

Four Guys Healthcare Transit LLC

272 Riverview Drive
Walnutport, PA 18088

October 16, 2025

To:

Matthew L. Homsher, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, PA 17120

Subject: Response to Data Request Letter – Docket No. ~~A-2025-3057852~~

Dear Secretary Homsher,

Pursuant to your Data Request Letter dated October 7, 2025, please find below the responses and supporting materials from **Four Guys Healthcare Transit LLC**.

1 Service Area Clarification (Question #10)

We confirm that our intended service description is:

To transport persons, by motor vehicle, in paratransit service, from points in Northampton and Lehigh Counties to points in Pennsylvania, and return.

The company will operate 2 insured vehicles based in Walnutport, PA, and plans to expand service as the business grows.

2 Hiring and Employment Policies (Verified Statement – Question #5)

Age Restrictions

All drivers will be required to be **at least 21 years of age** at the time of hire.

Criminal History

A **criminal-background check** will be performed for each driver **prior to hire and annually thereafter**. The Compliance Manager will maintain a tracking log to ensure all checks are completed on schedule and retained for audit.

RCVD PUC SEC BUR
OCT 17 2025 PM 1:49

Pre-employment Drug testing

all employees will go through pre-employment drug testing and random drug test.

Statement of Financial Position

A. Balance Sheet

Enclosed is a dated balance sheet (as of October 2025) showing assets and liabilities of **Four Guys Healthcare Transit LLC** only. No personal property is included.

B. Proof of Funds

Attached is a **bank letter** from our financial institution verifying the current balance of the company business account held in the name of **Four Guys Healthcare Transit LLC**.

C. Vehicle Ownership Proof

Copies of **vehicle registrations and titles** in the name of **Four Guys Healthcare Transit LLC** are attached.

Verification Statement

I, Samuel Mashal, hereby state that the facts set forth are true and correct to the best of my knowledge, information, and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Signature: 

Date: 10/16/2025

Printed Name / Title: Samuel Mashal / Member Manager

Enclosures

1. Balance Sheet (≤ 6 months old)
2. Bank Verification Letter or Statement (copy)
3. Vehicle Registration and Title Copies

Respectfully submitted,

Four Guys Healthcare Transit LLC

RCVD PUC SEC BUR
OCT 17 2025 PM 1:49

272 Riverview Drive, Walnutport PA 18088

Tel: 201-993-1101 Email: georgealkhader@gmail.com

PENNSYLVANIA VEHICLE REGISTRATION

PLEASE SIGN YOUR CREDENTIAL - To validate your credential, you need to sign your name in ink as indicated below. The registration must be available when the vehicle is used.

PENNSYLVANIA'S LITTERING LAW - As a reminder, Pennsylvania has laws against littering on our roadways and on public and private property. Under law, PennDOT is required to include this statement on vehicle credentials to remind motorists of littering laws. By signing your registration credential, you acknowledge that you have received notice of this provision. Section 3709 of the Pennsylvania Vehicle Code provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.

For any violation of Section 3709, you may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons operating, in possession of or present within the vehicle with your permission, if you do not with reasonable certainty identify the driver of the vehicle at the time the violation occurred.

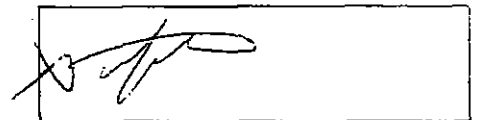
PLEASE DRIVE SAFELY AND REMEMBER TO BUCKLE UP

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: SEP 30, 2026 VALID: 10/10/2025

PLATE: NBB2999
TITLE: 89151426901 FO
VIN: 1FADP3K2XJL315214
YR/MAKE: 2018 FORD
TYPE: SDN
WID: 25283 3427 028141

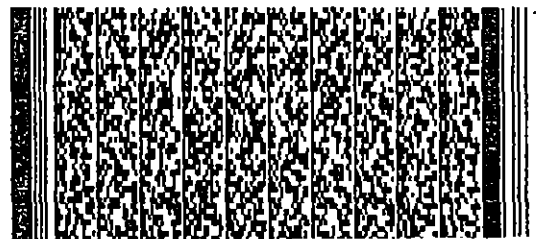
EMISSIONS INSPECTION REQUIRED/DIESEL VEHICLES EXEMPT COUNTY: NORTHAMPTON



SIGNATURE

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

077273
FOUR GUYS HEALTHCARE TRANSIT LLC
272 RIVERVIEW DR
WALNUTPORT PA 18088



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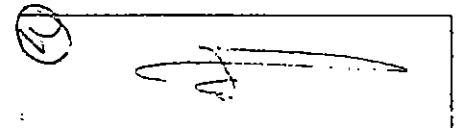
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PLEASE DRIVE SAFELY AND REMEMBER TO BUCKLE UP

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: SEP 30, 2026 VALID: 10/16/2025

PLATE: NBK2662
TITLE: 74078815804 FO
VIN: 1FADP3K28EL251163
YR/MAKE: 2014 FORD
TYPE: SDN
WID: 25289 3427 024145



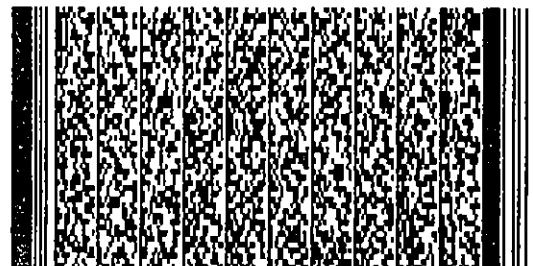
SIGNATURE

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

EMISSIONS INSPECTION REQUIRED/DIESEL VEHICLES EXEMPT

COUNTY: NORTHAMPTON

077046
FOUR GUYS HEALTHCARE TRANSIT LLC
272 RIVERVIEW DR
WALNUTPORT PA 18088





Date: 10/15/2025.

Four Guys Healthcare Transit LLC

272 Riverview Dr
Walnutport PA 18088-9659

Period: 10/01/2025 to 10/15/2025

Account XXXXXX841

Share XXXXXX841 S 0010 Primary Share Account

Category	Share	Open Date	10/15/2025	
Type	Primary Share Account			
			Beginning Balance	\$0.00
			Ending Balance	\$5.00
Posting Date	Effective Date	Description	Amount	Balance
10/15/2025		Cash Deposit	\$5.00	\$5.00

Share XXXXXX841 S 0040 Business Share Draft

Category	Draft	Open Date	10/15/2025	
Type	Business Share Draft Account			
			Beginning Balance	\$0.00
			Ending Balance	\$20,000.00
Posting Date	Effective Date	Description	Amount	Balance
10/15/2025		Deposit	\$5,100.00	\$5,100.00
10/15/2025		Cash Deposit	\$1,900.00	\$7,000.00
10/15/2025		Cash Deposit	\$10,000.00	\$17,000.00
10/15/2025		Cash Deposit	\$3,000.00	\$20,000.00

Statement of Financial Position (Balance Sheet)
As of (date) 10/16/2025
(Must be less than 6 months old)

ASSETS

Current Assets	\$20000	
Cash		
Other Current Assets (specify)	\$2000, <u>Office supplies</u> and equipment	
Total Current Assets		<u>\$22000</u>
Tangible Assets		
Motor Vehicle Equipment	\$20000, 2 Cars	
Property (buildings, land, etc.)		
Office Equipment		
	TOTAL ASSETS	<u>\$40000</u>

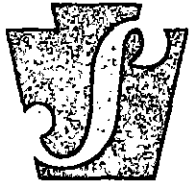
LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$0	
Credit cards/revolving credit	<u>\$0</u>	
Other Liabilities (Attach schedule)	<u>\$0</u>	
Total Current Liabilities		<u>\$0</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	<u>\$0</u>

The members of Four Guys Healthcare Transit LLC have contributed startup capital sufficient to purchase, insure, and maintain vehicles, as well as cover operating expenses during the startup phase. We believe these resources are adequate to ensure safe and reliable service to the public



0014690889



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 #: 0014690889
Date Filed: 8/3/2025

B0905-9192 08/03/2025 12:09 PM Received by Pennsylvania Department of State

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

In compliance with the requirements of 15 Pa.C.S. § 8821 relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

Limited Liability Company Type

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

Limited Liability Company Name

Entity name Four Guys Healthcare Transit LLC

Effective Date

The filing shall be effective when filed with the Department of State

Registered Office

The address of this limited liability company's proposed registered office in this Commonwealth is
 NORTHAMPTON
 272 RIVERVIEW DR
 WALNUTPORT, PA 18088-9659

Organizers

Name of individual or organization	Address
orwah s alkhader	272 RIVERVIEW DR WALNUTPORT, PA 18088-9659
Samuel I Mashal	272 RIVERVIEW DR WALNUTPORT, PA 18088-9659
orabi s alkhader	272 RIVERVIEW DR WALNUTPORT, PA 18088-9659

Additional provisions, if any

Additional provisions

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

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

Orwah Alkhader

08/03/2025

orwah s alkhader

Date

Samuel Mashal

08/03/2025

Samuel I Mashal

Date

Orabi Alkhader

08/03/2025

orabi s alkhader

Date

PENNSYLVANIA

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

R 1413e (Ed 8-98)

COMPANY CODE AND NAME
NAIC Number: 20052
National Liability & Fire Insurance Company

Name and Address of Insured

FOUR GUYS HEALTHCARE TRANSIT LLC
272 RIVERVIEW DR
WALNUTPORT, PA 18088

POLICY NUMBER 73 APS 129095
EFFECTIVE DATE 10/09/2025 9:26 AM

NOT VALID MORE THAN 1
 YEAR FROM EFFECTIVE DATE

Description of Vehicle:

2018	FORD FOCUS	1FADP3K2XL315214
Year	Make/Model	Vehicle Identification Number

SEE IMPORTANT MESSAGE ON REVERSE SIDE

R 1413e (8-98) UNIFORM INFORMATION SERVICES, INC.

IMPORTANT NOTICE Regarding Your Financial Responsibility Insurance Identification Card.

This insurance Company is required by Pennsylvania law to send you an I. D. card. The card shows that an insurance policy has been issued for the vehicle(s) described satisfying the financial responsibility requirements of the law.

If you lose the card, contact your insurance company or agent for a replacement.

The I. D. card information may be used for vehicle registration and replacing license plates. If your liability insurance policy is not in effect, the I. D. card is no longer valid.

You are required to maintain financial responsibility on your vehicle. It is against Pennsylvania law to use the I. D. card fraudulently such as using the card as proof of financial responsibility after the insurance policy is terminated.

FOLD ALONG THIS LINE

R 1413e (back)

THIS CARD MUST BE CARRIED FOR PRODUCTION UPON DEMAND. IT IS SUGGESTED THAT YOU CARRY THIS CARD IN THE INSURED VEHICLE.

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in this State without the required financial responsibility may have his registration suspended or revoked.

NOTE: THIS CARD IS REQUIRED WHEN:

- (1) You are involved in an auto accident.
- (2) You are convicted of a traffic offense, other than a parking offense, that requires a court appearance.
- (3) You are stopped for violating any provision of 75 Pa.C.S. (relating to the Vehicle Code) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which has been previously suspended or revoked.

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
claims@nationalindemnity.com

CUT ALONG THIS LINE

INSURANCE IDENTIFICATION CARD

PA (STATE)

COMPANY NUMBER 20052 COMPANY National Liability & Fire Insurance Co

POLICY NUMBER 73APS129095 EFFECTIVE DATE 10/09/25 EXPIRATION DATE 10/09/26

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2014 FORD FOCUS 1FADP3K28EL251163

AGENCY/COMPANY ISSUING CARD
BRIGHTWAY INSURANCE 0695, DOYLESTOWN, PA
PO BOX 5700
JACKSONVILLE FL 32247

INSURED

FOUR GUYS HEALTH CARE TRANSIT LLC
272 RIVERVIEW DR
WALNUTPORT PA 18088

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



National Indemnity group of insurance companies
 1314 Douglas Street, Suite 1400
 Omaha, NE 68102-1944

Commercial Auto Insurance Binder

FOUR GUYS HEALTHCARE TRANSIT LLC
 272 RIVERVIEW DR
 WALNUTPORT, PA 18088

Policy Term: 10/09/2025 9:26 AM to 10/09/2026 12:01 AM
 Policy Number: 73APS129095
 Minimum Earned Premium: \$0
 Business Description: NON EMERGENCY MEDICAL TRANSPORT

Total Policy Premium: 19,382

Issued by: Johnson & Johnson, Inc. (Mt. Pleasant, SC)

THIS BINDER IS A TEMPORARY CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE BOTTOM OF THIS FORM.
 Thank you for your recent order for coverage. We are pleased to bind coverage (FOR 30 DAYS) effective 10/09/2025 9:26 AM with National Liability & Fire Insurance Company.

Coverage Information

Coverage	Limit
Liability (BI & PD) Liability applies to scheduled autos only.	\$1,000,000 Combined Single Limit
Uninsured Motorist - Nonstacked (BI)	\$100,000 Combined Single Limit (BI Only)
Underinsured Motorist (BI)	\$100,000 Combined Single Limit (BI Only)
First Party Benefits Medical Expense	\$5,000 per person, per acc.
Physical Damage	See Vehicle Information. Only covered if a value and deductibles are listed.

Vehicle Information

1. 2010 TOYOTA PRIUS	VIN: JTDKN3DU2A1004815
2. 2018 FORD FOCUS	VIN: 1FADP3K2XJL315214

Special Conditions:

This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.



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

Date of this notice: 08-19-2025

Employer Identification Number:
39-3850817

Form: SS-4

Number of this notice: CP 575 B

Four Guys Healthcare Transit LLC
SAMUEL ISSA SAQER MASHAL SR MBR
✓ % SAMUEL ISSA SAQER MASHAL SR MBR
272 riverview Dr
walnutport , PA 18088

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

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 39-3850817. 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.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1065

03/15/2026

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, estate, trust, EPMF etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

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.

IMPORTANT REMINDERS: