

Request for Information

- 1.) Question number 3 of the Verified Statement of Applicant asks that you provide evidence of experience in household goods moves, and you stated that the moving manager has 5 years of experience working for a moving company. Please provide the name and proof from the previous moving company that the moving manager worked for. Examples of evidence can be W-2, paystubs or a letter from the moving company on their company letterhead listing the dates of the previous employment of the moving manager.

I HAVE ATTACHED A LETTER FROM THE OWNER OF MY MOVING MANAGER'S PREVIOUS EMPLOYER ALONG WITH IRS WAGE STATEMENTS

- 2.) Question number 5 of the Verified Statement of Applicant was not answered in full. 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?

OUR DRIVERS MUST BE AT LEAST 21 YEARS OLD

b. Your system for conducting criminal background checks; (Title 52 Pa Code §29.505 – Criminal History)

i. How often will you conduct criminal background checks?

CRIMINAL BACKGROUND CHECKS WILL BE CONDUCTED UPON INITIAL HIRING, THEN EVERY 2 YEARS

ii. What type of things in their criminal background check would disqualify them from employment?

DUI, THEFT, FRAUD, CONTROLLED SUBSTANCE VIOLATIONS
THEY WILL NOT BE PERMITTED TO DRIVE IF THEY HAVE A FELONY OR MISDEMEANOR THAT RELATES ADVERSELY TO THEIR SUITABILITY FOR SAFE AND LEGAL OPERATION

iii. How will you maintain records (record retention) of the criminal background checks performed?

WE WILL FILE & RETAIN AT OUR OFFICE FOR NO LESS THAN 3 YEARS

c. Your system for conducting driver license/ history checks (Title 52 Pa Code §29.504 – Driver History)

i. How will you maintain records (record retention) of such checks?

DRIVER HISTORY WILL BE FILED & RETAINED AT OUR OFFICE FOR NO LESS THAN 2 YEARS

d. You stated that drivers will have to pass a drug and alcohol test upon hire but did not mention drug and alcohol testing after they have been hired. Please provide your policies regarding alcohol and drug use by your drivers.

WE TEST PRE EMPLOYMENT, RANDOM TESTING, REASONABLE SUSPICION TESTING, AND POST ACCIDENT TESTING. WE HAVE 0 TOLERANCE POLICY SO ANY VIOLATIONS RESULT IN TERMINATION.

3.) Question number 6 of the Verified Statement of Applicant asks that you list the year, make, model, vehicle ID number and the mileage of the vehicle(s) being used to transport the household goods. Please provide that information. It is not optional.

2023 FORD F150 VIN: 1FTFW1E87PFA77596 MILEAGE 43186
2025 B WISE ENCLOSED TRAILER VIN: 5JW0E1626SM129396

4.) On the Statement of Financial Position (Balance Sheet), you listed a property/ building for \$800,000.00 but the only property address listed on the application is for a residential home.

a. If this property is not registered under Lukens Transportation LLC, please remove it from the balance sheet or provide a commercial address for the \$800,000 property listed on the Balance Sheet.

I MADE A MISTAKE ON BALANCE SHEET LISTING PERSONAL ASSETS

b. Please provide a bank statement for Lukens Transportation LLC.

BANK STATEMENT ATTACHED

Statement of Financial Position (Balance Sheet)
 As of (date) 6/2/25
 (Must be less than 6 months old)

ASSETS

Current Assets		
Cash	85,000	
Other Current Assets (specify)		
Total Current Assets		85,000
Tangible Assets		
Motor Vehicle Equipment	325,000	
Property (buildings, land, etc.)		
Office Equipment		
TOTAL ASSETS		410,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	207,000	
Credit cards/revolving credit		
Other Liabilities (Attach schedule)		
Total Current Liabilities		207,000
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		
TOTAL LIABILITIES		207,000



717-436-9313

June 6, 2025

To whom it may concern,

Josiah Hayes was employed at J&B Furniture from October 2019 to October 2023. During his time with us, he was a lead furniture installer.

Sincerely,

Whitney Diven



This Product Contains Sensitive Taxpayer Data

Request Date: 06-05-2025
Response Date: 06-05-2025
Tracking Number: [REDACTED]

Wage and Income Transcript

SSN Provided: [REDACTED]
Tax Period Requested: December, 2020

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN) [REDACTED]
J&B
356 WA

Employee:
Employee's Social Security Number [REDACTED]
JOSI HAYE
29 GIN

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$17,849.00
Federal Income Tax Withheld:.....\$916.00
Social Security Wages:.....\$17,849.00
Social Security Tax Withheld:.....\$1,106.00
Medicare Wages and Tips:.....\$17,849.00
Medicare Tax Withheld:.....\$258.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$0.00
Code "Q" Nontaxable Combat Pay:.....\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation
plan:.....\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation
plan:.....\$0.00
Code "R" Employer's Contribution to MSA:.....\$0.00
Code "S" Employer's Contribution to Simple Account:.....\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
Code "V" Income from exercise of non-statutory stock options:.....\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)
Plan:.....\$0.00
Code "FF" Permitted benefits under a qualified small employer health
reimbursement arrangement:.....\$0.00
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close
of the Calendar Year:.....\$0.00
Third Party Sick Pay Indicator:.....Unanswered

Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee
W2 Submission Type:.....Original
W2 WHC SSN Validation Code:.....Correct SSN

This Product Contains Sensitive Taxpayer Data



This Product Contains Sensitive Taxpayer Data

Request Date: 06-05-2025
Response Date: 06-05-2025
Tracking Number: [REDACTED]

Wage and Income Transcript

SSN Provided: [REDACTED]
Tax Period Requested: December, 2021

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN) [REDACTED]
J&B
356 WA

Employee:

Employee's Social Security Number [REDACTED]
JOSI HAYE
29 GIN

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$27,699.00
Federal Income Tax Withheld:.....\$1,616.00
Social Security Wages:.....\$27,699.00
Social Security Tax Withheld:.....\$1,717.00
Medicare Wages and Tips:.....\$27,699.00
Medicare Tax Withheld:.....\$401.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$0.00
Code "Q" Nontaxable Combat Pay:.....\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation
plan:.....\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation
plan:.....\$0.00
Code "R" Employer's Contribution to MSA:.....\$0.00
Code "S" Employer's Contribution to Simple Account:.....\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
Code "V" Income from exercise of non-statutory stock options:.....\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)
Plan:.....\$0.00
Code "FF" Permitted benefits under a qualified small employer health
reimbursement arrangement:.....\$0.00
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close
of the Calendar Year:.....\$0.00
Third Party Sick Pay Indicator:.....Unanswered

Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee
W2 Submission Type:.....Original
W2 WHC SSN Validation Code:.....Correct SSN

Form 1099-MISC

Payer:

Payer's Federal Identification Number (FIN) [REDACTED]
DIST
34 THI

Recipient:

Recipient's Identification Number [REDACTED]
HAYE JOSI
29 GIN

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXZF9F
Tax Withheld:.....\$0.00
Medical Payments:.....\$0.00
Fishing Income:.....\$0.00
Rents:.....\$0.00
Royalties:.....\$47.00
Other Income:.....\$0.00
Substitute Payments for Dividends:.....\$0.00
Excess Golden Parachute:.....\$0.00
Crop Insurance:.....\$0.00
Attorney Fees:.....\$0.00
Section 409A Deferrals:.....\$0.00
Nonqualified deferred compensation:.....\$0.00
Fish Purchased for Resale:.....\$0.00
Direct Sales Indicator:.....Not Direct Sales
FATCA Filing Requirement:.....Box not checked no Filing Requirement
Second Notice Indicator:.....No Second Notice

This Product Contains Sensitive Taxpayer Data



This Product Contains Sensitive Taxpayer Data

Request Date: 06-05-2025
Response Date: 06-05-2025
Tracking Number: [REDACTED]

Wage and Income Transcript

SSN Provided: [REDACTED]
Tax Period Requested: December, 2022

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN) [REDACTED]
J&B
356 WA

Employee:
Employee's Social Security Number [REDACTED]
JOSI HAYE
470 VA

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$28,817.00
Federal Income Tax Withheld:.....\$1,699.00
Social Security Wages:.....\$28,817.00
Social Security Tax Withheld:.....\$1,786.00
Medicare Wages and Tips:.....\$28,817.00
Medicare Tax Withheld:.....\$417.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$0.00
Code "Q" Nontaxable Combat Pay:.....\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation
plan:.....\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation
plan:.....\$0.00
Code "R" Employer's Contribution to MSA:.....\$0.00
Code "S" Employer's Contribution to Simple Account:.....\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
Code "V" Income from exercise of non-statutory stock options:.....\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)
Plan:.....\$0.00
Code "FF" Permitted benefits under a qualified small employer health
reimbursement arrangement:.....\$0.00
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close
of the Calendar Year:.....\$0.00
Third Party Sick Pay Indicator:.....Unanswered

Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee
W2 Submission Type:.....Original
W2 WHC SSN Validation Code:.....Correct SSN

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN): [REDACTED]
BLOC
1955 B

Recipient:

Recipient's Identification Number: [REDACTED]
JOSI A HAYE
29 GIN

Submission Type:.....Original document
Account Number (Optional):.....XXXXXX88T1
Date Sold or Disposed:.....04-20-2022
CUSIP Number:.....0000000000000
Gross Proceeds:.....Nothing checked
Bartering:.....\$0.00
Federal Income Tax Withheld:.....\$0.00
Proceeds:.....\$4.00
Aggregate Profit or (Loss):.....\$0.00
Realized Profit or (Loss):.....\$0.00
Unrealized Profit or (Loss) 12/31 Prior Year:.....\$0.00
Unrealized Profit or (Loss) 12/31 Current Year:.....\$0.00
Cost or Basis:.....\$0.00
Wash Sale Loss Disallowed:.....\$0.00
Accrued Market Discount Amount:.....\$0.00
Description:.....SEE DE
Second Notice Indicator:.....No Second Notice
Date Acquired:.....00-00-0000
Noncovered Security Indicator:..Noncovered Security Basis not reported to IRS
Type of Gain or Loss Code:.....
Applicable Check Box on Form 8949:
Transaction if you cannot determine whether the recipient should check Box B
or Box E on Form 8949 because the holding period is unknown
Loss Not Allowed Indicator:.....
FATCA Filing Requirement:.....Box not checked no Filing Requirement
Proceeds from:.....Box not checked

This Product Contains Sensitive Taxpayer Data



This Product Contains Sensitive Taxpayer Data

Request Date: 06-05-2025
Response Date: 06-05-2025
Tracking Number: [REDACTED]

Wage and Income Transcript

SSN Provided: [REDACTED]
Tax Period Requested: December, 2023

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN): [REDACTED]
LAKE
429 S

Employee:

Employee's Social Security Number [REDACTED]
JOSI HAYE
121 WE

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$4,825.00
Federal Income Tax Withheld:.....\$437.00
Social Security Wages:.....\$4,825.00
Social Security Tax Withheld:.....\$299.00
Medicare Wages and Tips:.....\$4,825.00
Medicare Tax Withheld:.....\$69.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$0.00
Code "Q" Nontaxable Combat Pay:.....\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation
plan:.....\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation
plan:.....\$0.00
Code "R" Employer's Contribution to MSA:.....\$0.00
Code "S" Employer's Contribution to Simple Account:.....\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
Code "V" Income from exercise of non-statutory stock options:.....\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)
Plan:.....\$0.00
Code "FF" Permitted benefits under a qualified small employer health
reimbursement arrangement:.....\$0.00
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close
of the Calendar Year:.....\$0.00
Third Party Sick Pay Indicator:.....Unanswered

Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee
W2 Submission Type:.....Original
W2 WHC SSN Validation Code:.....Correct SSN

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN): [REDACTED]
J&B
356 WA

Employee:

Employee's Social Security Number: [REDACTED]
JOSI HAYE
121 WE

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$26,160.00
Federal Income Tax Withheld:.....\$1,554.00
Social Security Wages:.....\$26,160.00
Social Security Tax Withheld:.....\$1,621.00
Medicare Wages and Tips:.....\$26,160.00
Medicare Tax Withheld:.....\$379.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$0.00
Code "Q" Nontaxable Combat Pay:.....\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation
plan:.....\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation
plan:.....\$0.00
Code "R" Employer's Contribution to MSA:.....\$0.00
Code "S" Employer's Contribution to Simple Account:.....\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
Code "V" Income from exercise of non-statutory stock options:.....\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)
Plan:.....\$0.00
Code "FF" Permitted benefits under a qualified small employer health
reimbursement arrangement:.....\$0.00
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close
of the Calendar Year:.....\$0.00
Third Party Sick Pay Indicator:.....Unanswered
Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee
W2 Submission Type:.....Original
W2 WHC SSN Validation Code:.....Correct SSN



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eStatement

LUKENS TRANSPORTATION LLC
CHRISTOPHER J LUKENS
FARRAH A LUKENS
84 W COLONIAL DR
REEDSVILLE PA 17084

SUMMARY OF YOUR ACTIVITY
ACTIVITY THROUGH **MAY 30 25**
STATEMENT NUMBER
BEGINNING BALANCE 34417.07
DEPOSIT AMOUNT + 65762.46
WITHDRAWAL AMOUNT - 61117.17
SERVICE CHARGE - .00
ENDING BALANCE = 39062.36

DEBITS 1

EFFECTIVE 3/1/2024
MINIMUM BALANCE FEE = \$12.00

BUSINESS CK					BALANCE SUMMARY
ACTIVITY	BEGINNING	MAY 01 25	WITHDRAWALS	DEPOSITS	\$
					\$ 34417.07
MAY 02	KIRK TRUCKING SV COMCHEK DD 250501			8911.09	\$ 43328.16
	PPD 2218624193				
MAY 02	INTUIT 58685397 PAYROLL 250502 CCD		1063.99		\$ 42264.17
	18658983				
MAY 02	GREAT WEST INS.PREM 250430 PPD 715993		1127.93		\$ 41136.24
MAY 02	INTUIT 58685397 PAYROLL 250502 CCD		1147.25		\$ 39988.99
	18658983				
MAY 02	INTUIT 58685397 PAYROLL 250502 CCD		1204.65		\$ 38784.34
	18658983				
MAY 02	INTUIT 58685397 PAYROLL 250502 CCD		1524.46		\$ 37259.88
	18658983				
MAY 02	CAPITAL ONE MOBILE PMT 250501 CCD		8000.00		\$ 29259.88
	439MIGTRJRZ5X63				
MAY 05	TRANSFER TO LOAN 000102830411		3104.28		\$ 26155.60
MAY 06	TRANSFER TO LOAN 000802830523		321.17		\$ 25834.43
MAY 08	DEPOSIT MILROY OFFICE			2561.00	\$ 28395.43
MAY 09	KIRK TRUCKING SV COMCHEK DD 250508			8932.53	\$ 37327.96
	PPD 2218624193				
MAY 09	INTUIT 59238096 PAYROLL 250509 CCD		747.16		\$ 36580.80
	18658983				
MAY 09	INTUIT 59238096 PAYROLL 250509 CCD		873.53		\$ 35707.27
	18658983				
MAY 09	INTUIT 59238096 PAYROLL 250509 CCD		1280.79		\$ 34426.48
	18658983				
MAY 09	CHASE CREDIT CRD EPAY 250508 WEB		2000.00		\$ 32426.48
MAY 09	INTUIT 59238096 PAYROLL 250509 CCD		2094.16		\$ 30332.32
	18658983				
MAY 09	CAPITAL ONE MOBILE PMT 250508 CCD		2500.00		\$ 27832.32
	43B45AYU6T3KENF				
MAY 12	BK OF AMER VI/MC ONLINE PMT 250512		500.00		\$ 27332.32
	CCD CKF29466822OPOS				
MAY 14	DEPOSIT BURNHAM OFFICE			8560.81	\$ 35893.13
MAY 14	CAPITAL ONE MOBILE PMT CCD		255.00		\$ 35638.13
	CA09DA2C2BF9B03				
MAY 15	ZELLE			600.00	\$ 36238.13
	From C Gordon				
MAY 15	IRS USATAXPYMT 051525 CCD		5721.10		\$ 30517.03
	270553504496312				
MAY 16	INTUIT 59846396 PAYROLL 250516 CCD		1132.34		\$ 29384.69
	18658983				
MAY 16	INTUIT 59846396 PAYROLL 250516 CCD		1319.72		\$ 28064.97
	18658983				
MAY 16	INTUIT 59846396 PAYROLL 250516 CCD		1327.74		\$ 26737.23
	18658983				



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eStatement

LUKENS TRANSPORTATION LLC
CHRISTOPHER J LUKENS

ACTIVITY THROUGH
STATEMENT NUMBER

MAY 30 25

BUSINESS CK		WITHDRAWALS	DEPOSITS	BALANCE SUMMARY
				\$ 26737.23
MAY 16	INTUIT 59846396 PAYROLL 250516 CCD 18658983	1383.07		\$ 25354.16
MAY 16	CAPITAL ONE MOBILE PMT 250515 CCD 43CLE9QQCMZZO2Z	5000.00		\$ 20354.16
MAY 21	DEPOSIT BURNHAM OFFICE		9462.69	\$ 29816.85
MAY 21	BK OF AMER VI/MC ONLINE PMT 250521 CCD CKF29466822OPOS	500.00		\$ 29316.85
MAY 23	KIRK TRUCKING SV COMCHEK DD 250522 PPD 2218624193		8949.77	\$ 38266.62
MAY 23	INTUIT 60426488 PAYROLL 250523 CCD 18658983	965.29		\$ 37301.33
MAY 23	INTUIT 60426488 PAYROLL 250523 CCD 18658983	1060.45		\$ 36240.88
MAY 23	INTUIT 60426488 PAYROLL 250523 CCD 18658983	1081.14		\$ 35159.74
MAY 23	INTUIT 60426488 PAYROLL 250523 CCD 18658983	1376.14		\$ 33783.60
MAY 23	CAPITAL ONE MOBILE PMT 250522 CCD 43E10EALXL3J6EJ	8000.00		\$ 25783.60
MAY 27	TRANSFER TO LOAN 000102829182	715.10		\$ 25068.50
MAY 27	TRANSFER TO LOAN 000802830564	732.77		\$ 24335.73
MAY 27	CHASE CREDIT CRD EPAY 250522 WEB	1000.00		\$ 23335.73
MAY 28	TRANSFER TO LOAN 000802830224	312.15		\$ 23023.58
MAY 28	CHECK NUMBER 10234	348.45		\$ 22675.13
MAY 29	TRANSFER TO LOAN 000102828885	197.34		\$ 22477.79
MAY 29	DEPOSIT MILROY OFFICE		8718.40	\$ 31196.19
MAY 30	KIRK TRUCKING SV COMCHEK DD 250529 PPD 2218624193		9066.17	\$ 40262.36
MAY 30	WITHDRAWAL MCS BANK	1200.00		\$ 39062.36

CHECKS PAID ON YOUR ACCOUNT

CHECK	DATE	AMOUNT	CHECK	DATE	AMOUNT	CHECK	DATE	AMOUNT
10234	05/28	348.45						

THE AVERAGE BALANCE FOR [REDACTED] IN THIS STATEMENT PERIOD WAS \$ 27084.72



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eStatement

LUKENS TRANSPORTATION LLC
CHRISTOPHER J LUKENS

ACTIVITY THROUGH
STATEMENT NUMBER

MAY 30 25

SUMMARY OF YOUR DEPOSIT ACCOUNTS

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	ACCOUNT BALANCE	MATURITY DATE
BUSINESS CK	[REDACTED]	\$ 39,062.36	
TOTAL OF YOUR DEPOSIT ACCOUNTS		\$ 39,062.36	