Current Assets (specify)		
Total Current Assets		\$13300
Tangible Assets		
Motor Vehicle Equipment	\$5500	
Property (buildings, land, etc.)		
Office Equipment		\$2500
	TOTAL ASSETS	\$21300

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans		
Credit cards/revolving credit		
Other Liabilities (Attach schedule)	\$5000	
Total Current Liabilities		\$5000
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)	\$1480	
Total Long-Term Liabilities		\$1480
	TOTAL LIABILITIES	\$6480

Long Term payments

Month	Rent	Phone	Insurance	Monthly Total
January	\$1,000	\$300	\$180	\$1,480
February	\$1,000	\$300	\$180	\$1,480
March	\$1,000	\$300	\$180	\$1,480
April	\$1,000	\$300	\$180	\$1,480
May	\$1,000	\$300	\$180	\$1,480
June	\$1,000	\$300	\$180	\$1,480
July	\$1,000	\$300	\$180	\$1,480
August	\$1,000	\$300	\$180	\$1,480
September	\$1,000	\$300	\$180	\$1,480
October	\$1,000	\$300	\$180	\$1,480
November	\$1,000	\$300	\$180	\$1,480
December	\$1,000	\$300	\$180	\$1,480
Total	\$12,000	\$3,600	\$2,160	\$17,760

Other Liability Schedule – Professional Business Services (Marketing, Branding)

Month	Monthly Liability
January	\$417
February	\$417
March	\$417
April	\$417
May	\$417
June	\$417
July	\$417
August	\$417
September	\$417
October	\$417
November	\$417
December	\$413
Total	\$5,000



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navyfederal.org

Statement of Account

Statement Period
12/01/24 - 12/31/24

Access No. 16754064

Routing Number: 2560-7497-4

Questions about this Statement?
Toll-free in the U.S. 1-888-842-6328
For toll-free numbers when overseas,
visit navyfederal.org/overseas/
Collect internationally 1-703-255-8837

Say "Yes" to Paperless! View your digital statements via Mobile or Navy Federal Online Banking.

#BWNLLSV
#000000Q 6W5TPV4A5#000DQ E90F
SAFEWAYZ TRANSPORTATION LLP
4104 N 5TH ST
PHILADELPHIA PA 19140-2104

Say "Yes" to Paperless Statements

If you haven't already, go paperless! You can access up to 36 months of statements anytime, anywhere. To get started, select "Statements" in digital banking.* It's an easy way to reduce the risk of identity theft and cut down on paper clutter. Insured by NCUA. *Message and data rates may apply. Visit navyfederal.org for more information.

Summary of your deposit accounts

	Previous Balance	Deposits/ Credits	Withdrawals/ Debits	Ending Balance	YTD Dividends
Business Checking ██████████	\$468.22	\$32,418.39	\$31,585.00	\$13,301.61	\$0.06
Mbr Business Savings ██████████	\$5.41	\$0.00	\$0.00	\$5.41	\$13.33
Totals	\$473.63	\$32,418.39	\$31,585.00	\$13,307.02	\$13.39

Checking

Business Checking -

Date	Transaction Detail	Amount(\$)	Balance(\$)
12-01	Beginning Balance		468.22

REMITTANCE RECEIVED AFTER STATEMENT PERIOD WILL APPEAR ON YOUR NEXT STATEMENT

DEPOSIT VOUCHER

SAFEWAYZ TRANSPORTATION LLP
16754064

(FOR MAIL USE ONLY. DO NOT SEND CASH THROUGH THE MAIL
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL)

MARK "X" TO CHANGE
ADDRESS/ORDER
ITEMS ON REVERSE



**NFCU
PO BOX 3100
MERRIFIELD VA 22119-3100**

ACCOUNT NUMBER	ACCOUNT TYPE	AMOUNT ENCLOSED	
██████████	Checking		
██████████	Savings		
TOTAL			

[illegible]



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Statement Period
12/01/24 - 12/31/24

Access No. 16754064

Statement of Account
For SAFEWAYZ TRANSPORTATION LLP

Business Checking - [REDACTED]

(Continued from previous page)

Date	Transaction Detail	Amount(\$)	Balance(\$)
12-01	Transfer To Checking Karima Parson Wright	450.00-	18.22
12-04	Deposit - ACH Paid From Eight Eleven Gro Direct Dep 01Afd9	1,984.19	2,002.41
12-04	Transfer To Checking Tracey L Johnson	10.00-	1,992.41
12-04	Transfer To Checking Tracey L Johnson	120.00-	1,872.41
12-04	Transfer To Checking Niayah Parson	250.00-	1,622.41
12-04	Transfer To Checking Tracey L Johnson	345.00-	1,277.41
12-04	Transfer To Checking Karima Parson Wright	500.00-	777.41
12-04	Transfer To Checking Tracey L Johnson	500.00-	277.41
12-05	Bank Wire Deposit	11,000.00	11,277.41
12-05	Transfer To Checking Tracey L Johnson	75.00-	11,202.41
12-06	Transfer To Checking Tracey L Johnson	50.00-	11,152.41
12-06	Transfer To Checking Tracey L Johnson	100.00-	11,052.41
12-06	Transfer To Checking Tracey L Johnson	100.00-	10,952.41
12-06	Transfer To Checking Niayah Parson	250.00-	10,702.41
12-06	Transfer To Checking Tracey L Johnson	350.00-	10,352.41

CHANGE OF ADDRESS

PLEASE PRINT. USE BLUE OR BLACK BALL POINT PEN.

RANK/RATE	NAME (FIRST	MI	LAST)	ACCOUNT NUMBERS AFFECTED
ADDRESS (NO. STREET)				
CITY		STATE	ZIP CODE	
SIGNATURE OF NAVY FEDERAL MEMBER				
EFFECTIVE DATE (MO., DAY, YR.)	HOME TELEPHONE NUMBER		DAYTIME TELEPHONE NUMBER	
- -	()		()	



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Statement Period
12/01/24 - 12/31/24

Access No. 16754064

Statement of Account
For SAFEWAYZ TRANSPORTATION LLP

Business Checking - [REDACTED]

(Continued from previous page)

Date	Transaction Detail	Amount(\$)	Balance(\$)
12-06	Transfer To Checking Tracey L Johnson	1,500.00-	8,852.41
12-07	Deposit - ACH Paid From Carilion Health PR Payment 01Afd1	3,750.88	12,603.29
12-07	Transfer To Checking Tracey L Johnson	800.00-	11,803.29
12-07	Transfer To Checking Niayah Parson	3,000.00-	8,803.29
12-08	Transfer To Checking Tracey L Johnson	100.00-	8,703.29
12-08	Transfer To Checking Tracey L Johnson	100.00-	8,603.29
12-08	Transfer To Checking Tracey L Johnson	250.00-	8,353.29
12-08	Transfer To Checking Tracey L Johnson	800.00-	7,553.29
12-08	Transfer To Checking Tracey L Johnson	1,000.00-	6,553.29
12-08	Transfer To Checking Niayah Parson	5,000.00-	1,553.29
12-11	Deposit - ACH Paid From Eight Eleven Gro Direct Dep 01Afd9	2,310.35	3,863.64
12-12	Transfer To Checking Tracey L Johnson	160.00-	3,703.64
12-12	Transfer To Checking Tracey L Johnson	200.00-	3,503.64
12-14	Transfer To Checking Tracey L Johnson	3,500.00-	3.64
12-18	Deposit - ACH Paid From Eight Eleven Gro Direct Dep 01Afd9	2,311.07	2,314.71
12-18	Transfer To Checking Tracey L Johnson	50.00-	2,264.71
12-18	Transfer To Checking Tracey L Johnson	1,700.00-	564.71
12-19	Deposit - ACH Paid From Black Waterhorse Deposit 121923	1,446.87	2,011.58
12-19	Deposit - ACH Paid From Black Waterhorse Deposit 121923	3,490.41	5,501.99
12-19	Transfer To Checking Tracey L Johnson	100.00-	5,401.99
12-19	Transfer To Checking Tracey L Johnson	200.00-	5,201.99
12-19	Transfer To Checking Tracey L Johnson	300.00-	4,901.99
12-19	Transfer To Checking Tracey L Johnson	300.00-	4,601.99
12-19	Transfer To Checking Tracey L Johnson	300.00-	4,301.99
12-19	Transfer To Checking Tracey L Johnson	500.00-	3,801.99
12-19	Transfer To Checking Tracey L Johnson	1,000.00-	2,801.99
12-20	Transfer To Checking	100.00-	2,701.99



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navyfederal.org

Statement Period
12/01/24 - 12/31/24

Access No. 16754064

Statement of Account
For SAFEWAYZ TRANSPORTATION LLP

Business Checking - [REDACTED]

(Continued from previous page)

Date	Transaction Detail	Amount(\$)	Balance(\$)
	Tracey L Johnson		
12-21	Deposit - ACH Paid From Carilion Health PR Payment 01Afd1	3,750.33	6,452.32
12-21	Transfer To Checking	100.00-	6,352.32
	Tracey L Johnson		
12-21	Transfer To Checking	300.00-	6,052.32
	Tracey L Johnson		
12-22	Transfer To Checking	1,000.00-	5,052.32
	Syreeta Wilson		
12-26	Deposit - ACH Paid From Eight Eleven Gro Direct Dep 01Afd9	2,374.27	7,426.59
12-26	Transfer To Checking	10.00-	7,416.59
	Tracey L Johnson		
12-26	Transfer To Checking	15.00-	7,401.59
	Tracey L Johnson		
12-26	Transfer To Checking	20.00-	7,381.59
	Tracey L Johnson		
12-26	Transfer To Checking	30.00-	7,351.59
	Tracey L Johnson		
12-26	Transfer To Checking	50.00-	7,301.59
	Tracey L Johnson		
12-26	Transfer To Checking	100.00-	7,201.59
	Tracey L Johnson		
12-26	Transfer To Checking	150.00-	7,051.59
	Tracey L Johnson		
12-26	Transfer To Checking	150.00-	6,901.59
	Karima Parson Wright		
12-26	Transfer To Checking	200.00-	6,701.59
	Tracey L Johnson		
12-26	Transfer To Checking	300.00-	6,401.59
	Tracey L Johnson		
12-26	Transfer To Checking	305.00-	6,096.59
	Tracey L Johnson		
12-26	Transfer To Checking	400.00-	5,696.59
	Tracey L Johnson		
12-26	Transfer To Checking	400.00-	5,296.59
	Tracey L Johnson		
12-26	Transfer To Checking	800.00-	4,496.59
	Karima Parson Wright		
12-26	Transfer To Checking	1,500.00-	2,996.59
	Niayah Parson		
12-27	Transfer To Checking	50.00-	2,946.59
	Tracey L Johnson		
12-27	Transfer To Checking	125.00-	2,821.59
	Tracey L Johnson		
12-27	Transfer To Checking	500.00-	2,321.59
	Tracey L Johnson		
12-28	Transfer To Checking	20.00-	2,301.59
	Tracey L Johnson		
12-28	Transfer To Checking	100.00-	2,201.59
	Tracey L Johnson		
12-29	Transfer To Checking	400.00-	1,801.59
	Tracey L Johnson		



PO Box 3000 • Merrifield, VA • 22119-3000
navyfederal.org

Statement Period
12/01/24 - 12/31/24

Access No. 16754064

Statement of Account
For SAFEWAYZ TRANSPORTATION LLP

Business Checking - [REDACTED]

(Continued from previous page)

Date	Transaction Detail	Amount(\$)	Balance(\$)
12-29	Deposit - ACH Paid From Eight Eleven Gro Direct Dep 01Afd9	3500.00-	13,301.59
12-29	Dividend	0.02	13,301.61
12-31	Ending Balance		13,301.61

Average Daily Balance - Current Cycle: \$2,854.52

Savings

Mbr Business Savings - [REDACTED]

Date	Transaction Detail	Amount(\$)	Balance(\$)
12-01	Beginning Balance		5.41
	No Transactions This Period		
12-31	Ending Balance		5.41

Disclosure Information

- The interest charge on the Checking Line of Credit advances begins to accrue on the date an advance is posted to your account and continues to accrue daily on the unpaid principal balance.
- We calculate the interest charge on your account by applying the daily periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances or fees, and subtract any payments, credits, or unpaid interest charges.
- You may also determine the amount of interest charges by multiplying the "Balance Subject to Interest Rate" by the number of days in the billing cycle and the daily periodic rate. The "Balance Subject to Interest Rate" disclosed in the Interest Charge Calculation table is the "average daily balance." To calculate the "average daily balance" add up all the "daily balances" for the billing cycle and divide the total by the number of days in the billing cycle.
- If there are two or more daily periodic rates imposed during the billing cycle, you may determine the amount of interest charges by multiplying each of the "Balances Subject to Interest Rate" by the number of days the applicable rate was in effect and multiplying each of the results by the applicable daily periodic rate and adding the results together.

What to Do if You Think You Find a Mistake on Your Statement

Errors Related to a Checking Line of Credit Advance

If you think there is an error on your statement, write to us at:

Navy Federal Credit Union, PO Box 3000, Merrifield, VA 22119-3000; or by fax, 1-703-206-4244.

You may also contact us on the Web: navyfederal.org.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing (or electronically). You may call us, but if you do, we are not required to investigate any potential error, and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

If we take more than 10 days in resolving an electronic transfer inquiry, we will provisionally credit your account for the amount in question so that you will have access to the funds during the time of our investigation.

Errors Within Your Checking Account, Money Market Savings Account, or Savings Account

In case of errors or questions about your electronic transfers telephone us at 1-888-842-6328, write us at the address provided above, or through Navy Federal Online Banking as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Payments

Your check must be payable to Navy Federal Credit Union and include your Checking Line of Credit account number. Include the voucher found at the bottom of your statement and mail the enclosed envelope to: Navy Federal Credit Union, PO Box 3100, Merrifield, VA 22119-3100. Payments received by 5:00 pm Eastern Time at the mail address above will be credited the same day. Mailed payments for your Checking Line of Credit account may not be commingled with funds designated for credit to other Navy Federal Credit Union accounts.

BUYER'S TAG RECEIPT - BUYER'S COPY

Tag Number: 465389 Date of Sale: December 30, 2024
Expiration Date: March 30, 2025

Issue Date: December 30, 2024
VIN: 2C4GP44R35R277457
Year: 2005
Make: Chevy
Major Color: BLUE

Body Style: Minivan
Model: Chrysler
Minor Color:

Issuing Dealer:
Dealer Number:

BEST AUTO MOTOR LLC
P158554

Purchaser
Name 1:
Address:

SAFEWAYZ TRANSPORTATION, LLP
4104 N 5TH Street
Philadelphia, PA 19140

BUYER is required to keep this receipt in the vehicle until vehicle is registered and metal plates are placed on the vehicle.

BUYER'S COPY