

DATE OF DEPOSIT

JUL 21 2025

Secretary PA Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
717.787.3834  
[www.puc.pa.gov](http://www.puc.pa.gov)

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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

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

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

Lafa Transportation 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)

Lafa Transportation LLC

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?**  **NO**

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

**If YES, provide your PA Corporation Bureau Entity ID Number** 12914750  
(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).**

Walid Ahmed  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

1206 21st ave  
Street Address  
Altoona, PA 16601 Bkiv  
City, State and Zip Code County  
814-660-6938 \_\_\_\_\_  
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)

4 Express Consulting LLC  
Attorney's Name & Telephone Number for this Filing  
201 S. Broad St, Mechanicsburg PA 17055 info@4Expressconsulting.com  
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).

---

to transport people in wheelchair via van from to around  
in Blair County  
to transport people from the city and county of Blair to their  
appointments and pick them up.  
to transport people from their personal trips, such as medical appointments.

---

*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.

Wahid Ahmed  
(Print Name)

Wahid Ahmed (Signature) 5-17-2025 (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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**PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU**

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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.

L.A.F.A. Transportation LLC  
Legal Name of Applicant

~~1206 21st ave~~  
Trade Name, if any

1206 21st ave Altoona PA 16601  
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.

Elsadeg Yahya  
Lt Express consulting LLC

201 S. Broad St mechanicsburg PA 17045

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

walid Ahmed is the owner of this business, and he has the  
Express Experience of operating the transport company  
currently he is working with other companies for long time

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.

walid has work Express in this business for more than 7 years  
and planning to operate the world from my office and managed  
maintaining it well, keeping the record and paper work in save file  
system. using the phone call to communicate with the clients  
and customers and well as the employees. we will use Email  
Phone, and Fax.

Follow the operation and drivers and stay in contact to make  
sure they have pick up & drop the clients

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.

to use email, phone, fax for the record and communication  
 into the managing at my home base office and also will park the cars  
 house parking lot. will keep the equipment on my office and storage facilities  
 to maintain all the records in safe area such as a secure email and folders  
 of the vehicles records and driver records to make sure they are all up  
 to date, we will communicate with the driver via phones

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.

Hiring process - will be / driver must pass our background check  
 - driver must be over 21 years old  
 - we will be using checker - background check system  
 - we will have training guideline to make sure train  
 the drivers  
 - we are very clear on our alcohol policy use by our  
 driver and will take action up to termination.

6. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2006	Ford	Sierra	yes	5T1P2AL3236537263	17,000
2013	Ford	Comfy	yes	5T1P2AL3236537263	16,000

\*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:
- Your periodic vehicle maintenance plan
  - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Our safety program is more on making sure that we check our vehicles on monthly maintenance schedules with our mechanics best approve that the vehicles are in good condition to use and pick up our customers.

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

We have secure in our financial planning to cover all the insurance premiums, and a have (Auto insurance, general liability 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  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.

*Walid Ahmad*  
 (Signature)  
Walid Ahmad, Owner/Manager  
 (Name and Title, printed or typed)

5-17-25  
 (Date)

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PA PUBLIC UTILITY COMMISSION  
 SECRETARY'S BUREAU

Statement of Financial Position (Balance Sheet)

As of (date) \_\_\_\_\_  
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	<u>Cash in Bank</u>	
Other Current Assets (specify)	_____	
Total Current Assets		<u>10,000</u>
Tangible Assets		
Motor Vehicle Equipment	<u>2 cars</u>	
Property (buildings, land, etc.)	_____	<u>20,000</u>
Office Equipment	_____	
	TOTAL ASSETS	<u>30,000</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans		
Credit cards/revolving credit	<u>available credit</u>	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		<u>7,000</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	_____	
Long term commercial loan	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long-Term Liabilities		_____
	TOTAL LIABILITIES	_____

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## Additional info to the application

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Regarding question #3 from the Verified Statements: To describe the applicant's business experience: Please provide the names of companies with which the applicant has worked in the past, as well as those time frames.

Mohamad has experience in the transportation business for a few years working at Hano L.L.C Medical Transcription Service in Altoona, Pennsylvania. He has been working at Hano LLC from 2015 to 2025.

He received a good note from his employer that he is doing perfect, and showing resiliency in customer service experience, and that experience will assist him in being able to manage his company and be successful.

Regarding question #4 from the Verified Statements: Describe facilities, record maintenance and communication network:

Walid has experience of managing records. He plans to purchase Office 365 and includes Microsoft One Drive to keep storing his company and his client data in a secure system to be able to recover and restore if needed. Also to keep his phone communications recorded, when they are calling or receiving calls from customers, they will make sure the customer informs them that his call is recorded for security purposes so that he can be able to maintain any editability if needed. Also, he planned to have good secure computers that have antivirus or security tool installed, as well as keeping the computer safe in his office. We are planning to accept the customer requests via phone or email. When they become a valid customer, we'll be having a customer profile in our OneDrive records, and putting all the planning, agreement and customer documents on the customer folder. In even of scheduled customer for long term contract we will keep their schedule on our work outlook Calander and time management spreadsheet to track the pickup and drop off times.

The responses to questions 5(a), 5(b), 5(c), 5(d) and 5(e) of the verified statements are sufficient. Title 52 Pa. Code § 29 provides detailed requirements.

**A. Your hiring standards for drivers.**

LAFa LLC may not permit a driver to operate a vehicle in its authorized service unless that driver has a current, valid driver's license.

29.503. Age restrictions.

LAFa LLC may permit a driver to operate a vehicle in its authorized service if that driver is at least 21 years of age.

LAFa LLC providing paratransit service may permit a driver to operate a paratransit vehicle in its authorized service if that driver is at least 18 years of age but under 21 years of age if the following conditions are met:

(1) The driver shall be registered as a certified emergency medical services vehicle operator (EMSVO) with the Department of Health (Department).

(2) The driver shall carry the Department-issued registration of their EMSVO certification on board while operating a paratransit vehicle under 28 Pa. Code §§ 1023.21h (relating to general rights and responsibilities).

(3) LAFa LLC shall verify that the paratransit driver is in good standing with the Department and maintains records for 4 years to prove each driver's EMSVO certificate registration. The records must be available for inspection by Commission staff upon request.

(4) LAFa LLC shall notify the Commission's Bureau of Technical Utility Services within 3 calendar days of the occurrence of the following events involving a paratransit driver who is under 21 years of age:

- (i) an accident, regardless of the severity of the accident.
- (ii) a driving-related violation such as a moving violation.
- (iii) reckless driving.
- (iv) driving under the influence of alcohol or drugs.

Source

The provisions of this § 29.503 amended February 1, 2019, effective February 2, 2019, 49 Pa.B. 455. Immediately preceding text appears at serial page (386080).

29.504. Driver history.

(1) LAFa LLC may not permit a driver to operate a vehicle in its authorized service until it has obtained and reviewed a driver history from the appropriate agency of every state in which that driver held a motor vehicle operator's license or permit during the preceding 3 years.

(2) Following receipt of the initial driver history report, LAFa LLC shall, at least once every 12 months from the date of the last report, obtain a driver history for each driver

operating under its authority from the appropriate agency of the state in which the driver held an operator's license during the time period. Compliance with this subsection does not relieve LAFA LLC of its responsibility to ensure its drivers hold a current, valid driver's license.

A copy of the driver history shall be maintained by LAFA LLC for at least 2 years.

(1) A driver with more than three moving violations in the 3-year period prior to the check or a major violation in the 3-year period prior to the check may not be a call or demand or limousine driver.

(2) One year after engaging a driver and every second year thereafter, LAFA LLC shall conduct the driving history check required under this subsection and verify that a driver continues to be eligible to be a driver.

The provisions of this § 29.504 amended under the act of July 13, 2016 (P.L. 664, No. 85).  
Source

The provisions of this § 29.504 amended January 27, 2017, effective January 28, 2017, expire upon promulgation of final form regulations or on November 4, 2018, whichever is later, as set forth in the act of November 4, 2016 (P.L. 1222, No. 164), 47 Pa.B. 429.  
Immediately preceding text appears at serial page (321705).

#### **B. Your system for conducting criminal background checks.**

##### 29.505. Criminal history.

- LAFA LLC may not permit a driver to operate a vehicle in its authorized service until it has obtained and reviewed a criminal history record from the Pennsylvania State Police and every other state in which the driver resided for the last 12 months.
- LAFA LLC shall obtain and review a criminal history record for each driver operating under its authority from the Pennsylvania State Police every 2 years from the date of the last criminal history check.
- LAFA LLC may not permit a driver to operate a vehicle in its authorized service when the driver was convicted of a felony or a misdemeanor under the laws of the Commonwealth or under the laws of another jurisdiction, to the extent the conviction relates adversely to that driver's suitability to provide service safely and legally.
- Record retention. A copy of the criminal history shall be maintained by LAFA LLC for at least 3 years.
- LAFA LLC shall disqualify an applicant convicted of certain crimes in accordance with the following:
  - 1- An applicant convicted of any of the following within the preceding 7 years:
    - (A) Driving under the influence of drugs or alcohol.
    - (B) A felony conviction involving theft.

(C) A felony conviction for fraud.

(D) A felony conviction for a violation of The Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. §§ 780-101—780-144).

2- An applicant convicted of any of the following within the preceding 10 years:

(A) Use of a motor vehicle to commit a felony.

(B) Burglary or robbery.

3- An applicant convicted of any of the following at any time:

(A) A sexual offense under 42 Pa.C.S. § 9799.14(c) or (d) (relating to sexual offenses and tier system) or similar offense under the laws of another jurisdiction or under a former law of the Commonwealth.

(B) A crime of violence as defined in 18 Pa.C.S. § 5702 (relating to definitions).

(C) An act of terror.

One year after engaging a driver and every second year thereafter, the criminal background and driving history checks required under this subsection shall be conducted and that a driver continues to be eligible to be a driver shall be verified.

Record retention. A copy of the criminal history shall be maintained by the call or demand or driver for at least 3 years.

**C. Your driver training program.**

We provide CPR and First Aid Training so that the driver must have that training before starting to work with us, to handle potential medical emergencies during transport.

**D. Your system for conducting driver's license checks.**

Request a Criminal History Background Check using the Pennsylvania Access to Criminal History (PATCH) site.

**E.**

We use the Pennsylvania code § 29.506. Alcohol prohibition.

A driver may not use alcohol; be under the influence of alcohol, or have any measured alcohol concentration or detected presence of alcohol, while operating a vehicle in passenger service, and shall be taken a serious action up to termination.



**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717.787.1057  
[dos.pa.gov/BusinessCharities](http://dos.pa.gov/BusinessCharities)

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April 10, 2023

REPUBLIC REGISTERED AGENT LLC  
239 4TH AVE  
STE 1401  
PITTSBURGH, PA 15222-1715

**Entity Name:** LAFA TRANSPORTATION LLC  
**Entity File Date:** March 20, 2023  
**Entity Number:** 0012914750  
**Filing Type:** Domestic Limited Liability Company

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

Thank you for registering with the Department of State to do business in Pennsylvania. Like many other businesses, you may have employees, sell taxable products, or provide a taxable service to consumers in Pennsylvania. Please visit [www.pa100.state.pa.us](http://www.pa100.state.pa.us) to register for business taxes with the Department of Revenue and the Department of Labor and Industry. You may also visit [www.Business.pa.gov](http://www.Business.pa.gov) to find resources for businesses through all stages of development.

Beginning in 2024, annual reports are required for all domestic filing entities, limited liability general partnerships and registered foreign associations. More information will be forthcoming from the Bureau. However, to ensure that you receive notice of how and when to make annual reports, keep all information on file with the Bureau up-to-date, particularly registered office address.



0012914750



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**CERTIFICATE OF ORGANIZATION -**  
**LIMITED LIABILITY COMPANY**  
 Fee: \$125

Pennsylvania Department of State

**-FILED-**

File #: 0012914750

Date Filed: 3/20/2023

B0545-2756 03/20/2023 12:40 PM Received by Pennsylvania Department of State

CB:15-8821 (rev. 2/2017)

In compliance with the requirements of 15 Pa.C.S. § 8821 relating to certificate of organization, the undersigned hereby certifies that:

Liability Company Type  
 Company type Domestic Limited Liability Company  
 Limited liability company subtype Limited Liability Company

Liability Company Name  
 Company name LAFA TRANSPORTATION LLC

Date  
 Filing shall be effective when filed with the Department of State

Registered Office  
 Name of the commercial registered office provider and the county of venue is  
 PUBLIC REGISTERED AGENT LLC  
 Commercial Registered Office Provider  
 State and Publication County ALLEGHENY

Name of individual or organization	Address
AHMED	518 22ND AVE ALTOONA, PA 16601-4147

Provisions, if any  
 Special provisions

Signature  
 TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization.

AHMED 03/20/2023  
 AHMED Date



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 04-10-2023

Employer Identification Number:  
92-3419350

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at:  
1-800-829-4933

Lafa Transportation LLC  
Walid Ahmed Sole MBR  
518 22nd Ave  
Altoona, PA 16601

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-3419350. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.





1000 G ST  
PHILADELPHIA, PA 19106

LEAF TRANSPORTATION LLC  
1100 11ST AVE  
PHILADELPHIA, PA 16601-3039

## Business Advantage

### 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

## Business Advantage Fundamentals™ Banking

From June 1, 2025 to June 30, 2025

Account number [REDACTED]

LEAF TRANSPORTATION LLC

### Account summary

Starting balance on June 1, 2025	\$600.00
Deposits and other credits	17,625.00
Withdrawals and other debits	-7,670.51
Service charges	-0.00
Other adjustments	-10.00
<b>Ending balance on June 30, 2025</b>	<b>\$10,544.49</b>

# of deposits/credits: 13

# of withdrawals/debits: 65

# of items-previous cycle<sup>1</sup>: 0

# of days in cycle: 30

Average ledger balance: \$2,349.55

<sup>1</sup>Includes checks paid, deposited items and other debits

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#### Important information about payment scams

- We will never ask you to send money using Zelle® to yourself or anyone else.
- We will never contact you via phone or text to ask for a security code.
- We will never reach out to you and ask you to send money or provide a code. If someone unfamiliar to you does this, it is likely a scam.
- Remember that Zelle® payments like cash – once you send money, you are unlikely to get it back.
- Learn more about trending scams at [bofa.com/helpprotectyourself](https://bofa.com/helpprotectyourself)
- Zelle® and the Zelle® related marks are wholly owned by Early Warning Services, LLC and are used herein under license.

5/14/21 2103/1B | 6/9/2025

705447

## 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, telephone number and e-mail address. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of our website.

**Deposit agreement** - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account could be governed by the terms of these documents, as we may amend them from time to time. These documents are 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 incorrect or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, automatic bill payment 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.

1. Tell us your name and account number.

2. Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error and why you need more information.

3. Tell us the dollar amount of the suspected error.

For 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 calendar 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 not lose the money during the time it will take to complete our investigation.

For all 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 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 the statement is made available to you and in some cases are 30 days or less), we are not liable to you and you agree to waive your 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 employer 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 our financial center for information.

Bank of America Corporation

Bank of America, N.A. Member FDIC and



Equal Housing Lender

**Deposits and other credits**

Description	Amount
BKOFAMERICA MOBILE 06/03 3824385020 DEPOSIT *MOBILE PA	1,916.00
Zelle payment from Conf# msm6lirdw	100.00
Zelle payment from WALID AHMED Conf# AAOSXD30C	1.00
Zelle payment from WALID AHMED Conf# AAOSWf45W	1.00
Zelle payment from MOHAMED W AHMED Conf# AAOSXE61Y	1.00
Zelle payment from Conf# r82qygtim	1.00
BKOFAMERICA MOBILE 06/16 3825081199 DEPOSIT *MOBILE PA	2,447.00
BKOFAMERICA MOBILE 06/16 3766809550 DEPOSIT *MOBILE PA	2,447.00
Zelle payment from AYMAN OSMAN Conf# AA0SeZ06t	1.00
BKOFAMERICA MOBILE 06/27 3755972712 DEPOSIT *MOBILE PA	3,000.00
BKOFAMERICA MOBILE 06/27 3841073744 DEPOSIT *MOBILE PA	1,710.00
Counter Credit	5,000.00
Zelle payment from AYMAN OSMAN Conf# AA0Sqy20n	1,000.00
<b>Total deposits and other credits</b>	<b>\$17,625.00</b>

**Withdrawals and other debits**

Description	Amount
Zelle payment to Moe Walid Conf# m3x1gmph3	-1.00
Zelle payment to WALID AHMED Conf# liex02c0s	-100.00
Zelle payment to WALID AHMED Conf# n31rijtqa	-100.00
Zelle payment to Moe Walid Conf# oalh7dhrl	-30.00
Zelle payment to Moe Walid Conf# er056tfsj	-50.00
Zelle payment to Moe Walid Conf# q6o75t53c	-1,000.00
Zelle payment to walid Ahmeed Conf# msm6lirdw	-100.00
Zelle payment to WALID AHMED Conf# I9qss8as8	-1.00
Zelle payment to WALID AHMED Conf# nxfcz8hru	-100.00
Zelle payment to walid Ahmeed Conf# r82qygtim	-1.00

*continued on the next page*



**Security tips**

**Tips to help protect yourself from trending scams:**

- Hang up if you receive a suspicious call from someone saying they are from the bank. Instead, call the number on your statement or card.
- Neither Bank of America nor the U.S. government will request that you transfer money or share codes to resolve fraud.

**Learn more about trending scams.**  
**Scan the code or visit [bofa.com/HelpProtectYourself](https://bofa.com/HelpProtectYourself).**

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



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### Withdrawals and other debits - continued

Description	Amount
Zelle payment to Ayman limoo Conf# rahtboj1	-1.00
Zelle payment to Ayman limoo Conf# obksgz8ru	-1,395.00
Zelle payment to Ashraf rajobaa Conf# pvjk1ylo4	-100.00
Zelle payment to Moe Walid Conf# m9dox0vfr	-30.00
Zelle payment to WALID AHMED Conf# odbd8dvw2	-2.00
Zelle payment to WALID AHMED Conf# r7fhvf9e8	-200.00
Zelle payment to Moe Walid Conf# n12i0h7qo	-20.00
Zelle payment to Moe Walid Conf# oqtqbnzaj	-15.00
Zelle payment to WALID AHMED Conf# nmkstlb2c	-20.00
Zelle payment to WALID AHMED Conf# kouevuwq2	-30.00
Zelle payment to Moe Walid Conf# jae64cil4	-50.00
Zelle payment to WALID AHMED Conf# nkxy61wr0	-20.00
<b>Card account # XXXX XXXX XXXX 3269</b>	
SAMSClub #6460 06/09 #000160900 PURCHASE 2500 PLANK ROAD C ALTOONA PA	-26.70
CHECKCARD 0610 SPI*PEOPLES GAS BILL 800-764-0111 PA 24445005161300462206682 CKCD 4900 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-240.00
CHECKCARD 0613 WAL-MART #4501 WEST BROWNSVIPA CKCD 5411 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-11.63
CHECKCARD 0612 AGENCY INSURANCE COMPAN 800-4925629 MD 24336915164024720482864 CKCD 6300 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-249.15
CHECKCARD 0613 SHEETZ 2034 ALTOONA PA 24116415165372345060292 CKCD 5542 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-40.00
CHECKCARD 0616 ACI*FIRSTENERGY 888-544-4877 OH 24692165167100810182924 CKCD 4900 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-215.00
RITE AID 10975 06/17 #000673829 PURCHASE RITE AID 10975 PUNXSUTAWNEY PA	-11.51
RITE AID 11011 06/17 #000460833 PURCHASE RITE AID 11011 ALTOONA PA	-23.12
BKOFAMERICA ATM 06/18 #000003225 WITHDRWL NORTH HUNTINGDON S IRWIN PA	-1,000.00
CHECKCARD 0618 BREEZELINE 866-290-5400 MA 24692165169102648933450 CKCD 4899 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-62.12
CHECKCARD 0618 SUNOCO 0523045300 ALTOONA PA 24022075170378029911708 CKCD 5542 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-45.00
CHECKCARD 0619 SUNOCO 0523045300 ALTOONA PA 24022075171379163021683 CKCD 5542 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-35.00
SHEETZ 0011 06/19 #000410565 PURCHASE SHEETZ 0011 ALTOONA PA	-2.75
CHECKCARD 0619 PP*MANSION DONUT COMPAN ALTOONA PA 24055235171379238298076 CKCD 5462 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-10.50
CHECKCARD 0619 SHEETZ 2011 ALTOONA PA 24116415171379162404943 CKCD 5542 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-20.01
CHECKCARD 0620 WM SUPERCENTER DU BOIS PA CKCD 5411 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-4.58
CHECKCARD 0620 MCDONALD'S F12375 DU BOIS PA 24427335171720247043475 CKCD 5814 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-8.48
SHEETZ 0011 06/21 #000580659 PURCHASE SHEETZ 0011 ALTOONA PA	-3.99
CHECKCARD 0621 SHEETZ 2011 ALTOONA PA 24116415173381701550606 CKCD 5542 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-56.00
CHECKCARD 0621 LOVE'S #0535 OUTSIDE LONDONDERRY PA 24692165173102684143109 CKCD 5542 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-12.02
SHAHS HALAL FO 06/21 #000002151 PURCHASE 1100 HARRISBURG A LANCASTER PA	-38.92

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**Withdrawals and other debits - continued**

Description	Amount
SHAHS HALAL FO 06/21 #000001923 PURCHASE 1100 HARRISBURG A LANCASTER PA	-12.71
THOMPSON PHARM 06/22 #000352571 PURCHASE THOMPSON PHARMACY ALTOONA PA	-15.19
M&T Bank 06/22 #000583477 WITHDRWL M&T 811 17TH STRE ALTOONA PA	-503.50
M&T Bank 06/22 #000671577 WITHDRWL M&T 405 E 25TH AV ALTOONA PA	-500.00
M&T Bank 06/23 #000589160 WITHDRWL M&T 811 17TH STRE ALTOONA PA	-503.50
CHECKCARD 0623 SUNOCO 0898247200 ELDERTON PA 24022075175383734032951 CKCD 5542 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-40.01
SHEETZ 0011 06/23 #000612220 PURCHASE SHEETZ 0011 ALTOONA PA	-3.54
O'REILLY 5397 06/24 #000731397 PURCHASE O'REILLY 5397 LOGAN TOWNSHI PA	-45.44
M&T Bank 06/24 #000596503 WITHDRWL M&T 811 17TH STRE ALTOONA PA	-183.50
CVS/PHARMACY # 06/24 #000030502 PURCHASE 04013--210 EAST P ALTOONA PA	-40.25
CVS/PHARMACY # 06/24 #000030523 PURCHASE 04013--210 EAST P ALTOONA PA	-26.49
CHECKCARD 0624 SHEETZ 2011 ALTOONA PA 24116415176384824446824 CKCD 5542 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-25.00
CHECKCARD 0624 RUSSELL TIRE CENTRAL PA ALTOONA PA 24323045175182800382293 CKCD 5532 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-80.56
CHECKCARD 0624 SUNOCO 0523045300 ALTOONA PA 24022075176384815928462 CKCD 5542 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-31.01
CHECKCARD 0624 MCDONALD'S F1218 ALTOONA PA 24427335175720219150312 CKCD 5814 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-8.47
CHECKCARD 0624 MCDONALD'S F1218 ALTOONA PA 24427335175720219150320 CKCD 5814 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-3.60
CHECKCARD 0625 WAL-MART #2663 EBENSBURG PA CKCD 5411 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-5.26
CHECKCARD 0628 CRICKET WIRELESS 855-246-2461 FL 24692165180108906370330 CKCD 4814 XXXXXXXXXXXX3269 XXXX XXXX XXXX 3269	-160.00
<b>Subtotal for card account # XXXX XXXX XXXX 3269</b>	<b>-\$4,304.51</b>
<b>Total withdrawals and other debits</b>	<b>-\$7,670.51</b>

**Service fees**

Transaction description	Amount
M&T Bank 06/22 #000671577 WITHDRWL M&T 405 E 25TH AV ALTOONA PA FEE CKCD XXXXXXXXXXXX3269	-2.50
M&T Bank 06/22 #000583477 WITHDRWL M&T 811 17TH STRE ALTOONA PA FEE CKCD XXXXXXXXXXXX3269	-2.50
M&T Bank 06/23 #000589160 WITHDRWL M&T 811 17TH STRE ALTOONA PA FEE CKCD XXXXXXXXXXXX3269	-2.50
M&T Bank 06/24 #000596503 WITHDRWL M&T 811 17TH STRE ALTOONA PA FEE CKCD XXXXXXXXXXXX3269	-2.50
<b>Total service fees</b>	<b>-\$10.00</b>

Ending Balance already reflects the subtraction of Service Fees.

### Daily ledger balances

Balance (\$)	Date	Balance(\$)	Date	Balance (\$)
600.00	06/13	858.67	06/23	625.12
2,515.00	06/16	5,463.52	06/24	248.39
2,415.00	06/17	3,818.89	06/25	64.49
1,208.30	06/18	2,718.89	06/27	4,724.49
1,110.30	06/20	2,506.93	06/30	10,544.49
870.30				

## Your biBerk quote

Thank you for providing biBerk the opportunity to quote your Commercial Auto insurance. Our mission is to protect your business so you have the peace of mind to do what you do best.



### Commercial Auto

9666052

Lafa Transportation LLC

**Policy start date:** 06/10/2025**Policy end date:** 06/10/2026**10 Monthly payments:** \$886.59 / month**Down payment:** \$1773.18

### Why biBerk insurance?

As part of the Berkshire Hathaway Insurance Group, we're one of the world's largest and most trusted insurance organizations, paying over \$52.2 billion annually to resolve claims.

- Dependable claims service
- Friendly customer service
- Affordable payment plans

### Customer Reviews

★★★★☆ 4.9/5

Calculated from customer reviews over the past 12 months. Quote pricing is valid if purchased before the policy start date.

### Coverages

- ✓ Bodily Injury Property Damage
- ✓ Uninsured/Underinsured Motorists
- ✓ Rental Reimbursement
- ✓ 2 Vehicles Have Comprehensive/Collision

### Vehicle Limits

2013 TOYOTA \$1,000/\$1,000

2006 TOYOTA \$1,000/\$1,000

### Auto Liability Limits

Bodily Injury and Property Damage Liability \$100,000

**DATE OF DEPOSIT****JUL 21 2025****PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU**

UNITED STATES  
POSTAL SERVICE.

Retail

P

US POSTAGE PAID

\$11.00

Origin: 17055  
07/21/25  
4152480055-46

PRIORITY MAIL®

0 Lb 5.80 Oz

RDC 03

EXPECTED DELIVERY DAY: 07/23/25

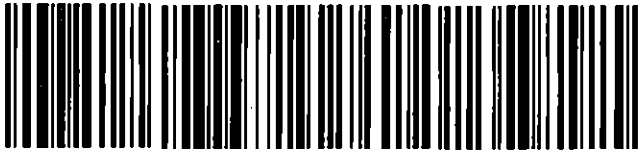
C000

SHIP  
TO:

400 NORTH ST  
HARRISBURG PA 17120-0211



USPS TRACKING® #



9505 5130 6529 5202 7880 04



OD: 12 1/2 x 9 1/2

FROM:

Lafa Transportation LLC  
1206 21st ave  
Altoona, PA 16601

RECEIVED

JUL 22 2025

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

TO:

Secretary PA public utility  
400 North Street 211  
Harrisburg PA 17120