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ATTORNEYS AT LAW

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November 25, 2025

Via Electronic Filing

Pennsylvania Public Utility Commission  
Commonwealth Keystone Building  
400 North Street, 2<sup>nd</sup> Floor  
Harrisburg, PA 17120

**Re: Application to Begin Service (Motor Common Carrier of Persons in  
Paratransit Service);**

To Whom It May Concern:

This firm represents Carefully Caring Home Care Agency LLC in connection with its submitted application to begin service.

Please contact me with any questions. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Brian Boyle". The signature is written in a cursive, flowing style.

Brian T. Boyle, Esq.

## 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)

Carefully Caring Home Care Agency, 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)

N/A

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** 6950092

(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).**

Rolanda Robinson, Member  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

7275 Cornelius St  
Street Address  
Philadelphia, PA 19138 Philadelphia  
City, State and Zip Code County  
267.902.7118 info@carefullycaringhomecare.com  
Telephone Number E-mail Address

*This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.*

7. **Physical Address** (If different than mailing address. Do not use a post office box.)

3500 Scotts Lane  
Street Address  
Philadelphia PA, 19129 Philadelphia  
City, State and Zip Code County  
267.529.5904 info@carefullycaringhomecare.com  
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)

Brian T. Boyle, Esq  
Attorney's Name & Telephone Number for this Filing  
Two Bala Plaza, Suite 300, Bala Cynwyd PA 19004 bboyle@companycounsel.law  
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?**

X 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).

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Homecare agency plans to offer transportation services to patients and elderly residents between doctors, homes, and other locations necessary for care and treatment.

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*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.

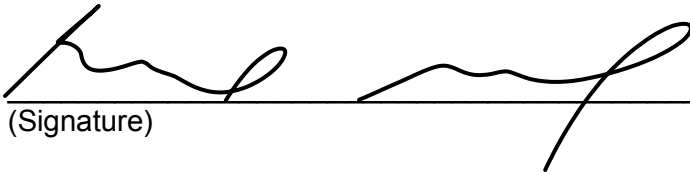
## Verification of Application

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.

Rolanda Robinson, Member

\_\_\_\_\_  
(Print Name)

  
\_\_\_\_\_  
(Signature)

11/04/2025

\_\_\_\_\_  
(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).

# 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.

Carefully Caring Home Care Agency, LLC  
Legal Name of Applicant

N/A  
Trade Name, if any

7275 Cornelius St, Philadelphia PA 19138  
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.

Rolanda Robinson: Member,  
7275 Cornelius St  
Philadelphia, PA 19138

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

N/A

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.

Applicant has over 18 years of experience in healthcare and home care management. As the CEO of Carefully Caring Home Care, Applicant oversees daily operations, staff supervision, and ensure compliance with all state regulations. Through participation in the Goldman Sachs 10,000 Small Businesses Program, Applicant strengthened skills in business management, leadership, and strategic growth all of which continue to guide how to operate and expand the company.

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.

The 3500 Scotts Lane facility serves as the administrative and operational headquarters. Has offices for management and administrative staff, space for meetings and training, and secure file storage. Is equipped with desktop computers, laptops, printers, scanners, and high-speed internet for efficient communication and documentation processes. Vehicles are housed and maintained on the same property, with parking and easy access for routine inspections, cleaning, and daily dispatching. All records will be maintained in accordance with PUC requirements and state record retention standards. All records are securely stored in password-protected systems with regular data backups, physical files are kept in locked cabinets within the administrative office. Trip logs, vehicle maintenance reports, driver credentials, incident reports, and client service documentation are organized and retained for the required timeframes. Customer transportation requests are received through phone, email, and an online scheduling system. The administrative office will log each request, verify service details, and assign trips through a digital dispatch platform. Third party Dispatchers will coordinate routes and schedules daily, maintaining real-time communication with drivers via cell phones, two-way radios, and GPS tracking systems. This network allows for immediate updates, route adjustments, and emergency support as needed, ensuring safe, reliable, and timely service for all clients.

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.

Current plans are to hire 4 drivers. This is because the planned services are for transport assistance for medical appointments and community activities. Multiple drivers will help transport multiple patients to differing locations at the same time. All drivers will be subject to the Patch background check system. Drivers will be trained though a third party via dispatch company Driver license checks shall be through PennDOT Driver's License Information System (DLIS) / MVR. Alcohol and Drug use policies are attached in a separate document.

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2022	Ford	Transit connect XL	5	NM0GE9E20M1521538	51666

\*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

Plan to start with three (3) Vehicles. This will be needed because the planned services are for transport assistance for medical appointments and community activities. Multiple vehicles will help transport multiple patients to differing locations at the same time.

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).

See attached documentation.

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

Insurance has been acquired.

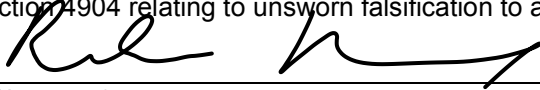
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

\_\_\_\_\_ YES        X   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.



(Signature)

Rolanda Robinson

(Name and Title, printed or typed)

11/04/2025

(Date)

**Statement of Financial Position (Balance Sheet)**

**As of (date) \_\_\_\_\_**

**(Must be less than 6 months old)**

PLEASE SEE ATTACHED BALANCE SHEET

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



## Drug and Alcohol Use Policy

\*\*PUC Compliance – Pennsylvania\*\*

### Purpose

The purpose of this policy is to ensure the safety of the public, passengers, and employees by maintaining a drug- and alcohol-free workplace in accordance with the Pennsylvania Public Utility Commission (PUC) regulations and, where applicable, U.S. Department of Transportation (DOT) 49 CFR Part 40 and Part 382 standards.

### Scope

This policy applies to all drivers and safety-sensitive employees operating company vehicles or performing duties regulated by the PUC. Compliance with this policy is a condition of employment.

### Policy Statement

Carefully Caring Home Care (CCHC) strictly prohibits the use, possession, sale, distribution, or being under the influence of alcohol or any controlled substance while:

- Operating a company vehicle;
- On duty or on company premises; or
- Within four (4) hours prior to performing safety-sensitive functions.

Drivers must remain fit for duty at all times and must comply with all applicable state and federal laws regarding substance use and impairment.

### Prohibited Conduct

#### 1. Alcohol:

- No driver shall report for duty or remain on duty while having an alcohol concentration of 0.02% or greater.
- Consumption of alcohol is prohibited within four (4) hours before operating any company or regulated vehicle.

#### 2. Controlled Substances:

- Use or possession of any Schedule I drug (such as marijuana, even if medically prescribed), narcotic, amphetamine, or other controlled substance is prohibited.
- Drivers may not report for duty while using any substance that impairs their ability to operate a vehicle safely.

### Testing Requirements

In accordance with PUC and DOT-aligned safety standards, the following testing shall occur:

- Pre-Employment Testing: All driver candidates must pass a drug screen before performing any safety-sensitive duties.
- Random Testing: Drivers are subject to unannounced random drug and alcohol testing throughout employment.
- Post-Accident Testing: Testing is required after any accident involving injury, fatality, or vehicle damage requiring towing.
- Reasonable Suspicion Testing: Conducted when a supervisor observes behavior indicating possible impairment.
- Return-to-Duty and Follow-Up Testing: Required after any violation of this policy and completion of an approved substance abuse program.

### **Recordkeeping**

All testing records, results, and related documents will be maintained in confidential secured files for the period required by PUC and DOT regulations. Access is limited to authorized management personnel.

### **Consequences of Policy Violation**

- Any driver who tests positive for drugs or alcohol, refuses a test, or violates this policy will be immediately removed from safety-sensitive duties.
- Violations may result in disciplinary action up to and including termination of employment and notification to the PUC as required.
- Drivers who test positive may be referred to a Substance Abuse Professional (SAP) and must successfully complete a return-to-duty process before resuming work.

### **Employee Education**

Drivers will receive education and training regarding the effects of drugs and alcohol on performance, as well as company testing procedures. Supervisors responsible for reasonable suspicion determinations will receive specialized training as required by regulation.

### **Acknowledgment**

All drivers must read, understand, and sign this policy as a condition of employment and continued operation under the company's PUC authority.

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Employee Signature

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Date



## Vehicle Safety and Maintenance Program

PUC Compliance – Pennsylvania

### Purpose

The purpose of this Vehicle Safety Program is to ensure that all company-owned and operated vehicles are maintained in safe operating condition, inspected regularly, and continuously comply with all Pennsylvania Department of Transportation (PennDOT) and Pennsylvania Public Utility Commission (PUC) equipment and safety standards.

### Safety Commitment

Our company is committed to providing safe, reliable, and well-maintained vehicles for all transportation operations. Safety is a core value of our service, and no vehicle will be operated unless it is fully compliant with all applicable safety regulations and in proper working condition.

### Vehicle Maintenance Plan

All vehicles will be subject to a preventive maintenance schedule designed to identify and correct mechanical issues before they lead to unsafe conditions or service interruptions.

#### 1. Daily Pre-Trip and Post-Trip Inspections

- Each driver is required to complete a pre-trip inspection prior to starting a route, checking critical systems such as brakes, tires, steering, lights, horn, windshield wipers, mirrors, lift/ramp systems, and safety equipment.
- Drivers must also complete a post-trip inspection at the end of the day, documenting any defects, warning lights, or maintenance needs.
- Any vehicle found to be unsafe will be immediately removed from service until repairs are completed.

#### 2. Preventive Maintenance Schedule

- Routine maintenance is performed at least every 3,000–5,000 miles or per the manufacturer's recommendations.
- Preventive maintenance includes oil and filter changes, tire rotations, brake inspections, fluid checks, and system diagnostics.
- Maintenance records will document all services performed, parts replaced, and inspections completed.

#### 3. Periodic Safety Inspections

- All vehicles are required to pass annual Pennsylvania State Safety Inspections and emissions testing as mandated by PennDOT.
- Internal quarterly safety inspections will be conducted by a qualified mechanic to ensure

ongoing compliance with Title 67, Chapter 175 (Vehicle Equipment and Inspection Regulations).

#### 4. 4. Corrective Maintenance

- Vehicles identified with mechanical issues are removed from service immediately.
- Repairs are completed only by certified mechanics, and all replaced parts are documented in the maintenance log.
- Vehicles are not returned to operation until cleared through a final inspection and road test.

### **Recordkeeping and Compliance**

Maintenance records are kept for a minimum of 12 months and include the vehicle identification number (VIN), mileage, inspection reports, repairs, and parts replaced. Records are maintained both electronically and in physical files at the main office and are available for review by the PUC or PennDOT upon request. All records will be stored securely in compliance with PUC record retention requirements.

### **Vehicle Equipment Compliance System**

To ensure continuous compliance with Pennsylvania equipment standards:

- Each vehicle will be equipped with all legally required safety devices, including seat belts, lights, fire extinguishers, reflective triangles, first aid kits, and emergency contact information.
- A Vehicle Compliance Checklist will be maintained and reviewed monthly by the Safety Officer or designee.
- Any equipment deficiencies identified during inspections will be corrected immediately and documented.
- Fleet management software or internal tracking logs will be used to monitor inspection dates, preventive maintenance intervals, and safety certification renewals.

### **Training and Accountability**

All drivers receive training in vehicle inspection procedures, defect reporting, and safe driving practices. Supervisors and mechanics receive periodic updates on PUC and PennDOT standards to ensure awareness of current regulations. Failure to comply with inspection or reporting requirements may result in disciplinary action, up to and including suspension from driving duties.

### **Program Oversight**

The Operations Manager or designated Safety Officer is responsible for overseeing this program, maintaining compliance documentation, and ensuring that all vehicles meet or exceed Pennsylvania safety and equipment standards at all times.

\_\_\_\_\_  
Safety Officer Signature

\_\_\_\_\_  
Date



**5. Restricted professional companies only.**

*Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).*

**The company is a restricted professional company organized to render the following restricted professional service(s):**

- Chiropractic**
- Dentistry**
- Law**
- Medicine and surgery**
- Optometry**
- Osteopathic medicine and surgery**
- Podiatric medicine**
- Public accounting**
- Psychology**
- Veterinary medicine**

**6. Benefit companies only.**

*Check the box immediately below if the limited liability company is organized as a benefit company:*

**This limited liability company shall have the purpose of creating general public benefit**

*Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.*

**This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):**

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**7. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.**

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this 18 day of September, 2019.

**Rolanda Robinson**

\_\_\_\_\_  
Signature



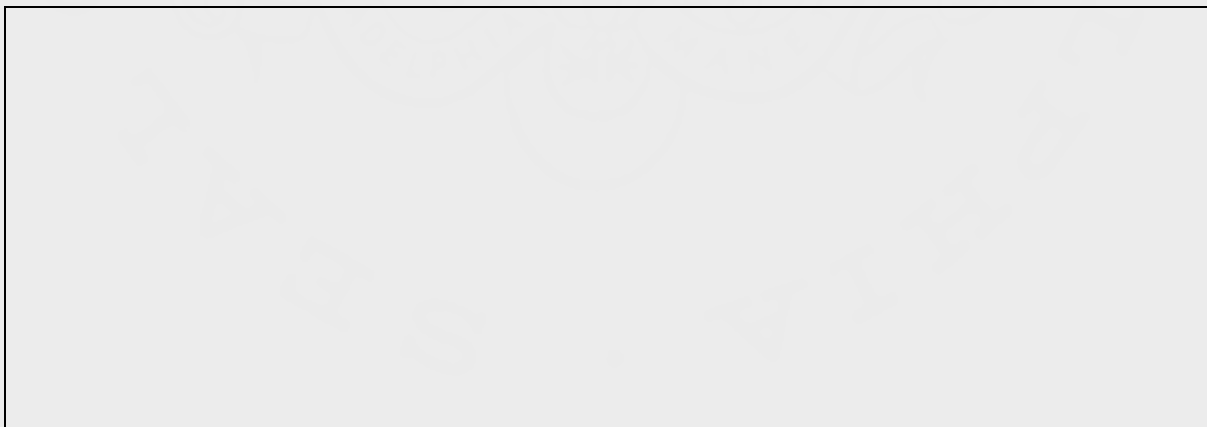
City of Philadelphia  
Department of  
Licenses & Inspections  
P.O. Box 53310  
Philadelphia, Pa. 19105

**DISPLAY PROMINENTLY**  
if required by law

Carefully Caring Home Care Agency  
7275 Cornelius St  
Philadelphia, PA 19138  
USA

3702 Commercial Activity License  
Activity License Type: Commercial Activity

LICENSE CODE	LICENSE NO.	COMMERCIAL ACTIVITY LIC.	EXPIRES AT END OF	EFFECTIVE DATE
3702	824197	824197		9/18/2019



**ACTIVITY LICENSE**

Interpreter services available. | خدمات الترجمة الشفهية متوفرة لدينا | အဘဗဟိုဝန်ထမ်းများကဗဟိုဝန်ထမ်းများကို ဖြေဆိုပေးပါသည် ။ | 提供口译服务 | Services d'interprétation disponibles. | 통역이 제공됩니다 | Предоставляются услуги устного переводчика. | Se brindan servicios de interpretación. | Có sẵn dịch vụ thông dịch.

# Monthly financials: Balance Sheet

As of September 30, 2025

	As of Sep 30, 2025	As of Sep 30, 2024 (PY)	Total
<b>ASSETS</b>			
<b>Current Assets</b>			
<b>Bank Accounts</b>			
Truist Bank Account #7550	146,111.12		
Truist Dynamic Business Checking 7073 - 1	99,410.78		237,155.21
<b>Total Bank Accounts</b>	<b>245,521.90</b>		<b>237,155.21</b>
<b>Other Current Assets</b>			
Due to/from ATS Enterprise	145,610.14		6,800.00
<b>Total Other Current Assets</b>	<b>145,610.14</b>		<b>6,800.00</b>
<b>Total Current Assets</b>	<b>391,132.04</b>		<b>243,955.21</b>
<b>Fixed Assets</b>			
Computer Equipment	4,603.01		
Construction Cost	37,650.00		
Ford Transit Van	51,516.64		51,516.64
Accumulated Depreciation	(22,323.60)		(12,879.22)
<b>Total Ford Transit Van</b>	<b>29,193.04</b>		<b>38,637.42</b>
Leasehold Improvements	100,720.45		
Mercedes GLE 350	67,771.00		67,771.00
Accumulated Depreciation	(29,367.00)		(16,942.50)
<b>Total Mercedes GLE 350</b>	<b>38,404.00</b>		<b>50,828.50</b>
<b>Total Fixed Assets</b>	<b>210,570.50</b>		<b>89,465.92</b>
<b>TOTAL ASSETS</b>	<b>\$601,702.54</b>		<b>\$333,421.13</b>

## LIABILITIES AND EQUITY

### Liabilities

#### Current Liabilities

##### Credit Cards

Amex Amazon Business Prime Card (1005) - 2	1,841.79		0.00
Amex Blue Business Cash(TM) (1000) - 2	443.81		(1.75)
Amex Blue Business Plus Card (1003) - 2	3,782.31		1,284.80
Amex Blue Business Plus Card (1005) - 2	671.62		0.00
Amex Business Gold Card (1008) - 2	10,819.57		28.71
Amex Business Platinum Card® (2001) - 2	5,578.55		909.98
Amex Hilton Honors Business Card (1002) - 2	0.00		0.00
Chase CC R. ROBINSON (7858) - 3	183.08		1,040.40
Discover CC #8141	0.00		0.00
<b>Total Credit Cards</b>	<b>23,320.73</b>		<b>3,262.14</b>

##### Other Current Liabilities

	<b>As of Sep 30, 2025</b>	<b>Total As of Sep 30, 2024 (PY)</b>
AMEX Line of Credit	4,838.82	30,374.39
Garnishment Payable	0.00	0.00
Net Salary	0.00	(328.16)
Payroll Tax Payable	0.00	22.44
Professional Fees	0.00	
<b>Total Other Current Liabilities</b>	<b>4,838.82</b>	<b>30,068.67</b>
<b>Total Current Liabilities</b>	<b>28,159.55</b>	<b>33,330.81</b>
<b>Long-Term Liabilities</b>		
Business Loan	0.00	0.00
Business Loan-2	0.00	0.00
Construction Loan	197,333.12	
Mortgage Payment	0.00	0.00
Truist Loan 89001	46,572.10	58,498.48
Truist Loan 99001	37,033.44	43,384.99
<b>Total Long-Term Liabilities</b>	<b>280,938.66</b>	<b>101,883.47</b>
<b>Total Liabilities</b>	<b>309,098.21</b>	<b>135,214.28</b>
<b>Equity</b>		
Member's Distribution	(21,289.31)	(7,381.37)
Opening Balance Equity	68,322.04	68,322.04
Personal Pay and Expenses	(3,989.95)	0.00
Retained Earnings	123,335.23	75,167.15
Net Income	126,226.32	62,099.03
<b>Total Equity</b>	<b>292,604.33</b>	<b>198,206.85</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$601,702.54</b>	<b>\$333,421.13</b>

PLATE:	LYT4238
TITLE:	81456606002 CA
VIN:	5NPD74LF7LH533832
YR/MAKE:	2020 HYUNDAI
TYPE:	SDN
WID:	23124 2600 024507

EMISSIONS INSPECTION REQUIRED/DIESEL VEHICLES EXEMPT

CAREFULLY CARING HOME  
CARE INC

7275 CORNELIUS ST  
PHILADELPHIA PA 19138