

Verification of Application

A-2025-3057482

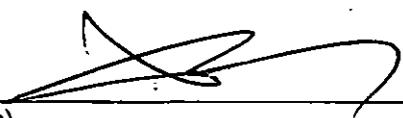
I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

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.

Mike Ou

(Print Name)

(Signature)



09/12/2025
(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).

DATE OF DEPOSIT

SEP 12 2025

PA Public Utility Commission
Secretary's Bureau

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).

Our vehicle safety program will be structured to ensure all fleet vehicles are maintained in optimal operating condition and in full compliance with the applicable Pennsylvania vehicle equipment requirements, as set forth in 67 Pa. Code, Chapter 175.

- a. We will implement a rigorous, preventative maintenance program that prioritizes both the safety and reliability of our vehicles and the fulfillment of all regulatory obligations. Our maintenance strategy encompasses the following key elements: Scheduled Inspections, Preventive Maintenance, Immediate Repairs and Maintenance Records.
 - b. To ensure ongoing compliance with 67 Pa. Code, Chapter 175, our program incorporates the following procedures: Routine Compliance Checks, Operator Training and Reporting, and Annual State Inspections.
8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

To obtain insurance coverage and fulfill the associated premium obligations, we have taken the following systematic steps:

- Consulted with licensed insurance agents to gain expert insight into policy selection and payment logistics.
- Conducted comprehensive research into reputable insurance providers to identify suitable policy options and confirm eligibility requirements.
- Assessed my financial resources to ensure sufficient capability for meeting ongoing premium payments.

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

DATE OF DEPOSIT

SEP 12 2025

PA Public Utility Commission
Secretary's Bureau

10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

(Signature)

Mike Ou, CEO

(Name and Title, printed or typed)

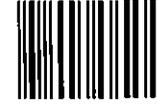
09/12/2025
(Date)

PRESS FIRMLY TO SEAL



PRESS FIRMLY TO SEAL

Retail



17120

U.S. POSTAGE
PME
RIDLEY PARK,
SEP 12, 2025

\$31.40

S2324N501162

RDC 07

**PRIORITY
MAIL
EXPRES**



**PRIORITY
MAIL
EXPRES**



EJ 962 188 155 US

This package is made from post-consum

**FLAT RATE
ENVIRONMENTAL**

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) **PHONE:** 267 207 1688
 MIKE OW
 HUADA TRANSPORT LLC
 132 CYPRUS LANE
 EAST FALLOWFIELD, PA 19320

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

Priority Day Military DPO

PO ZIP Code: 19078 Scheduled Delivery Date (MM/DD/YY): 9/15/25 Postage: \$ 31.40

Date Accepted (MM/DD/YY): 9/12/25 Scheduled Delivery Time: 8:00 PM Insurance Fee: \$ COD Fee: \$

Time Accepted: 1:30 PM AM PM Return Receipt Fee: \$ Live Animal Transportation Fee: \$

Special Handling/Fragile: \$ Sun/Mon Holiday Premium Fee: \$ Total Postage & Fees: \$

Weight: 7 lbs 0 ozs Flat Rate Priority to Acceptance Employee Initials: MI

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY): Time: AM PM Employee Signature:

Delivery Attempt (MM/DD/YY): Time: AM PM Employee Signature:

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 *Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT) **PHONE:**
 Attn: Secretary Homsher
 PA Public Utility Commission
 Commonwealth Keystone Building
 400 North Street
 Harrisburg, PA 17120
 ZIP + 4® (U.S. ADDRESSES ONLY) 17120

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
 ■ \$100.00 Insurance included.

PEEL FROM THIS CORNER

EP13F October 2023
OD: 12 1/2 x 9 1/2



CMPC

717-705-1952

9/15/2025 7:46:57 AM



EJ962188155US

To: PUC MASTER

Agency: PUC

Floor:

External Carrier: EXPRESS