

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

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)

HEARTLINE MOBILITY 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 **NO** **Previous Authority?** **NO**

If YES, at PUC No. A- _____

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 14025112

(See checklist and indicate type of business entity registered)

Amendment to application
A- 2024-3052695

Statement of Financial Position (Balance Sheet)
As of (date) 01/17/2025
(Must be less than 6 months old)

<u>ASSETS</u>			
Current Assets			
Cash	4,700.00		
Other Current Assets (specify)	0.00		
Total Current Assets			4,700.00
Tangible Assets			
Motor Vehicle Equipment	vehicle-15,000.00		
Property (buildings, land, etc.)	office equipment - 2,300.00		0.00
Office Equipment			0.00
TOTAL ASSETS			17,300.00
<u>LIABILITIES</u>			
Current Liabilities (Due within one year of date)			
Loans	0.00		
Credit cards/revolving credit	0.00		
Other Liabilities (Attach schedule)	0.00		
Total Current Liabilities			0.00
Long Term Liabilities (Due after one year of date)			
Mortgage	0.00		
Long term commercial loan	0.00		
Other Liabilities (Attach Schedule)	0.00		
Total Long-Term Liabilities			0.00
TOTAL LIABILITIES			0.00



Wells Fargo Bank Newport Branch
 145 Thomas Gangemi Dr
 Jersey City, NJ 07310

WELLS FARGO BANK, N.A.
 NEWPORT
 145 Thomas Gangemi Drive
 JERSEY CITY, NJ 07310

wellsfargo.com

January 16, 2025

Heartline Mobility LLC
 623 Court St
 Elizabeth, NJ 07206

Dear Heartline Mobility LLC

This letter indicates that the Customer named above has requested a verification of the following deposit accounts with Wells Fargo Bank, N.A.

Row	Account Number (Last 4-digits)	Account Name	Date Opened	Current Balance (see Note below)
1		Business Checking Account	01/16/2025	4,700
2				
3				
4				
5				
Total:				\$4,700.00

Note: The Current Balance provided above is the opening available balance as of the date of this letter but such balance does not include any uncollected items and/or amounts that have not yet been posted to such account as of the date hereof.

Important Disclosures

The recipient of this information hereby acknowledges that Wells Fargo ("we", "us") does not represent or warrant that the information provided herein is complete or accurate, and any errors or omissions in the information shall not be a basis for a claim against us. This information may not disclose the entire relationship the Customer maintains with us.

This information is subject to change at any time without notice. We are not obligated to notify the recipient of any change in this information, or if any deposit account relationship referenced herein is, or is in the process of being, modified, terminated, or cancelled, unless we are required to do so by law or under the terms of the applicable deposit account agreement.

This letter does not constitute a guaranty of future balances or credit support of any nature, nor do we accept any duty, responsibility, liability or obligation that may arise from providing this letter, including any reliance upon the information or for any loss or damage that may result.

If you have any questions about the information provided or need additional information, please contact the bank's customer as the bank has not been authorized to provide you with any additional information.

Thank you. We appreciate your business.

Wells Fargo Bank, N.A.

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

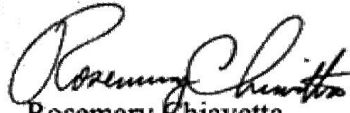
I, Moneer Ibrahim, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 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 Compliance Specialist Kevin Morgan, Bureau of Technical Utility Services at (717)787-2687. Faxed or emailed filings are **not** accepted.

Sincerely,


Rosemary Chiavetta
Secretary

Enclosure