

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 on 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.

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)
Fellowship Supports Coordination Agency, Inc
-

- 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)
N/A
-

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- N/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 6424330
(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).**

Desale B Keleta

_____	_____
_____	_____
_____	_____

6. **Mailing Address**

406 N Chester Rd

Street Address

West Chester, Pa 19380

Chester

City, State and Zip Code

County

267 988 3717

dbkeleta@fellowshipa.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.)

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).
-

See attached sheet.

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.

Desale B Keleta

(Print Name)

Desale B. Keleta

4/10/2025

(Signature)

(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.

Fellowship Supports Coordination Agency, Inc

Legal Name of Applicant			
N/A			
Trade Name, if any			
406 N Chester Rd	West Chester	Pa	19380
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.

Desale B Keleta

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

Owner

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.

Applicant has been operating Fellowship Supports Coordination Agency since 2016
Has degrees in History and Nursing

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.

See attached sheet.

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.

See attached sheet.

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>
2018	Toyota	Highlander	7	5TDDZRFH9JS842469	68,324
2020	Mercedes Benz	SW	7	4JGFF5KE1LA089585	6,758

*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).

See attached sheet

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

Agency has contacted insurance agencies and has determined it is able to obtain insurance and has funds available in bank account to cover the cost.

Upon approval Agency will obtain all required insurance.

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. Section 4904 relating to unsworn falsification to authorities.

Desale B Keleta

(Signature)

President/CEO

(Name and Title, printed or typed)

4/10/25

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) 4/08/2025
(Must be less than 6 months old)

ASSETS

Current Assets	47,123.90	
Cash	_____	
Other Current Assets (specify)	_____	
Total Current Assets		_____
Tangible Assets	70,000	
Motor Vehicle Equipment	_____	
Property (buildings, land, etc.)	_____	
Office Equipment	_____	
TOTAL ASSETS		<u>117,123</u>

LIABILITIES

Current Liabilities (Due within one year of date)	N/A	
Loans	_____	
Credit cards/revolving credit	_____	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		_____
Long Term Liabilities (Due after one year of date)		
Mortgage	_____	
Long term commercial loan	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long-Term Liabilities		_____
TOTAL LIABILITIES		_____

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

**RE: Application of Fellowship Supports coordination Agency, Inc
Addendum to main application.**

1) Response to Question #10:

We only intend to transport individuals for non-emergency medical paratransit purposes. Our service will focus exclusively on assisting individuals in getting to and from their medical appointments in a timely and reliable manner.

b. By "Philadelphia area," we define our service territory as follows:

- We intend to provide transportation **from points within the City and County of Philadelphia to points within the Commonwealth of Pennsylvania**, and return.
- This includes transportation originating in Philadelphia and terminating in surrounding counties such as **Montgomery, Bucks, Chester, and Delaware and Berks Counties**.
- Our defined service area will cover the greater Philadelphia metropolitan area, ensuring that all starting and ending points are clearly identifiable on a map and within the state of Pennsylvania.

2) Response to Question #4:

- **1. Facilities and Office Equipment:**
Our business operations will be based at a physical office located at **406 N Chester Rd West Chester, Pa 19380**. The office will be equipped with the following office machines and equipment to support efficient operations and customer service:
 - **Computer systems** with internet access and necessary software for scheduling and record-keeping. Using MTM drivers app.
 - **Telecommunication equipment** includes multiple phone lines and a designated customer service line.
 - **Secure filing cabinets** for physical record storage and a password-protected digital database for electronic record-keeping.
 - Our vehicles will be housed at a **secured parking facility** located at **406 N Chester Rd West Chester, Pa 19380**. This facility is monitored to ensure the safety of the vehicles and allow for regular maintenance and inspections.

2. Record Maintenance Plan:

We will maintain all required records in compliance with the Pennsylvania Public Utility Commission (PUC) regulations. This includes:

- **Trip logs, driver records, and vehicle maintenance records** stored electronically and backed up regularly.
- **Financial records** including invoices, payment records, and tax filings will be maintained both digitally and in hard copy.
- **Customer service records** including complaints, incident reports, and service history retained for a minimum of five (5) years.

3. Communication Network:

We will utilize a **central dispatch system** via MTM driver's app to handle customer requests and driver coordination:

- Customer requests will be received via **phone, a dedicated mobile app, and an online booking portal**.
- A **real-time scheduling system** will assign drivers based on proximity and availability.
- Dispatchers will use MTM driver's app and **mobile communication (cell phones)** to maintain continuous contact with drivers.
- Drivers will be equipped with **GPS-enabled devices** to allow real-time tracking and routing adjustments as needed.
- In the event of communication issues, backup systems including direct phone contact and SMS messaging will be in place to ensure seamless communication.

3 Response to Question #5:

a. Hiring Standards for Drivers:

Our company will adhere to the hiring standards outlined in **Title 52 Pa Code §29.503:**

- **Age Restrictions:** All drivers must be at least **21 years of age** to qualify for employment. This ensures that drivers have sufficient driving experience and maturity to operate a vehicle safely and responsibly.

b. Criminal Background Checks:

We will implement a strict background check policy to ensure the safety of our passengers and compliance with PUC regulations:

- **Background Check Service:** We will use a reputable third-party service such as **HireRight** or **Check** to conduct criminal background checks.
- **Frequency:** Background checks will be conducted **upon hiring** and then **annually** to ensure drivers maintain a clean record.
- **Disqualifying Factors:** The following findings in a criminal background check will disqualify a candidate from employment:

- Felony convictions involving **violence, theft, or drug offenses** within the past **7 years**.
- Any conviction for **DUI** within the past **5 years**.
- Any record of **sexual offenses** or offenses involving **harm to minors** will result in immediate disqualification.
- **Record Retention:** Background check records will be securely stored in a **digital database** with restricted access. Records will be retained for a minimum of **5 years** after the driver's termination of employment.

c. Driver Training Program:

All drivers will be required to complete a comprehensive training program prior to beginning service, which includes:

- **Defensive Driving:** Training on safe driving techniques, hazard awareness, and accident prevention.
- **Customer Service:** Instruction on professionalism, handling difficult passengers, and ensuring a positive customer experience.
- **ADA Compliance:** Training on assisting passengers with disabilities, including proper use of wheelchair lifts and securing mobility devices.
- **Emergency Procedures:** Training on how to handle medical emergencies, vehicle breakdowns, and accidents.
- **Navigation and Technology:** Instruction on using GPS devices, route optimization, and communication systems.

Drivers will also complete **refresher training** annually and after any incident or customer complaint.

d. Driver License/History Checks:

To ensure all drivers maintain a clean driving record, we will implement the following system:

- **Conducting Checks:** We will use the **Pennsylvania Department of Transportation (PennDOT)** or a third-party service such as **MVR check** to obtain motor vehicle reports (MVR) for all prospective drivers.
- **Frequency:** Driver license and history checks will be conducted **upon hiring** and then **annually**. Additional checks may be performed if a driver is involved in an accident or receives a citation.
- **Record Retention:** All driver license and history check records will be securely stored in a **digital database** and retained for a minimum of **5 years** after the driver's termination of employment.

4 Response to Question #4:

1. Alcohol and Drug Use Policy:

Fellowship Supports Coordination Agency, Inc will maintain a strict **zero-tolerance policy** regarding alcohol and drug use by drivers to ensure the safety of passengers and compliance with Pennsylvania Public Utility Commission (PUC) regulations.

2. Drug Testing:

a. Frequency of Drug Testing:

We will conduct drug testing in the following situations:

- **Pre-employment:** All prospective drivers will be required to pass a drug test before being hired.
- **Random Testing:** Drivers will be subject to **random drug testing** throughout their employment. A minimum of **25% of the active driving staff** will be tested annually.
- **Post-Accident Testing:** Drivers involved in an accident or incident while on duty will be required to submit to an immediate drug test.
- **Reasonable Suspicion:** If a driver shows signs of impairment or erratic behavior, they will be subject to immediate drug testing.

3. Course of Action for a Failed Test:

If a driver fails a drug test or refuses to submit to testing, the following actions will be taken:

- **Immediate Suspension:** The driver will be immediately suspended from duty.
- **Termination:** If the test confirms illegal drug use or abuse of prescription medication, the driver will be **terminated** from employment.
- **Reinstatement:** If the driver seeks rehabilitation and provides proof of successful completion of a certified substance abuse program, they may be considered for reinstatement at the discretion of management.

4. Alcohol Use Policy:

- **Zero Tolerance:** Drivers are strictly prohibited from consuming alcohol **within 8 hours** before starting a shift or while on duty.
- **Random Alcohol Testing:** We will conduct **random alcohol testing** on at least **10% of the active driving staff** annually.
- **Post-Accident and Reasonable Suspicion Testing:** If a driver is involved in an accident or shows signs of impairment, they will be subject to an immediate alcohol test.
- **Failed Alcohol Test:**
 - A blood alcohol concentration (BAC) of **0.02% or higher** will result in immediate suspension.
 - A BAC of **0.04% or higher** will result in immediate **termination** of employment.

- Drivers with a BAC between **0.02% and 0.04%** may be suspended and required to complete a substance abuse program before returning to work.

5. Record Retention:

- All drug and alcohol test results, including random tests and post-incident tests, will be securely stored in a **confidential digital database** with restricted access.
- Records will be retained for a minimum of **5 years** after the driver's termination of employment.

5 Response to Question #5:

1. Vehicle Safety and Maintenance Program:

Fellowship Supports Coordination Agency, Inc is committed to maintaining a rigorous vehicle safety program to ensure the safety of passengers and compliance with Pennsylvania Public Utility Commission (PUC) and Pennsylvania Department of Transportation (PennDOT) regulations.

a. Regular Maintenance Schedule:

We will follow a structured maintenance schedule to keep all vehicles in peak operating condition:

- **Daily Inspections:** Drivers will be required to complete a pre-trip and post-trip inspection (details below).
- **Monthly Maintenance:** Vehicles will undergo a detailed mechanical inspection and routine maintenance every **30 days**. This will include:
 - **Oil and fluid changes**
 - **Brake system inspection** and replacement (if necessary)
 - **Tire rotation** and pressure check
 - **Battery test**
 - **Lights, signals, and horn functionality check**
 - **Windshield wiper and washer fluid check**
- **Quarterly Maintenance:** Every **3 months**, vehicles will undergo a comprehensive safety inspection, including:
 - **Suspension and alignment check**
 - **Exhaust system** inspection
 - **Transmission fluid check**
 - **Heating and cooling system** inspection
- **Annual State Inspection:** All vehicles will undergo a **state-certified inspection** as required under Pennsylvania law.

All maintenance will be conducted by a **licensed and certified mechanic**. Detailed maintenance logs will be maintained for each vehicle and stored securely in both **digital and physical formats**.

b. Pre-Trip and Post-Trip Inspections:

All drivers will be required to perform both **pre-trip** and **post-trip** inspections to identify and address any issues before and after each shift:

- **Pre-Trip Inspection Checklist:**
 - Check tire pressure and tread depth
 - Inspect lights, turn signals, and brake lights
 - Ensure mirrors and windows are clean and intact
 - Test brakes and steering responsiveness
 - Check for any fluid leaks under the vehicle
 - Confirm that seat belts and safety equipment (e.g., fire extinguisher, first aid kit) are present and functional
- **Post-Trip Inspection Checklist:**
 - Note any operational issues experienced during the trip
 - Check for damage to the vehicle body or tires
 - Ensure that all personal items are removed from the vehicle
 - Verify that all lights and signals are working
 - Report any maintenance or repair needs immediately

Drivers will be required to log their inspections in a **digital reporting system**. Any issues will be immediately reported to the fleet manager, and vehicles with safety issues will be removed from service until repairs are completed.

c. Compliance with Pennsylvania Equipment Standards:

Lulu Transportation LLC will ensure continuous compliance with **67 Pa. Code, Chapter 175** by implementing the following procedures:

- **Regular Internal Audits:** A designated fleet manager will conduct quarterly internal audits to ensure all vehicles meet Pennsylvania safety and equipment standards.
- **Certified Inspections:** All vehicles will be inspected annually by a **state-certified inspection facility** to confirm compliance with Pennsylvania equipment standards.
- **Driver Reporting System:** Drivers will be required to report any equipment malfunctions or safety concerns immediately. A maintenance log will be updated in real time to track and resolve issues promptly.
- **Ongoing Training:** Drivers and maintenance staff will receive periodic training on Pennsylvania equipment standards and best practices for vehicle safety.

4. Record Retention:

- All maintenance records, inspection logs, and repair documentation will be retained for a minimum of **5 years**.
- Records will be stored in a **secure digital database** and backed up regularly.

ARTICLES OF INCORPORATION

DSCB: 15-1306 (Rev. 7/2015)

The type of domestic corporation is:

Business-Stock (15 Pa.C.S. § 1306)

Professional (15 Pa.C.S. § 2903)

1. The name of the corporation is:

Fellowship Supports Coordination Agency, Inc.

This corporation is incorporated under the provisions of the Business Corporation Law of 1988.

2. The address of this corporation's initial registered office in this Commonwealth is:

320 West Biddle Street
West Chester, PA 19380

County of Chester

3. The aggregate number of shares authorized to be issued is:

1,000 Shares

4. The name and address of the incorporator is:

R. W. Worthington, Jr.
2021 Arch Street
Philadelphia, PA 19103

Date: June 27, 2016



R. W. Worthington, Jr.



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PA. DEPT. OF STATE

UNANIMOUS CONSENT IN LIEU OF
ORGANIZATION MEETING OF INCORPORATORS
Fellowship Supports Coordination Agency, Inc.

THE UNDERSIGNED, being all of the incorporators of the above named corporation, a corporation organized under the laws of the Commonwealth of Pennsylvania, does hereby adopt the following resolutions:

RESOLVED, That the filing of the Articles of Incorporation with the Department of State of the Commonwealth of Pennsylvania be duly advertised as required by law, and that the Secretary of this corporation cause a copy of the Articles of Incorporation to be prefixed to the minutes, and that this corporation proceed to do business thereunder.

RESOLVED, That the form of By-Laws submitted for the regulation of the affairs of the corporation be adopted and inserted in the minute book immediately following the copy of the Articles of Incorporation.

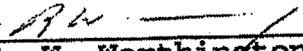
RESOLVED, That the following are designated to constitute the Board of Directors of this corporation, to hold office for the ensuing year and until successors are chosen and qualified:

Desale Berhe Keleta
Adiam T. Keleta

RESOLVED, That the Board of Directors be and it is hereby authorized to issue the capital stock of this corporation to the full amount or number of shares authorized by the Articles of Incorporation, in such amounts and proportions as

from time to time shall be determined by the Board, and to accept in full or in part payment thereof such property as the Board may determine shall be good and sufficient consideration and necessary for the business of this corporation.

Dated: June 28, 2016



R. W. Worthington, Jr.



P.O. Box 15284
Wilmington, DE 19850

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FELLOWSHIP SUPPORTS COORDINATION
AGENCY, INC
406 N CHESTER RD
WEST CHESTER, PA 19380-6424

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for February 1, 2025 to February 28, 2025

Account number: 3830 1314 5682

FELLOWSHIP SUPPORTS COORDINATION AGENCY, INC

Account summary

Beginning balance on February 1, 2025	\$128,362.49
Deposits and other credits	0.00
Withdrawals and other debits	-25.44
Checks	-0.00
Service fees	-0.00
Ending balance on February 28, 2025	\$128,337.05

of deposits/credits: 0

of withdrawals/debits: 1

of items-previous cycle¹: 1

of days in cycle: 28

Average ledger balance: \$128,339.77

¹Includes checks paid, deposited items and other debits

BUSINESS ADVANTAGE

View your key business metrics all in one place.

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When you use the QR code feature, certain information is collected from your mobile device for business purposes.

¹You must be enrolled in Business Advantage 360, our small business online banking, or Mobile Banking to use Cash Flow Monitor and Connected Apps, and have an eligible Bank of America® small business deposit account. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

SSM-11-23-0007.B | 6019109

IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

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

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Equal Housing Lender

Withdrawals and other debits

Date	Description	Amount
02/04/25	HSN CARD DES:PAYMENT ID:604581200511890 INDN:KELETA,DESALE CO ID:9130142001 TEL	-25.44

Total withdrawals and other debits **-\$25.44**

Service fees

The Monthly Fee on your primary Business Advantage Fundamentals Banking account was waived for the statement period ending 01/31/25. A check mark below indicates the requirement(s) you have met to qualify for the Monthly Fee waiver on the account.

- \$500+ in new net purchases on a linked Business debit card has not been met
- \$5,000+ combined average monthly balance in linked business accounts has been met
- Become a member of Preferred Rewards for Business has been met

For information on Small Business products and services or to link an existing account, please call 1.888.BUSINESS. For more information about the Preferred Rewards for Business program and which fees can be waived based on account eligibility and enrollment, see the Business Schedule of Fees located at bankofamerica.com/businessfeesatagance.

Daily ledger balances

Date	Balance (\$)	Date	Balance(\$)
02/01	128,362.49	02/04	128,337.05



Account security you can see

Check your security meter level and watch it rise as you take action to help protect against fraud. See it in the Mobile Banking app and Online Banking.

To learn more, visit bofa.com/SecurityCenter or scan this code.



When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

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P.O. Box 15284
Wilmington, DE 19850

BANK OF AMERICA
Preferred Rewards
For Business

Customer service information

☎ 1.888.BUSINESS (1.888.287.4637)

🌐 bankofamerica.com

✉ Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

FELLOWSHIP SUPPORTS COORDINATION
AGENCY, INC
406 N CHESTER RD
WEST CHESTER, PA 19380-6424

🔔 Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Business Advantage Fundamentals™ Banking Preferred Rewards for Bus Platinum Honors

for March 1, 2025 to March 31, 2025

Account number: 3830 1314 5682

FELLOWSHIP SUPPORTS COORDINATION AGENCY, INC

Account summary

Beginning balance on March 1, 2025	\$128,337.05
Deposits and other credits	0.00
Withdrawals and other debits	-100,000.00
Checks	-6,182.71
Service fees	-5.00
Ending balance on March 31, 2025	\$22,149.34

of deposits/credits: 0

of withdrawals/debits: 3

of items-previous cycle¹: 0

of days in cycle: 31

Average ledger balance: \$40,672.64

¹Includes checks paid, deposited items and other debits

BUSINESS ADVANTAGE

View your key business metrics all in one place.

Visually track your business's cash flow trends and data from popular business services, all within Business Advantage 360.¹

To learn more, visit bankofamerica.com/ConnectedApps or just scan this code.



When you use the QR code feature, certain information is collected from your mobile device for business purposes.
¹You must be enrolled in Business Advantage 360, our small business online banking, or Mobile Banking to use Cash Flow Monitor and Connected Apps, and have an eligible Bank of America® small business deposit account. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

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Withdrawals and other debits

Date	Description	Amount
03/06/25	TRANSFER FELLOWSHIP SUPPORTS :Adiam Keleta Confirmation# 0126355541	-100,000.00
Total withdrawals and other debits		-\$100,000.00

Checks

Date	Check #	Amount
03/13/25	1044	-6,182.71
Total checks		-\$6,182.71
Total # of checks		1

Service fees

The Monthly Fee on your primary Business Advantage Fundamentals Banking account was waived for the statement period ending 02/28/25. A check mark below indicates the requirement(s) you have met to qualify for the Monthly Fee waiver on the account.

- \$500+ in new net purchases on a linked Business debit card has not been met
- \$5,000+ combined average monthly balance in linked business accounts has been met
- Become a member of Preferred Rewards for Business has been met

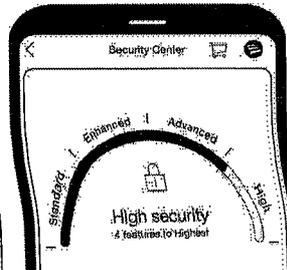
For information on Small Business products and services or to link an existing account, please call 1.888.BUSINESS. For more information about the Preferred Rewards for Business program and which fees can be waived based on account eligibility and enrollment, see the Business Schedule of Fees located at bankofamerica.com/businessfeesataglance.

Date	Transaction description	Amount
03/07/25	External transfer fee - Next Day - 03/06/2025	-5.00
Total service fees		-\$5.00

Note your Ending Balance already reflects the subtraction of Service Fees.

Daily ledger balances

Date	Balance (\$)	Date	Balance (\$)	Date	Balance (\$)
03/01	128,337.05	03/07	28,332.05	03/13	22,149.34
03/06	28,337.05				



Account security you can see

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Business Adv Fundamentals - 5682: Account Activity

Balance Summary:\$47,123.90 (available as of today 04/08/2025)

View:today 04/08/2025

All Transactions

Date	Description	Status	Amount	Available Balance
Processing	Online Banking Transfer Conf# QBC0AKTKL; DEBRE HOMECARE LLC DEBRE HOMECARE LLC	P	1.00	47,123.90
Processing	Online Banking Transfer Conf# RU77REWRJ; DEBRE HOMECARE LLC DEBRE HOMECARE LLC	P	24,999.00	47,122.90
04/04/2025	HSN CARD DES:PAYMENT ID:604581200511890 INDN:KELETA,DESALE CO ID:9130142001 TEL	C	-25.44	22,123.90

Statement as of 04/01/2025

03/13/2025	Check 1044	C	-6,182.71	22,149.34
03/07/2025	External transfer fee - Next Day - 03/06/2025 Confirmation: 539538564	C	-5.00	28,332.05
03/06/2025	TRANSFER FELLOWSHIP SUPPORTS :Adiam Keleta Confirmation# 0126355541	C	-100,000.00	28,337.05

Statement as of 03/01/2025

02/04/2025	HSN CARD DES:PAYMENT ID:604581200511890 INDN:KELETA,DESALE CO ID:9130142001 TEL	C	-25.44	128,337.05
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Statement as of 02/01/2025

01/28/2025	BANK OF AMERICA CREDIT CARD Bill Payment	C	-150.00	128,362.49
01/08/2025	Check 1045	C	-598.45	128,512.49
01/03/2025	HSN CARD DES:PAYMENT ID:604581200511890 INDN:KELETA,DESALE CO ID:9130142001 TEL	C	-78.89	129,110.94

Statement as of 01/01/2025

12/03/2024	HSN CARD DES:PAYMENT ID:604581200511890 INDN:KELETA,DESALE CO ID:9130142001 TEL	C	-55.44	129,189.83
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Statement as of 11/30/2024

11/14/2024	Prfd Rwds for Bus-Wire Fee Waiver of \$30	C	0.00	129,245.27
11/14/2024	Prfd Rwds for Bus-Wire Fee Waiver of \$30	C	0.00	129,245.27
11/14/2024	WIRE TYPE:BOOK OUT DATE:241114 TIME:1336 ET TRN:2024111400453166 RELATED...	C	-3,000.00	129,245.27
11/14/2024	WIRE TYPE:BOOK OUT DATE:241114 TIME:1332 ET TRN:2024111400450697 RELATED...	C	-3,210.00	132,245.27

Date	Description	Status	Amount	Available Balance
11/04/2024	HSN CARD DES:PAYMENT ID:604581200511890 INDN:KELETA,DESALE CO ID:9130142001 TEL	C	-55.44	135,455.27

Statement as of 11/01/2024

10/29/2024	Bank of America Credit Card Bill Payment	C	-80.00	135,510.71
10/23/2024	Prfd Rwds for Bus-Wire Fee Waiver of \$30	C	0.00	135,590.71
10/23/2024	WIRE TYPE:BOOK OUT DATE:241023 TIME:0439 ET TRN:2024102200523961 RELATED...	C	-6,320.00	135,590.71
10/10/2024	Prfd Rwds for Bus-Wire Fee Waiver of \$30	C	0.00	141,910.71
10/10/2024	WIRE TYPE:BOOK OUT DATE:241010 TIME:1301 ET TRN:2024101000404905 RELATED...	C	-5,150.00	141,910.71
10/03/2024	HSN CARD DES:PAYMENT ID:604581200511890 INDN:KELETA,DESALE CO ID:9130142001 TEL	C	-55.44	147,060.71

Statement as of 10/01/2024

09/04/2024	BANK OF AMERICA CREDIT CARD Bill Payment	C	-88.00	147,116.15
09/03/2024	HSN CARD DES:PAYMENT ID:604581200511890 INDN:KELETA,DESALE CO ID:9130142001 TEL	C	-25.44	147,204.15

Statement as of 08/31/2024

08/13/2024	VERIZON DES:PAYMENTREC ID:5565175550001 INDN:DESALE KELETA CO ID:9783397101 WEB	C	-258.17	147,229.59
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Statement as of 08/01/2024

07/15/2024	VERIZON DES:PAYMENTREC ID:5565175550001 INDN:DESALE KELETA CO ID:9783397101 WEB	C	-258.17	147,487.76
07/05/2024	HSN CARD DES:PAYMENT ID:604581200511890 INDN: 6045812005118908 CO...	C	-59.41	147,745.93
07/03/2024	BANK OF AMERICA CREDIT CARD Bill Payment	C	-300.00	147,805.34

Statement as of 06/29/2024

06/13/2024	VERIZON DES:PAYMENTREC ID:5565175550001 INDN:DESALE KELETA CO ID:9783397101 WEB	C	-258.17	148,105.34
06/04/2024	HSN CARD DES:PAYMENT ID:604581200511890 INDN: 6045812005118908 CO...	C	-59.41	148,363.51

Statement as of 06/01/2024

05/14/2024	VERIZON DES:PAYMENTREC ID:5565175550001 INDN:DESALE KELETA CO ID:9783397101 WEB	C	-258.17	148,422.92
05/09/2024	Counter Credit	C	108.01	148,681.09
05/03/2024	HSN CARD DES:PAYMENT ID:604581200511890 INDN: 6045812005118908 CO...	C	-35.96	148,573.08

Date	Description	Status	Amount	Available Balance
Statement as of 05/01/2024				
04/15/2024	VERIZON DES:PAYMENTREC ID:5565175550001 INDN:DESALE KELETA CO ID:9783397101 WEB	C	-258.17	148,609.04
04/03/2024	HSN CARD DES:PAYMENT ID:604581200511890 INDN: 6045812005118908 CO...	C	-35.96	148,867.21
Statement as of 03/30/2024				
03/13/2024	VERIZON DES:PAYMENTREC ID:5565175550001 INDN:DESALE KELETA CO ID:9783397101 WEB	C	-258.20	148,903.17
03/04/2024	HSN CARD DES:PAYMENT ID:604581200511890 INDN: 6045812005118908 CO...	C	-89.41	149,161.37
Statement as of 03/01/2024				
02/13/2024	VERIZON DES:PAYMENTREC ID:5565175550001 INDN:DESALE KELETA CO ID:9783397101 WEB	C	-258.20	149,250.78
02/05/2024	HSN CARD DES:PAYMENT ID:604581200511890 INDN: 6045812005118908 CO...	C	-53.45	149,508.98
Statement as of 02/01/2024				
01/29/2024	NORDSTROM #0629 01/25 REFUND KING OF PRUSS PA DEBIT CARD *9965	C	4,770.00	149,562.43
01/17/2024	DEPARTMENT OF HEALTH ON 01/16 PURCHASE 717- 547-3110 PA DEBIT CARD *9965	C	-100.00	144,792.43
01/17/2024	NORDSTROM DIRECT #0808 01/14 PURCHASE 800- 285-5800 IA DEBIT CARD *9965	C	-4,770.00	144,892.43
01/16/2024	VERIZON DES:PAYMENTREC ID:5565175550001 INDN:DESALE KELETA CO ID:9783397101 WEB	C	-258.20	149,662.43
01/03/2024	HSN CARD DES:PAYMENT ID:604581200511890 INDN: 6045812005118908 CO...	C	-106.90	149,920.63
Statement as of 12/30/2023				
12/14/2023	WEGMANS KING #48 12/13 PURCHASE KING OF PRUSS PA DEBIT CARD *9965	C	-13.59	150,027.53
12/13/2023	VERIZON DES:PAYMENTREC ID:5565175550001 INDN:DESALE KELETA CO ID:9783397101 WEB	C	-258.20	150,041.12
12/11/2023	Counter Credit	C	130,000.00	150,299.32
12/05/2023	Bank of America Credit Card Bill Payment	C	-100.00	20,299.32
Statement as of 12/01/2023				
11/14/2023	VERIZON DES:PAYMENTREC ID:5565175550001 INDN:DESALE KELETA CO ID:9783397101 WEB	C	-258.20	20,399.32
11/03/2023	Prfd Rwds for Bus-Wire Fee Waiver of \$30	C	0.00	20,657.52

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: AUG 31, 2025 **VALID: 09/12/2023**

KSL0598

79130423601 KE

5TDDZRFH9JS842469

2018 TOYOTA

SW

23255 2615 003818

PLATE:

TITLE:

VIN:

YR/MAKE:

TYPE:

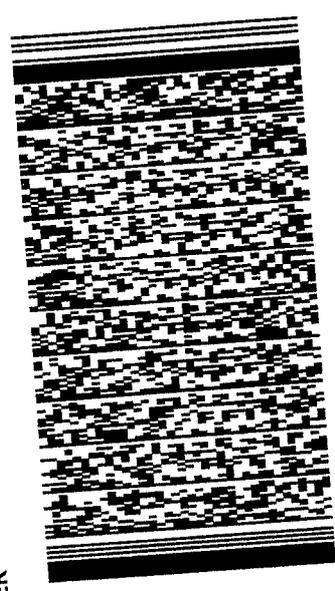
WID:

COUNTY: CHESTER

EMISSIONS INSPECTION REQUIRED/DIESEL VEHICLES EXEMPT

Desale Berhe Keleta
SIGNATURE

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.



DESALE BERGE KELETA
406 N CHESTER RD
WEST CHESTER PA 19380

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL
EXPIRY: MAR 31, 2027 VALID: 04/03/2025

PLATE: LFW6842
TITLE: 81424746001 FE
VIN: 4JGFF5KE1LA089585
YR/MAKE: 2020 MERCEDES BENZ
TYPE: SW
MID: 25093 2605 016150

EMISSIONS INSPECTION REQUIRED/DIESEL VEHICLES EXEMPT COUNTY: CHESTER

FELLOWSHIP SUPPORTS
COORDINATION AGENCY INC
406 N CHESTER RD
WEST CHESTER PA 19380


SIGNATURE

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