

DOCKET#A-2025-3058159

11/11/2025

Company Name: Safe travel transportation LLC

This paperwork is a response to a data request for a PA PUC application.

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)
Safe travel 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)
-

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 14950127
(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).**

Owner: Ayman Ahmed

6. **Mailing Address**

133 DENVER RD

Street Address
DENVER LANCASTER

City, State and Zip Code County
(802) 376-3681 LEGAL@FEDERALCARRIER.INFO,

Telephone Number E-mail Address
aymanahmed20201010@gmail.com

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).

i'll be operating and transporting people in Lancaster County

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.

Ayman Ahmed

(Print Name)



(Signature)

11/10/25

(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.

Safe Travel Transportation LLC

Legal Name of Applicant

Trade Name, if any

133 Denver Road, Denver, PA 17522

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.
 - Name: Ayman Ahmed
 - Title: owner
 - Business address: 133 Denver Road, Denver, PA 17522
 - Phone number: +1(802-376-3681)
2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.
 - Owner: Ayman Ahmed
 - Manager: Stephen schlage
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.
 - The applicant has over five years of experience operating a Non-Emergency Medical Transportation (NEMT) business in New Hampshire. During this time, they have built a reliable and compliant operation, coordinating transportation services for clients through partnerships with major healthcare brokers such as Coordinated Transportation Solutions (CTS) and One Call. Their role has included managing daily logistics, overseeing a team of drivers, maintaining vehicle compliance, and ensuring timely, safe transport for patients across various service zones. This hands-on experience has equipped the applicant with strong skills in scheduling, regulatory adherence, and customer service—all essential for running a successful service-based business.

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.
 - **Facilities:**
safe Travel Transportation LLC operates from and located at 133 Denver Rd, Denver, PA 17517.
The office is equipped with a desktop computer, printer/scanner, and locked file storage for physical records.
At launch, we plan to operate with one or two vehicles, which will be parked at the residential property
If business demand increases, we intend to relocate to a larger commercial facility to accommodate additional vehicles and staff we do not provide household goods storage services
 - **Record Maintenance Plan:**
We will maintain all required records in compliance with PA PUC regulations.
Business records, including driver files, vehicle maintenance logs and insurance documents will be stored both digitally and in hard copy.
 - **Communication Network:**
Transportation requests and trip assignments will be managed through the broker platform and its associated application.
We will receive trip notifications directly from the broker's platform, which will assign rides based on customer demand and driver availability.
Drivers will be equipped with mobile phones to receive trip details and maintain continuous communication during service hours.
We will also use GPS-enabled devices to monitor vehicle locations and ensure timely service.
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:
 - a. Your hiring standards for drivers;
 - b. Your system for conducting criminal background checks;
 - c. Your driver training program;
 - d. Your system for conducting driver license checks;
 - e. Your policies regarding alcohol and drug use by your drivers.

**Please see the attached Word document as part of this application.
It contains supporting details relevant to our submission.**

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
2014	Toyota	prius	5	JTDKN3DUXE1764559	270589
2012	Dodge	Grand caravan	6	2C4RDGCG7CR104461	137653

*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).

**Please see the attached Word document as part of this application.
It contains supporting details relevant to our submission.**

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

We have contacted Meeghan Sheckler (meeghan@wizinsurance.com), our current insurance agent in New Hampshire, where we operate our existing NEMT business. She confirmed that her agency does write commercial insurance policies suitable for Pennsylvania operations. We are currently in the process of obtaining a quote from them to ensure we can meet the required premium obligations for Pennsylvania and for the broker we will be working with. Additionally, we reached out to Progressive and have received a quote from them, which is included in one of the attachments.

- g. 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.

<p style="margin: 0;">- </p> <hr style="border: 0.5px solid black;"/> <p style="margin: 0;">(Signature) Ayman Ahmed Owner</p> <p style="margin: 0;">(Name and Title, printed or typed)</p>	<p style="margin: 0;">11/10/2025</p> <hr style="border: 0.5px solid black;"/> <p style="margin: 0;">(Date)</p>
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Statement of Financial Position (Balance Sheet)

Asof(date) 11/10/2025

(Must be less than 6 months old)

please see the attached Word document as part of this application. It contains supporting details relevant to our submission.

ASSETS

Current Assets

Cash

Other Current Assets (specify)

Total Current Assets

Tangible Assets

Motor Vehicle Equipment

Property (buildings, land, etc.)

Office Equipment

TOTAL ASSETS

LIABILITIES

Current Liabilities (Due within one year of date)

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

Financial Documentation for Safe Travel Transportation LLC

To Whom It May Concern,

Safe Travel Transportation LLC is a newly formed business based in Denver, PA, and I am currently working through the certification process to begin operations.

While I do not have large formal financial statements at this time, I've written and submitted what I have available for Safe Travel Transportation for now. I've also included bank statements from my active NEMT business in New Hampshire—not as financials for the Pennsylvania entity, but simply to support my credibility and show that I'm not starting from nothing.

I am the sole owner of both businesses and fully committed to growing Safe Travel Transportation in Pennsylvania and have already initiated contact with several major NEMT brokerages who have expressed interest in partnering once certification is complete. I hope this submission helps establish my credibility and intent to operate a compliant and sustainable business.

Please let me know if additional documentation or clarification is needed.

Ayman Ahmed

11/10/2025

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:

- a. Your hiring standards for drivers;
- b. Your system for conducting criminal background checks;
- c. Your driver training program;
- d. Your system for conducting driver license checks;
- e. Your policies regarding alcohol and drug use by your drivers.

We plan to begin with **2 to 3 drivers**, which is appropriate for the limited-service area we will be covering initially, which will be conducted in partnership with transportation brokers. As part of their team, our trip volume will depend on broker assignments and available trips

This number allows us to manage operations efficiently while maintaining high standards of safety and reliability. As demand grows, we will consider hiring additional drivers to meet service needs.

a. Hiring Standards for Drivers

We will hire drivers who meet the following criteria:

- Minimum age of 21
- Valid Pennsylvania driver's license
- Clean driving record for the past 3 years
- customer service skills and professional demeanor
- Must pass a pre-employment drug and alcohol test

b. Criminal Background Checks

We will use [Checkr](https://checkr.com) (<https://checkr.com>) to conduct criminal background checks. [Checkr](https://checkr.com) provides AI-powered screenings with fast turnaround times and compliance tools that help us make informed hiring decisions while reducing risk.

c. Driver Training Program

All drivers will be required to complete the following training programs before beginning service:

- **Defensive Driving Course** through [Improv Driving School](https://www.improvdriving.com), a nationally recognized online provider approved by DMVs and insurance companies

- **CPR and First Aid Certification** through [NewLife CPR](#), which offers interactive online training with printable certificates and wallet cards
- **Passenger Assistance, Safety and Sensitivity (PASS) Certification** from the Community Transportation Association of America (CTAA), which covers ADA regulations, emergency procedures, and sensitivity training for transporting passengers with special needs.

d. Driver License Checks

Driver license status and Motor Vehicle Records (MVR) will be verified through Checkr's driving record check service. This ensures that all drivers have valid licenses and meet our safety standards.

e. Alcohol and Drug Use Policies

Safe Travel Transportation LLC is committed to maintaining a safe, professional, and drug-free work environment. To ensure the safety of our passengers, drivers, and the public, we enforce a strict zero-tolerance policy regarding alcohol and drug use.

1. Pre-Employment Testing

All prospective drivers must pass a drug and alcohol screening prior to employment. This test will be conducted by a certified third-party provider and must show no presence of illegal substances or alcohol.

2. Random Testing

Drivers are subject to random drug and alcohol testing throughout their employment. These tests may be conducted without prior notice and are administered by an independent testing service.

3. Prohibited Substances

The use, possession, or distribution of illegal drugs, controlled substances, or alcohol while on duty or on company property is strictly prohibited. Drivers must not consume alcohol or use any impairing substances within eight hours prior to their shift.

4. Prescription Medications

Drivers taking prescription medications that may impair their ability to operate a vehicle safely must disclose this to management. A medical clearance may be required before continuing duty.

5. Consequences of Violation

Any violation of this policy will result in disciplinary action, up to and including immediate termination. Safe Travel Transportation LLC reserves the right to report violations to regulatory authorities as required.

Response to Data Request – Broker Verification

Verification Steps for Pennsylvania Brokerage Services

We have taken the following steps to verify that our intended brokers are properly certificated to provide brokerage services in Pennsylvania:

- We visited the official websites of each broker to locate their PA PUC certificate information. However, we were unable to obtain direct contact information for a responsible representative to confirm the certificate details for most brokers
- One broker, CTS, provided us with a copy of their PA PUC certificate directly
- We used the Pennsylvania Public Utility Commission’s online search tool to verify that each broker is registered and authorized to operate in Pennsylvania.

List of Intended Brokers

Below is a table to be completed with the names and certificate numbers of the brokers we intend to operate with:

Broker Name	PA PUC Certificate Number	Status
COORDINATED TRANSPORTATION SOLUTIONS INC	6920396	Active
MODIVCARE SOLUTIONS LLC	690158	Active
ZONECARE USA OF DELRAY LLC T/A ONE CALL CARE TRANSPORT + TRANSLATE	6912414	Active

At this time, we are still in the early stages of establishing our business relationships and cannot definitively determine which brokers will want a provider or whether they will ultimately contract with us. However, we are hopeful that we will secure a contract with one or more brokers once our PA PUC certificate is granted

We will continue to ensure that all brokers we engage with maintain valid and active certification with the Pennsylvania Public Utility Commission.

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).

Vehicle Safety Program

a. Periodic Vehicle Maintenance Plan

Safe Travel Transportation LLC maintains a proactive and structured vehicle maintenance program to ensure all vehicles remain in safe, reliable, and compliant condition. Our plan includes the following components:

1. Daily Inspections

Drivers complete a standardized **daily inspection sheet** before each shift. This checklist covers:

- Brakes, tires, lights, mirrors, and windshield condition
 - Fluid levels (oil, coolant, washer fluid)
 - Emergency equipment (first aid kit, seat belt cutter, fire extinguisher, flashlight, reflective triangle)
 - Seat belts, horn, and dashboard warning lights
- Any issues are reported immediately and addressed before the vehicle is returned to service.

2. Monthly Preventive Maintenance

Each vehicle receives monthly service that includes:

- Oil and filter changes
- Battery and charging system checks
- Tire rotation and pressure adjustment
- Brake pad and rotor inspection

3. Annual State Inspections

All vehicles are taken to licensed Pennsylvania inspection stations for **annual safety and emissions inspections**, in compliance with 67 Pa. Code, Chapter 175.

4. Maintenance Records

All inspections, repairs, and service activities are logged and retained in a digital system. Records are available for audit and regulatory review.

b. Compliance with Pennsylvania Vehicle Equipment Standards (67 Pa. Code, Chapter 175)

To ensure continuous compliance with Pennsylvania's vehicle equipment standards:

- Drivers complete **daily pre-trip inspection** using standardized checklists
- Any defects are reported immediately and addressed before the vehicle returns to service
- Vehicles undergo **annual inspections** at licensed Pennsylvania inspection stations
- We maintain a **compliance checklist** aligned with 67 Pa. Code, Chapter 175
- All inspection and repair documentation are stored and available for audit

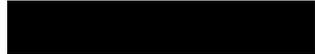


BANK OF AMERICA, N.A. (THE "BANK")

Transaction History

SAFE TRAVEL TRANSPORTATION LLC

BUSINESS ADV FUNDAMENTALS



Last Posting Date

Date/Time Printed 11/8/2025 12:19 PM EST

Since Last Statement Summary

Last Statement Date

Balance Last Statement (\$)

Deposits/Credits (+) #

Holds (-)

Withdrawals/Debits (-) #

Pending Credits (+)

Available Balance (\$)

\$9,500.00

Some of the information was not available when this page was printed. Please ask your Bank of America banker to assist you
Balance Last Statement, Deposits/Credits, Withdrawals/Debits may not total to Available Balance.

Date	Description	Type	Amount	Available Balance
	Amount included in Available Balance			
Processing	TELLER TRANSACTION CREDIT ON 11/08	Credit	\$4,500.00	\$9,500.00
Processing	PENDING CREDIT ON 11/08 VIA CALL AGENT	Credit	\$5,000.00	\$5,000.00

No More Activity For This Account

For additional information or service, please contact the Customer Service Center at 1-800-432-1000

**** 8898

* = Item(s) Included in Previous Statement(s).

Non-Federal Direct Deposit Enrollment Request Form

Authorization agreement for automatic deposits (ACH credits)

Directions for Customer Use:

- 1) *Ensure entire form is complete, then sign and date*
 - Use the ABA routing number from the state where your account was opened
- 2) *Ensure appropriate Employer / Company address is used when mailing completed form*
- 3) *Employer / Company should review this form for completeness and suitability. If Employer / Company prefers or requires their own form, use account type, number and ABA routing number below to help complete their form*
- 4) *Mail form directly to Employer / Company* (Note: It is not necessary for employer or company to return the form to the bank once direct deposit is set up into the payroll system)

Employer / Company Name: _____

Employer Address _____ **City** _____ **State** _____ **Zip** _____

I (we) authorize the above named **Employer / Company** to initiate credit entries to my **Bank of America** Checking and/or Savings accounts indicated below and to credit the same to such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

Note: Funds can be deposited into one account or split between accounts as a set percent or dollar amount.

Account Type	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	State Acct Opened <u>NH</u>
Account Number	_____	
ABA Routing Number	_____	
Deposit Amount	100 % OR \$ _____	(Flat Amount)

Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	State Acct Opened _____
Account Number	_____	
ABA Routing Number	_____	
Deposit Amount	_____ % OR \$ _____	(Flat Amount) OR <input type="checkbox"/> Remaining

Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	State Acct Opened _____
Account Number	_____	
ABA Routing Number	_____	
Deposit Amount	_____ % OR \$ _____	(Flat Amount) OR <input type="checkbox"/> Remaining

If monies to which I am not entitled are deposited to my account, I authorize the Employer / Company (issuer) to direct the financial institution to return said funds and I authorize the financial institution to act on the Employer / Company direction and to return said funds. This authority will remain in effect until Employer / Company has received written notification from me of its termination in such time and in such manner as to afford Employer / Company and financial institution a reasonable opportunity to act on it.

SAFE TRAVEL TRANSPORTATION LLC

Name		
133 DENVER RD	DENVER PA 17517	
Address	City/State/Zip	
	11/08/2025	802-376-3681
Signature (required)	Date	Telephone Number

NOTE: Written credit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Statement Regarding Vehicle Title and Registration Status

I confirm that the two vehicles listed in my application are titled to Safe Travel Transportation LLC. At this time, they are not yet registered because the Pennsylvania DMV requires an active insurance policy to complete registration.

Based on my understanding, the PUC certification process may take up to 90 days. Additionally, securing contracts with transportation brokers typically takes 4–6 weeks after certification. I am fully committed to registering both vehicles and activating insurance coverage as soon as certification is granted and contracts are in place.

I respectfully request that my application proceed toward certification. I am fully committed to registering the vehicles and activating insurance coverage as soon as certification is granted. This approach ensures compliance while aligning with operational readiness and insurance requirements.

I am committed to providing proof of registration within two weeks from the issuance of the certificate.

Thank you for your attention to this matter.

Best regards,
Ayman Ahmed

Statement of Financial Position (Balance Sheet) – As of 11/10/2025

I Ayman Ahmed, confirm that all financial information submitted on behalf of Safe Travel Transportation LLC is accurate as of 11/10/2025

. All assets and debts listed are held solely by safe travel transportation and are titled or registered in its name. No personal or family-owned assets or liabilities are included in this submission.

Please note that the business bank account with Bank of America was recently opened, and a formal monthly statement is not yet available. However, I have included a bank-generated document confirming the current account balance and ownership under Safe Travel Transportation LLC. This document serves as proof of available funds to support the launch and operation of the business.

Ayman Ahmed (owner)

Safe Travel Transportation LLC

133 Denver Rd, Denver, PA 17517

11/10/2025

Category	Description	Amount (USD)
Current Assets		
Cash	Bank of America – Business Checking	9,500\$
Other Current Assets		
Total Current Assets		9,500\$
Tangible Assets		
Motor Vehicle Equipment	2012 Dodge Caravan (wheelchair accessible van)	5500\$
	2014 Toyota prius	5000\$
Property	N/A	
Other Tangible Equipment	CPR kits	33\$
	fire extinguishers	64\$
	cameras for the vehicles	318\$
TOTAL ASSETS		10,915\$
Liabilities		
Category	Description	Amount (USD)

Current Liabilities (Due within one year of date)		
Loans		N/A
Credit Cards/Revolving Credit		N/A
Other Liabilities	auto Insurance (324.84 a month) tracking devices (50\$ a month)	3898\$ 600\$
Total Current Liabilities		4498\$
Long-Term Liabilities		
Mortgage		N/A
Long-Term Commercial Loan		N/A
Other Long-Term Liabilities		N/A
Total Long-Term Liabilities		N/A
TOTAL LIABILITIES		

I, Ayman Ahmed, hereby state that the facts above 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).

A handwritten signature in black ink, appearing to read "Ayman Ahmed". The signature is written in a cursive style with a large initial 'A'.

11/10/2025

Safe travel transportation LLC

Daily Pre-Trip Inspection (MAKE _____ MODEL _____ YEAR _____)

	Date	Date	Date	Date	Date	Date	Date
SYSTEMS CHECKED							
Mileage							
VEHICLE:							
General Cleanliness							
Tires							
Fuel Cap							
Fluid Levels							
Mirrors							
Doors							
Lift/Ramp Operations							
Seat Belts/Extender							
Horn							
Headlights & Taillights							
Brake Lights & Turn Signals							
Interior Lights							
Heat / Air Conditioner							
Wipers / Washer Fluid							
Brakes & Parking Brake							
SAFETY EQUIPMENT:							
First aid							
Fire extinguisher							
Triangles							
Flashlight							
Seat belt cutter							
SIGNAGE & DOCUMENTS							
No smoking sign							
Fasten Seat Belt sign							
Registration							
Accident Report Form							
insurance Card							
DRIVER'S INITIALS							
COMMENTS	<hr/> <hr/> <hr/>						
INSTRUCTIONS:	<ol style="list-style-type: none"> 1. Write each date in top section as well as driver number and vehicle number. 2. ONLY place an "X" if system requires attention and notify management. 3. Initial each date upon completion. 4. Use a new sheet for each vehicle (only ONE (1) persheet) 						

VERIFIED STATEMENT OF APPLICANT

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Trade Name, if any

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Street Address (principal place of business)

City or Municipality

State

Zip Code

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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.

- Name: Ayman Ahmed
- Title: owner
- Business address: 133 Denver Road, Denver, PA 17522
- Phone number: +1(802-376-3681)

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

- Owner: Ayman Ahmed
- Manager: Stephen schlage

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.

- The applicant has over five years of experience operating a Non-Emergency Medical Transportation (NEMT) business in New Hampshire. During this time, they have built a reliable and compliant operation, coordinating transportation services for clients through partnerships with major healthcare brokers such as Coordinated Transportation Solutions (CTS) and One Call. Their role has included managing daily logistics, overseeing a team of drivers, maintaining vehicle compliance, and ensuring timely, safe transport for patients across various service zones. This hands-on experience has equipped the applicant with strong skills in scheduling, regulatory adherence, and customer service—all essential for running a successful service-based business.

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 - **Facilities:**
safe Travel Transportation LLC operates from and located at 133 Denver Rd, Denver, PA 17517.
The office is equipped with a desktop computer, printer/scanner, and locked file storage for physical records.
At launch, we plan to operate with one or two vehicles, which will be parked at the residential property
If business demand increases, we intend to relocate to a larger commercial facility to accommodate additional vehicles and staff we do not provide household goods storage services
 - **Record Maintenance Plan:**
We will maintain all required records in compliance with PA PUC regulations.
Business records, including driver files, vehicle maintenance logs and insurance documents will be stored both digitally and in hard copy.
 - **Communication Network:**
Transportation requests and trip assignments will be managed through the broker platform and its associated application.
We will receive trip notifications directly from the broker's platform, which will assign rides based on customer demand and driver availability.
Drivers will be equipped with mobile phones to receive trip details and maintain continuous communication during service hours.
We will also use GPS-enabled devices to monitor vehicle locations and ensure timely service.
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:
 - a. Your hiring standards for drivers;
 - b. Your system for conducting criminal background checks;
 - c. Your driver training program;
 - d. Your system for conducting driver license checks;
 - e. Your policies regarding alcohol and drug use by your drivers.

**Please see the attached Word document as part of this application.
It contains supporting details relevant to our submission.**

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
2014	Toyota	prius	5	JTDKN3DUXE1764559	270589
2012	Dodge	Grand caravan	6	2C4RDGCG7CR104461	137653

*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).

Please see the attached Word document as part of this application.
It contains supporting details relevant to our submission.

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

We have contacted Meeghan Sheckler (meeghan@wizinsurance.com), our current insurance agent in New Hampshire, where we operate our existing NEMT business. She confirmed that her agency does write commercial insurance policies suitable for Pennsylvania operations. We are currently in the process of obtaining a quote from them to ensure we can meet the required premium obligations for Pennsylvania and for the broker we will be working with. Additionally, we reached out to Progressive and have received a quote from them, which is included in one of the attachments.

- g. 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.

-  11/10/2025
 (Signature) Ayman Ahmed Owner (Date)
 (Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)

Asof(date) 11/10/2025

(Must be less than 6 months old)

please see the attached Word document as part of this application.
It contains supporting details relevant to our submission.

ASSETS

Current Assets

Cash

Other Current Assets (specify)

Total Current Assets

Tangible Assets

Motor Vehicle Equipment

Property (buildings, land, etc.)

Office Equipment

TOTAL ASSETS

LIABILITIES

Current Liabilities (Due within one year of date)

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

Safe Travels Transportation LLC
133 DENVER ROAD
DENVER, PA 17522

Underwritten by:
United Financial Casualty Company
November 7, 2025
Policy Period: Nov 7, 2025 - May 7, 2026
Page 1 of 3
Customer Phone number: 1-802-376-3681

Commercial Auto Insurance Quote

Dear Safe Travels Transportation LLC,
Thank you for your interest in Progressive.

We're excited about the opportunity to work with you. Below you'll find a quote that's custom-designed around your needs. Our goal is to give you the best and most competitively priced coverage for your business.

What you get

You get affordable rates, savings opportunities for safe driving, and nationally recognized claims service that keeps you and your business on the road and in business. Most importantly, you get the peace of mind that comes with Progressive's responsive, comprehensive approach to customer service.

By becoming a Progressive customer, you join a confident group of business owners who expect the most from their insurance company. You're important to us. That's why we're here for you 24 hours a day, seven days a week. Whether you need to update your policy, report or check the status of a claim, or simply ask a question, call us at 1-888-814-6494, or you can visit us online at progressivecommercial.com.

How you get it

If you're comfortable with your quote, please visit us online at progressivecommercial.com or call us any time at 1-888-814-6494 to purchase your policy. And thank you again for thinking of us. We hope we can serve you and your commercial auto needs.

Policy information

Quote for 6 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$1,949.00
Paid in full discount	-252.00
Policy premium if paid in full	\$1,697.00

Payment plans

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$3.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
5 Payments, 20.0% Down	\$1,910.00	\$382.00	4 payments of \$385.00
5 Payments, 30.0% Down	\$1,910.00	\$573.00	4 payments of \$337.25
3 Payments, 40.0% Down	\$1,910.00	\$764.00	2 payments of \$576.00
2 Payments, 50.0% Down	\$1,910.00	\$955.00	1 payments of \$958.00

Make payments by mail or at progressivecommercial.com. Each payment includes a \$6.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
--------------	---------------	-----------------	----------

1 Payment	\$1,697.00	\$1,697.00	None
5 Payments, 20.0% Down	\$1,949.00	\$389.80	4 payments of \$395.80
5 Payments, 30.0% Down	\$1,949.00	\$584.70	3 payments of \$347.08 and 1 of \$347.06
3 Payments, 40.0% Down	\$1,949.00	\$779.60	2 payments of \$590.70
2 Payments, 50.0% Down	\$1,949.00	\$974.50	1 payment of \$980.50

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call Progressive at **1-800-895-2886**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of Birth	Points	Additional information
Ayman A Ahmed	12/14/1991	0	

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Description	Limits	Deductible	Premium
Liability To Others			\$1,685
Bodily Injury and Property Damage Liability	\$100,000 combined single limit		
Uninsured Motorist - Nonstacked	\$15,000 each person/\$30,000 each accident		64
Underinsured Motorist - Nonstacked	\$15,000 each person/\$30,000 each accident		126
Basic First Party Benefit - Full Tort			35
Medical Expense Benefit Without Workers Comp	up to \$5,000		
Total 6 month policy premium			\$1,910

Auto coverage schedule

1. **2014 TOYOTA PRIUS**

VIN: **JTDKN3DUXE1764559** Garaging Zip Code: 17522 Radius: 50 miles
Personal use: N Body type: Car - Passenger

Liability Premium	UM Premium	UIM Premium	PIP Premium	Auto Total
\$965	\$32	\$63	\$18	\$1,078

2. **2012 DODGE GRAND CARAVAN**

VIN: **2C4RDGCG7CR104461** Garaging Zip Code: 17522 Radius: 50 miles
Personal use: N Body type: Mini Van

Liability Premium	UM Premium	UIM Premium	PIP Premium	Auto Total
\$720	\$32	\$63	\$17	\$832

Premium discount

Policy
Electronic Funds Transfer

Please review all the information on your quote for accuracy. Incomplete or inaccurate information could alter your rate, and rates are subject to verification. If you have any questions, please call us at 1-888-814-6494.

Form QUOTE (03/17)



SAFE TRAVEL TRANSPORTATION LLC
140 SUMMER ST
SPRINGFIELD VT 05156-3524

Page: 1 of 6
Statement Period: Aug 01 2025-Aug 31 2025
Cust Ref #: [REDACTED]
Primary Account #: [REDACTED]

Did you know we recently added more benefits to our TD Business Premier Checking account such as preferred incoming and outgoing wire pricing? To learn more about the benefits of the Premier checking account, visit www.td.com/businesspremier or to make sure you are in the right checking account for your business, visit www.td.com/sbcheckingchoosemyaccount. You can also visit your nearest TD location or call us 1-800-493-7562 for a free account review to get the most out of your banking relationship with us.

TD Business Simple Checking

SAFE TRAVEL TRANSPORTATION LLC

Account # [REDACTED]

ACCOUNT SUMMARY

Beginning Balance	35,799.66	Average Collected Balance	26,813.58
Electronic Deposits	15,955.31	Interest Earned This Period	0.00
		Interest Paid Year-to-Date	0.00
Electronic Payments	27,952.44	Annual Percentage Yield Earned	0.00%
Service Charges	10.00	Days in Period	31
Ending Balance	23,792.53		

	Total for this cycle	Total Year to Date
Grace Period OD/NSF Refund	\$0.00	\$0.00

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
08/15	CCD DEPOSIT, COORDINATED TRAN PAYMENTS SAFETR01	8,126.20
08/29	CCD DEPOSIT, COORDINATED TRAN PAYMENTS SAFETR01	7,829.11
	Subtotal:	15,955.31

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
08/01	CCD DEBIT, ADP WAGE PAY WAGE PAY 583061425744CW5	3,275.95
08/01	CCD DEBIT, ADP TAX ADP TAX LDCW5 080131A01	402.46
08/01	CCD DEBIT, ADP PAYROLL FEES ADP FEES 928138315769	50.71
08/04	TD ZELLE SENT, 521500N0JYC7 Zelle Eric Farkas	900.00
08/04	DBCRD PMT AP, AUT 080325 VISA DDA PUR AP TMOBILE AUTO PAY 800 937 8997 * WA 4387662001369943	124.83
08/04	ELECTRONIC PMT-WEB, PAYPAL INST XFER UPPERVALLEY	100.00
08/05	DBCRD PUR AP, AUT 080325 VISA DDA PUR AP LINUXMOTOFLEETSHARP 877 732 4980 * MO 4387662001369943	361.59
08/06	ELECTRONIC PMT-WEB, PAYPAL INST XFER ANARCHYRC1	310.00
08/06	DBCRD PMT AP, AUT 080525 VISA DDA PUR AP CHECKR INC CHECKR COM CHECKR COM * CA 4387662001369943	234.47

Call 1-800-224-5563 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	23,792.53
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	_____

2	DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
	Total Deposits		2

4	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS

4	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		4

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.



America's Most Convenient Bank®

STATEMENT OF ACCOUNT

SAFE TRAVEL TRANSPORTATION LLC

Page: 3 of 6
Statement Period: Aug 01 2025-Aug 31 2025
Cust Ref #:
Primary Account #: [REDACTED]

DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)

Table with columns: POSTING DATE, DESCRIPTION, AMOUNT. Contains 30 rows of transaction data including electronic payments, ATM fees, and payroll deposits.

Call 1-800-224-5563 for 24-hour Bank-by-Phone services or connect to www.tdbank.com



America's Most Convenient Bank®

STATEMENT OF ACCOUNT

SAFE TRAVEL TRANSPORTATION LLC

Page: 4 of 6
Statement Period: Aug 01 2025-Aug 31 2025
Cust Ref #:
Primary Account #:

DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)

Table with columns: POSTING DATE, DESCRIPTION, AMOUNT. Contains 30 rows of transaction data including electronic payments, international transfers, ATM fees, and Zelle payments.

Call 1-800-224-5563 for 24-hour Bank-by-Phone services or connect to www.tdbank.com



America's Most Convenient Bank®

STATEMENT OF ACCOUNT

SAFE TRAVEL TRANSPORTATION LLC

Page: 5 of 6
Statement Period: Aug 01 2025-Aug 31 2025
Cust Ref #:
Primary Account #:

DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)

Table with columns: POSTING DATE, DESCRIPTION, AMOUNT. Contains 25 rows of transaction data including ATM fees, international payments, and CCD debits, ending with a Subtotal of 27,952.44.

Service Charges

Table with columns: POSTING DATE, DESCRIPTION, AMOUNT. Contains 1 row for MAINTENANCE FEE on 08/29, ending with a Subtotal of 10.00.

Call 1-800-224-5563 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

SAFE TRAVEL TRANSPORTATION LLC

Page: 6 of 6
 Statement Period: Aug 01 2025-Aug 31 2025
 Cust Ref #:
 Primary Account #: XXXXXXXXXX

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
07/31	35,799.66	08/15	31,637.21
08/01	32,070.54	08/18	28,431.77
08/04	30,945.71	08/19	27,804.77
08/05	30,584.12	08/20	27,024.77
08/06	30,006.65	08/21	26,785.44
08/07	29,981.65	08/22	25,915.78
08/08	28,627.24	08/25	21,173.78
08/11	24,764.14	08/26	19,221.98
08/12	24,684.65	08/27	18,134.08
08/13	24,312.26	08/28	16,907.71
08/14	24,297.88	08/29	23,792.53



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E STATEMENT OF ACCOUNT



Go paperless.
Scan the QR code to
opt in to paperless
statements.

SAFE TRAVEL TRANSPORTATION LLC
140 SUMMER ST
SPRINGFIELD VT 05156-3524

Page: 1 of 6
Statement Period: Oct 01 2025-Oct 31 2025
Cust Ref #: [REDACTED]
Primary Account #: [REDACTED]

TD Business Simple Checking

SAFE TRAVEL TRANSPORTATION LLC

Account # [REDACTED]

ACCOUNT SUMMARY

Beginning Balance	15,671.52	Average Collected Balance	31,542.30
Electronic Deposits	57,696.57	Interest Earned This Period	0.00
Electronic Payments	21,879.55	Interest Paid Year-to-Date	0.00
Service Charges	10.00	Annual Percentage Yield Earned	0.00%
Ending Balance	51,478.54	Days in Period	31

	Total for this cycle	Total Year to Date
Grace Period OD/NSF Refund	\$0.00	\$0.00

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
10/15	CCD DEPOSIT, COORDINATED TRAN PAYMENTS SAFETR01	11,813.01
10/16	eTransfer Credit, Online Xfer Transfer from CK 9247102611	40,000.00
10/31	CCD DEPOSIT, COORDINATED TRAN PAYMENTS SAFETR01	5,883.56
	Subtotal:	57,696.57

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
10/01	DBCRD PUR AP, AUT 093025 VISA DDA PUR AP CITY OF KEENE REVCOLL 888 8916064 * NH 4387662001369943	1,002.37
10/01	DEBIT POS AP, AUT 100125 DDA PURCHASE AP CIRCLE K 07404 14 MISS SPRINGFIELD * VT 4387662001369943	26.33
10/01	DEBIT POS AP, AUT 100125 DDA PURCHASE AP MERRITT PKWY FA FAIRFIELD * CT 4387662001369943	21.62
10/02	TD ZELLE SENT, 527500E0FNTA Zelle Eric Farkas	730.00
10/02	DEBIT POS AP, AUT 100225 DDA PURCHASE AP TURKEY HILL 0248 2 DEN DENVER * PA 4387662001369943	28.57
10/02	DBCRD PUR AP, AUT 100125 VISA DDA PUR AP DUNKIN 349425 FAIRFIELD * CT 4387662001369943	9.43
10/03	CCD DEBIT, ADP PAYROLL FEES ADP FEES 928639760796	50.71
10/06	CCD DEBIT, ADP WAGE PAY WAGE PAY 930440172660CW5	1,523.56

Call 1-800-224-5563 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	51,478.54
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	_____

2	DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
	Total Deposits		2

4	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS

4	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		4

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

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TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.



America's Most Convenient Bank®

STATEMENT OF ACCOUNT

SAFE TRAVEL TRANSPORTATION LLC

Page: 3 of 6
Statement Period: Oct 01 2025-Oct 31 2025
Cust Ref #:
Primary Account #:

DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)

Table with 3 columns: POSTING DATE, DESCRIPTION, and AMOUNT. Contains 20 rows of transaction data including electronic payments, ATM debits, and purchases.

Call 1-800-224-5563 for 24-hour Bank-by-Phone services or connect to www.tdbank.com



America's Most Convenient Bank®

STATEMENT OF ACCOUNT

SAFE TRAVEL TRANSPORTATION LLC

Page: 4 of 6
Statement Period: Oct 01 2025-Oct 31 2025
Cust Ref #:
Primary Account #:

DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)

Table with columns: POSTING DATE, DESCRIPTION, AMOUNT. Contains 30 rows of transaction data including electronic payments, debit POS, and DBCRD PUR AP.

Call 1-800-224-5563 for 24-hour Bank-by-Phone services or connect to www.tdbank.com



America's Most Convenient Bank®

STATEMENT OF ACCOUNT

SAFE TRAVEL TRANSPORTATION LLC

Page: 5 of 6
Statement Period: Oct 01 2025-Oct 31 2025
Cust Ref #:
Primary Account #:

DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)

Table with columns: POSTING DATE, DESCRIPTION, AMOUNT. Contains 30 rows of transaction data including debit and credit entries for various services like POS, DDA, VISA, and PAYPAL.

Call 1-800-224-5563 for 24-hour Bank-by-Phone services or connect to www.tdbank.com



America's Most Convenient Bank®

STATEMENT OF ACCOUNT

SAFE TRAVEL TRANSPORTATION LLC

Page: 6 of 6
Statement Period: Oct 01 2025-Oct 31 2025
Cust Ref #:
Primary Account #:

DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)

Table with 3 columns: POSTING DATE, DESCRIPTION, AMOUNT. Includes entries for TD ZELLE SENT, CCD DEBIT, and DEBIT POS AP with a subtotal of 21,879.55.

Service Charges

Table with 3 columns: POSTING DATE, DESCRIPTION, AMOUNT. Includes MAINTENANCE FEE with a subtotal of 10.00.

DAILY BALANCE SUMMARY

Table with 4 columns: DATE, BALANCE, DATE, BALANCE. Shows a sequence of daily balances from 09/30 to 10/15.

Call 1-800-224-5563 for 24-hour Bank-by-Phone services or connect to www.tdbank.com



America's Most Convenient Bank®

E

STATEMENT OF ACCOUNT



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SAFE TRAVEL TRANSPORTATION LLC
140 SUMMER ST
SPRINGFIELD VT 05156-3524

Page: 1 of 5
Statement Period: Sep 01 2025-Sep 30 2025
Cust Ref #: [REDACTED]
Primary Account #: [REDACTED]

TD Business Simple Checking

SAFE TRAVEL TRANSPORTATION LLC

Account # [REDACTED]

ACCOUNT SUMMARY

Beginning Balance	23,792.53	Average Collected Balance	15,893.77
Electronic Deposits	18,495.99	Interest Earned This Period	0.00
Electronic Payments	26,607.00	Interest Paid Year-to-Date	0.00
Service Charges	10.00	Annual Percentage Yield Earned	0.00%
Ending Balance	15,671.52	Days in Period	30

	Total for this cycle	Total Year to Date
Grace Period OD/NSF Refund	\$0.00	\$0.00

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
09/15	CCD DEPOSIT, COORDINATED TRAN PAYMENTS SAFETR01	9,502.38
09/30	CCD DEPOSIT, COORDINATED TRAN PAYMENTS SAFETR01	8,993.61
	Subtotal:	18,495.99

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
09/02	TD ZELLE SENT, 524500B0J8VO Zelle Eric Farkas	795.00
09/02	CCD DEBIT, ADP WAGE PAY WAGE PAY 709102637301CW5	2,475.18
09/02	CCD DEBIT, ADP TAX ADP TAX LDCW5 082935A01	286.30
09/03	ELECTRONIC PMT-WEB, PAYPAL INST XFER ANARCHYRC1	580.00
09/04	DBCRD PMT AP, AUT 090325 VISA DDA PUR AP TMOBILE AUTO PAY 800 937 8997 * WA 4387662001369943	184.83
09/04	ELECTRONIC PMT-WEB, PAYPAL INST XFER UPPERVALLEY	100.00
09/05	DBCRD PUR AP, AUT 090325 VISA DDA PUR AP LINUXMOTOFLEETSHARP 877 732 4980 * MO 4387662001369943	361.59
09/05	CCD DEBIT, ADP PAYROLL FEES ADP FEES 925538822931	52.45
09/08	TD ZELLE SENT, 524900H00CYY Zelle JOHN RYAN	770.00
09/08	TD ZELLE SENT, 524900B0BTZW Zelle Jill Wood	300.00
09/08	CCD DEBIT, ADP WAGE PAY WAGE PAY 936236398618CW5	2,473.56
09/08	CCD DEBIT, ADP TAX ADP TAX LDCW5 090536A01	283.54
09/08	DBCRD PMT AP, AUT 090525 VISA DDA PUR AP CIGNA 877 484 5967 877 484 5967 * FL 4387662001369943	33.00

Call 1-800-224-5563 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	15,671.52
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2	DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
	Total Deposits		2

4	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS

4	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		4

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.



America's Most Convenient Bank®

STATEMENT OF ACCOUNT

SAFE TRAVEL TRANSPORTATION LLC

Page: 3 of 5
Statement Period: Sep 01 2025-Sep 30 2025
Cust Ref #:
Primary Account #:

DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)

Table with columns: POSTING DATE, DESCRIPTION, AMOUNT. Contains transaction details for various dates from 09/08 to 09/23, including electronic payments, cash app transactions, and debit purchases.

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SAFE TRAVEL TRANSPORTATION LLC

Page: 4 of 5
Statement Period: Sep 01 2025-Sep 30 2025
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DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)

Table with columns: POSTING DATE, DESCRIPTION, AMOUNT. Contains 20 rows of transaction data including debit and credit entries for various purchases and payroll.

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Bank

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STATEMENT OF ACCOUNT

SAFE TRAVEL TRANSPORTATION LLC

Page: 5 of 5
Statement Period: Sep 01 2025-Sep 30 2025
Cust Ref #:
Primary Account #: XXXXXXXXXX

DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)

POSTING DATE	DESCRIPTION	AMOUNT
09/29	DEBIT POS AP, AUT 092925 DDA PURCHASE AP THE DEPOT HOMECENTER CHARLESTOWN * NH 4387662001369943	6.49
09/30	ELECTRONIC PMT-WEB, PAYPAL INST XFER ANARCHYRC1	310.00
09/30	DEBIT POS AP, AUT 093025 DDA PURCHASE AP JIFFY MART ASCUTNEY * VT 4387662001369943	23.86
Subtotal:		26,607.00

Service Charges

POSTING DATE	DESCRIPTION	AMOUNT
09/30	MAINTENANCE FEE	10.00
Subtotal:		10.00

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
08/31	23,792.53	09/17	19,502.90
09/02	20,236.05	09/19	18,452.19
09/03	19,656.05	09/22	14,242.41
09/04	19,371.22	09/23	12,443.70
09/05	18,957.18	09/24	12,016.56
09/08	15,072.08	09/25	10,111.43
09/10	14,802.08	09/26	9,980.51
09/11	14,242.08	09/29	7,021.77
09/12	14,110.14	09/30	15,671.52
09/15	19,772.90		

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