

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)
ATS Strategic Solutions 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)
Reliant Medical Transport

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 _____

~~39 3518937~~

(See checklist and indicate type of business entity registered)

14684968

14986033

5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

Ashley Smith

Thomas Sedlmeyer _____

6. **Mailing Address**
202 Chestnut Street

Street Address _____
Davidsville, PA 15928 _____
City, State and Zip Code _____ Somerset _____
County _____
814-418-5947 _____
Telephone Number _____ E-mail Address _____
atsstrategicsolutions@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).

The proposed Non-Emergency Medical Transportation (NEMT) service area will encompass a multi-county region in Western and Central Pennsylvania, with the goal of improving access to essential healthcare services for residents who lack reliable transportation. The business will operate across Cambria, Somerset, Blair, Westmoreland, and Indiana Counties, providing both scheduled and recurring medical transportation for ambulatory, wheelchair, and mobility-assisted passengers.

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.

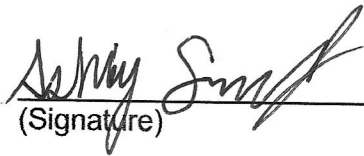
Verification of Application

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.

Ashley Smith Thomas Sedlmeyer

(Print Name)


(Signature)



11/29/2025

(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.

ATS Strategic Solutions LLC

Legal Name of Applicant			
Reliant Medical Transport			
202 Chestnut Street	Trade Name, if any Davidsville	PA	15928
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.
 Ashley Smith, CEO, 202 Chestnut Street, Davidsville, PA 15928
 Thomas Sedlmeyer, COO, 202 Chestnut Street, Davidsville, PA 15928

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

Not applicable

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 and co-owner, Thomas Sedlmeyer, brings professional experience and qualifications relevant to operating a Non-Emergency Medical Transportation (NEMT) service. The owner holds a Commercial Driver's License (CDL) and has experience operating commercial vehicles in a professional capacity. This experience includes safe vehicle operation, maintaining required driver logs, adhering to transportation regulations, and ensuring passenger safety and comfort during transport. As a CDL-licensed driver, the applicant is trained and experienced in: vehicle safety inspections and documentation, defensive driving and accident prevention, compliance with state and federal transportation regulations and maintaining accurate trip logs and transportation records. In addition to transportation-related experience, the co-owner, Ashley Smith, has business management skills that include scheduling, customer service, administrative recordkeeping, and compliance with operating procedures. These skills are directly applicable to managing a transportation service where customer experience, efficiency, and safety are essential. While the applicants has not previously owned or operated a formal NEMT service, they have completed research and self-directed training on: Pennsylvania Public Utility Commission (PUC) regulatory requirements, HIPAA awareness and patient privacy considerations, dispatch and routing systems, and ADA vehicle securement training (wheelchair tie-downs and lift operation).

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.

See Appendix A

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.

See Appendix B

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>

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

Vehicles are in the process of being procured. The company is working with reputable commercial dealers familiar with ADA/NEMT conversion requirements and will ensure all vehicles meet PA PUC safety standards, ADA securement requirements, and insurance requirements before service begins.

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 Appendix C

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

I contacted multiple insurance brokers who specialize in commercial transportation and NEMT/paratransit coverage. These brokers provided detailed information on the types of insurance required by the PUC, including: Commercial auto liability, Bodily injury and property damage coverage, Passenger liability, Vehicle physical damage and Workers' compensation. I obtained preliminary rate estimates for the vehicles that will be placed in service. These quotes confirmed that insurance is available for my business type, vehicle type(s), and service area. The quotes also confirmed that insurers are willing to write policies meeting or exceeding PUC minimum limits. I conducted a financial review of the business's projected operating expenses and cash flow. This analysis confirmed that the business has sufficient financial capacity to obtain the insurance coverage required by the PUC and to maintain those premiums on an ongoing basis.

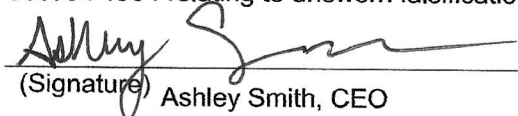
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

YES NO

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

Verification of Statement

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



 (Signature) Ashley Smith, CEO

11/29/2025

 (Date)

 (Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
As of (date) 11/29/2025
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$60,000	
Other Current Assets (specify)	_____	
Total Current Assets	_____	\$60,000
Tangible Assets		
Motor Vehicle Equipment	\$0	
Property (buildings, land, etc.)	\$3,000	
Office Equipment	_____	
TOTAL ASSETS	_____	\$3,0000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$0	
Credit cards/revolving credit	\$0	
Other Liabilities (Attach schedule)	\$0	
Total Current Liabilities	_____	\$0
Long Term Liabilities (Due after one year of date)		
Mortgage	\$0	
Long term commercial loan	\$0	
Other Liabilities (Attach Schedule)	\$0	
Total Long-Term Liabilities	_____	\$0
TOTAL LIABILITIES	_____	\$0

Appendix A

Facilities, Record Maintenance Plan, and Communication Network

1. Physical Facilities

The business office is located at 202 Chestnut Street, Davidsville, PA 15928

This location serves as the administrative and dispatch center.

The office includes:

- An administration area
- Dispatch workstation with dual monitors and telephone headset
- Secured file storage area for records compliance
- Workstations equipped with computers, business-grade printer/copier/scanner, and high-speed internet

Office equipment and technology used:

- Laptops with Office 365 assigned to administrative staff
- Multifunction printer/copier/scanner for document management
- VoIP phone system and company cellphones
- Cloud-based dispatch and routing software, Bambi
- Secure Wi-Fi network with password and Nord VPN

Vehicle Housing

- All NEMT vehicles are stored at 202 Chestnut Street, Davidsville, PA 15928. Until fleet is large enough to purchase a building and lot for storage.

The vehicle parking area includes:

- A paved parking lot with motion lighting
- Security cameras
- Vehicles remain locked and secured at all times when not in use
- Routine vehicle disinfecting and safety checks take place at this location to prepare vehicles for daily operation.

2. Record Maintenance Plan

The company maintains all Pennsylvania PUC-required transportation records, including:

- Driver qualification files
- Vehicle inspection, maintenance, and mileage logs
- Trip logs and dispatch records
- Incident/accident reporting
- Customer invoicing and billing documentation

Record-Keeping Systems:

- Operational and trip records are stored in a HIPAA-compliant cloud-based system (dispatch software). We plan to use Bambi NEMT Routing Software.
- Administrative and financial records (payroll and invoices) are stored in QuickBooks Online and Bambi.
- Signed documents and required regulatory files are kept in locked file cabinets within the office or stored on our Office 365 Business Cloud.

Data Security:

- Digital records are backed up automatically to secure cloud storage in Microsoft 365.
- Use Nord VPN to protect data.
- Access is restricted to authorized personnel using password-protected credentials and multi-factor authentication.

Record Retention Policy:

- All records required by the PUC will be retained for a minimum of four (4) years, or longer if regulations require.
- Records are readily accessible for review by regulatory agencies upon request.

3. Communication Network

Receiving Customer Trip Requests:

- Main business telephone line
- Email
- Online scheduling form on company website
- Referral portal or secure email from hospitals/agencies/care coordinators
- Every request is entered into the dispatch system and assigned a trip number for tracking.

Dispatching Vehicles:

- The dispatcher schedules trips based on passenger needs (wheelchair, stretcher, ambulatory).
- Vehicle assignment and route are generated using routing software.
- Drivers receive trip details on company-issued smartphones through the dispatch app or via SMS.

Trip data includes:

- Passenger name
- Pickup and drop-off locations
- Mobility needs or special instructions
- Appointment time and estimated duration

Communication with drivers (Continuous Contact):

- Drivers are equipped with company-issued smartphones with GPS and dispatch app.
- Real-time two-way communication occurs via the app, phone call, or text message.
- GPS tracking allows dispatch to monitor vehicle location, route progress, and ETA.
- Drivers check in at pickup and drop-off locations through the app.

Emergency Communication Protocol:

- Drivers can call dispatch directly through the app or phone.
- Dispatch maintains contact with emergency services if needed.

Summary

Our business maintains a secure, technology-equipped administrative office with a dedicated dispatch workstation. Vehicles are stored in a secured location, and only authorized personnel have access. Records required by the PUC and business operational records are maintained securely, backed up digitally, and stored in accordance with required retention timelines. Communication with customers and drivers is continuous, reliable, and documented via the dispatch software to ensure safe and timely non-emergency medical transportation.

Appendix B

The applicants intend to begin operations with 2 to 4 drivers, including both owners, one of which holds a Commercial Driver's License (CDL). This number of drivers is appropriate for the initial service area, which includes Cambria County and surrounding areas, as it allows the company to provide reliable coverage while maintaining efficient scheduling and trip management. As demand increases, additional drivers will be hired to ensure consistent service levels and to support expanded operating hours.

Your hiring standards for drivers;

All drivers must meet the following minimum criteria before being hired:

- Hold a valid Pennsylvania driver's license in good standing (Class C or CDL if applicable)
- Be at least 21 years of age
- Have a clean driving record for the prior three (3) years

Demonstrate professional customer service skills, including working with elderly and medically fragile passengers

- Have the ability to assist passengers with mobility devices (wheelchairs, walkers, etc.)
- Drivers must also complete:
 - DOT physical (if required)
 - Pre-employment drug screening
 - Orientation and NEMT driver training
- Preference is given to candidates with previous NEMT, paratransit, healthcare, or customer service experience.

Our system for conducting criminal background checks;

All applicants will undergo a comprehensive background check prior to hiring using a background check service, including:

- Pennsylvania State Police Criminal Background Check
- PA Child Abuse History Clearance
- National Sex Offender Registry check

No applicant will be hired if background results show violent offenses, theft, elder abuse, felonies or any offense that compromises passenger safety or trust.

Our driver training program;

All drivers must complete a structured NEMT training program, which includes:

- ADA passenger assistance and wheelchair securement training
- Vehicle lift operation
- First Aid and CPR certification
- HIPAA awareness and confidentiality

- Customer service and patient handling techniques
- Defensive driving and emergency procedures

Drivers must demonstrate competency through hands-on demonstration before they are permitted to transport passengers.

Our system for conducting driver license checks;

The company participates in ongoing driver license verification through:

- Annual Motor Vehicle Record (MVR) checks
- Additional checks after any accident, complaint, or safety concern

Any violations or changes in driving status must be reported to management immediately.

Drivers with suspended or expired licenses are removed from the schedule until valid licensing is restored.

Our policies regarding alcohol and drug use by your drivers.

The company maintains a zero-tolerance drug and alcohol policy for all drivers while on duty or operating any company vehicle. Policies include:

- Pre-employment drug screening
- Random drug/alcohol testing throughout employment
- Mandatory testing after any vehicle accident or safety incident

Any driver who fails, refuses, or attempts to avoid testing will be immediately removed from service and subject to termination.

Summary

By starting with a small number of qualified drivers and implementing strict hiring, training, and safety policies, the company ensures that every trip is performed safely, professionally, and in full compliance with Pennsylvania PUC regulations.

Appendix C

Each vehicle in the fleet follows a structured preventive maintenance schedule aligned with manufacturer recommendations and NEMT industry best practices. Maintenance includes:

Frequency

Maintenance Activity

Daily (Pre-Trip/End-of-Day)

- Driver performs visual safety inspection: tires, oil level, lights, fluid leaks, lift/ramp functionality, securement equipment, cleanliness and sanitation.
- Any issues are reported before vehicle is put into service.

Weekly

- Detailed inspection of wheelchair securement systems, safety belts, first aid kit, fire extinguisher, and sanitation supplies.

Monthly

- Check oil level, tire condition/pressure, battery, wiper blades, HVAC system, and interior safety equipment.
- Every 3,000–5,000 miles (per manufacturer)
- Oil change, fluids check/refill, filter replacements, brake wear inspection.

Annually

- Full PA State Safety Inspection by a certified inspection mechanic (67 Pa. Code, Chapter 175 compliant).
All maintenance activities are documented using a vehicle maintenance log, maintained in both physical and digital form.
- If a vehicle fails a pre-trip inspection or shows any mechanical or safety concern, it is immediately removed from service until repairs are completed and verified.

To ensure continuous compliance with PA vehicle equipment requirements:

- All vehicles undergo required annual Pennsylvania State Safety Inspections at a PennDOT-licensed inspection station.
- A designated safety manager reviews inspection reports, maintenance records, and repair documentation.
- Each vehicle is equipped with required ADA and NEMT safety equipment, including:
 - Wheelchair restraint and securement system
 - Fire extinguisher
 - First aid kit
 - Seat belts for all occupants
 - Proper signage and reflective markings

Compliance System:

1. Driver Pre-Trip Checklist

- Drivers are required to complete and sign a daily safety checklist confirming vehicle compliance before transporting passengers.

2. Defect Reporting System

- Any maintenance issue discovered during a trip is reported immediately through a Driver Vehicle Condition Report (DVCR).

3. Recordkeeping

- All inspection reports, maintenance logs, and repair invoices are retained for a minimum of four (4) years, consistent with PUC record requirements.

4. Safety Holds

- A vehicle that fails inspection or presents a safety concern is parked ("red-tagged") until the issue is corrected.

Summary

This vehicle safety program ensures:

- Continuous fleet compliance with 67 Pa. Code, Chapter 175
- Reliable and safe transportation for passengers
- Clear documentation for PUC or regulatory audits

We are committed to maintaining all vehicles at or above state safety standards and prioritizing passenger safety at every stage of service.

Reliant Medical Transport Business Plan – Financial Section

****Startup and Operating Cost Summary****

1. Startup Costs (Two ADA-Accessible NEMT Vehicles)

The following table reflects estimated startup expenses necessary to begin operations with two ADA-compliant vehicles for Non-Emergency Medical Transportation (NEMT).

Category	Estimated Cost (Low)	Estimated Cost (High)
Vehicle Purchase Down Payment (2 units)	\$12,000	\$20,000
Vehicle Conversion ADA (2 units)	\$8,000	\$14,000
Commercial Insurance Down Payment	\$10,000	\$18,000
Licensing, LLC, PUC Fees	\$350	
Vehicle Decals / Branding	\$800	\$1,400
Technology Setup (computers, software)	\$500	\$500
Securement & Safety Equipment	\$1,000	\$2,000
Misc. Startup Supplies	\$500	\$1,000
Totals	\$33,150	\$57,250

2. Monthly Operating Costs

Category	Estimated Monthly Cost (Low)	Estimated Monthly Cost (High)
Vehicle Loan Payments (2 vehicles)	\$1,200	\$1,800
Insurance Monthly Payment	\$1,600	\$2,800
Fuel	\$1,000	\$1,500
Maintenance & Repairs	\$300	\$500

Dispatch Software	\$150	\$350
Phone / GPS Data	\$60	\$100
Office Supplies / Admin	\$150	\$300
Driver Wages + Taxes	\$3,500	\$4,200
Totals	\$7,960	\$11,550

3. Six-Month Operating Projection

The projected revenue and costs reflect the conservative assumption of increasing trip demand as contracts are secured.

Month	Estimated Revenue	Operating Cost	Projected Profit / Loss
Month 1	\$9,000	\$8,000	\$1,000
Month 2	\$10,000	\$8,000	\$2,000
Month 3	\$11,000	\$9,000	\$2,000
Month 4	\$12,000	\$9,000	\$3,000
Month 5	\$13,000	\$10,000	\$3,000
Month 6	\$14,000	\$10,000	\$4,000

Summary

We have a relationship with Infirst Bank and have been approved for a business loan and plan to obtain a loan along with the \$60,000 cash on hand to use for start up costs and business operations for the first six months.

Date of this notice: 07-31-2025

Employer Identification Number:
39-3518937

Form: SS-4

Number of this notice: CP 575 B

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

ATS STRATEGIC SOLUTIONS LLC
ASHLEY SMITH MBR
202 CHESTNUT ST
DAVIDSVILLE, PA 15928

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

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 39-3518937. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

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

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

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

Form 1065

03/15/2026

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

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

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

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is ATSS. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

999999999

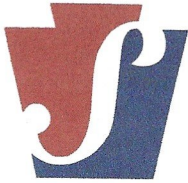
Your Telephone Number	Best Time to Call	DATE OF THIS NOTICE:	07-31-2025
<u>814 418 5947</u>	<u>M-F 8am-5pm</u>	EMPLOYER IDENTIFICATION NUMBER:	39-3518937
		FORM:	SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
██

ATS STRATEGIC SOLUTIONS LLC
ASHLEY SMITH MBR
202 CHESTNUT ST
DAVIDSVILLE, PA 15928



0014684968



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

Pennsylvania Department of State

-FILED-

File #: 0014684968
 Date Filed: 7/31/2025

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

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

Limited Liability Company Type

Filing type

Domestic Limited Liability Company

Limited liability company subtype

Limited Liability Company

Limited Liability Company Name

Entity name

ATS Strategic Solutions LLC

Effective Date

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

Registered Office

The address of this limited liability company's proposed registered office in this Commonwealth is

SOMERSET

202 CHESTNUT ST

DAVIDSVILLE, PA 15928-9314

Organizers

Name of individual or organization	Address
Ashley Smith	202 CHESTNUT ST DAVIDSVILLE, PA 15928-9314
Thomas Sedlmeyer	202 CHESTNUT ST DAVIDSVILLE, PA 15928-9314

Additional provisions, if any

Additional provisions

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

Electronic Signature

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

Ashley Smith07/31/2025

Ashley Smith

Date

Thomas Sedlmeyer07/31/2025

Thomas Sedlmeyer

Date

B0901-9202 07/31/2025 1:09 PM Received by Pennsylvania Department of State



0014986033



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
REGISTRATION OF FICTITIOUS NAME
 Fee: \$70

Pennsylvania Department of State
-FILED-
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DSCB: 54-311 (rev. 2/2017)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name
 Fictitious name: Reliant Medical Transport

Additional Information
 A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Provide non emergency medical transportation for clients

The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

Address: 202 CHESTNUT ST
 DAVIDSVILLE, PA 15928-9314
 Somerset

Individuals interested in the business

Full Name	Address
Ashley L Smith	202 CHESTNUT ST DAVIDSVILLE, PA 15928-9314
Thomas S Sedlmeyer	202 CHESTNUT ST DAVIDSVILLE, PA 15928-9314

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
None Entered				

Agents

Full Name
None Entered

Additional provisions, if any

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