

APPLICATION CHECKLIST Broker of Persons

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at www.puc.pa.gov)
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania;"
- The Application must clearly state whether you are applying as an individual or sole proprietor, partnership or corporate entity
- IF the application is being filed by a general partnership, you must provide a list of the names and addresses of ALL partners.
- IF the application is being filed by a limited partnership, you must provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF the application is being filed by a limited liability partnership, you must provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF the application is being filed by a limited liability company, you must provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF the application is being filed by a for-profit corporation, you must provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF the application is being filed by a non-profit corporation, you must provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website, OR you may submit your filing by overnight delivery. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.

If you do not e-File your application, mail it and all attachments to: SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2ND FLOOR, HARRISBURG, PA 17120.

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at www.dos.state.pa.us/corps on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

Ask Travel World LLC

601 Market St Kingston PA 18704

Partners 50/50%

Alan Kline

1481 Lakeview Dr White Haven PA 18661

A handwritten signature in black ink, appearing to be 'AK', written in a cursive style.

Matthew Kizis

31 E. State St
Larksville PA 18704

A handwritten signature in black ink, appearing to be 'MK', written in a cursive style.

Application for Broker of Persons

THIS APPLICATION IS TO BE USED FOR A LICENSE TO OPERATE AS A BROKER WHO WILL ARRANGE FOR THE TRANSPORTATION OF PERSONS BETWEEN POINTS IN PENNSYLVANIA.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

ASK TRAVEL WORLD 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)

Attached.

TRAVELWORLD

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 Trucking" 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 Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** N **Previous Authority?** _____

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** Y

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number

0013958242
(see checklist and indicate type of business entity registered)

5. **Mailing Address**

601 MARKET ST
 Street Address
 KINGSTON PA 18704 USA
 City, State and Zip Code
 570 288 9311 Telephone Number
 ALAN@Asktravelworld.com E-mail Address
 County

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

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

SAME
 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**.

7. **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.

8. **Does applicant hold interstate operating authority?**

No Yes, at No. _____

9. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).

To arrange for transportation of passengers between points in PA.

Examples:

- To arrange for the transportation of passengers between points in Pennsylvania.
- To arrange for the transportation of passengers between points in Clarion County.

10. **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.

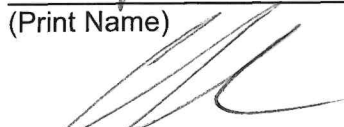

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

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 Brokers of Persons; 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. § 4904 relating to unsworn falsification to authorities.

| | |
|---|--|
| ALAN KLINAR | MATTHEW KEZIS |
| (Print Name) | |
|  |  |
| (Signature) | (Date) 12/1/25 12/1/25 |

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).

Note: Before you can provide service as a Pennsylvania licensed broker of persons, you must submit evidence of financial responsibility to the Public Utility Commission. Your evidence will be in the form of a Surety Bond in the amount of \$10,000.00.

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.

| | | | |
|--|----------------------|-------|----------|
| PUC Application Docket No. | | | |
| ASK TRAVEL WORLD LLC | | | |
| Legal Name of Applicant | | | |
| TRAVELWORLD | | | |
| Trade Name, if any | | | |
| 601 MARKET ST | KINGSTON | PA | 18704 |
| Street Address (principal place of business) | City or Municipality | State | Zip Code |

The Verified Statement of the Applicant is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.

ALAN KLINE, MANAGING MEMBER, 601 Market St Kingston PA
570 288-9311

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

Managing Member.

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.

- We send thousands of travelers all over the world since 1975.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized. 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. Finally, please state your intended business hours.

Office setting. Communication via phone/email. Machines include phones, computers, printers. Records kept in proper files. Customer request come from phone or email or in person. M-F 9AM-4pm

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving.

We have 15 employees. 12 of them customer facing and take bookings. 15 is appropriate to take on a lot of call volume. We serve NEPA.

6. Licensed brokers are required to maintain a surety bond with a value of no less than \$10,000. While it is not necessary to obtain a surety bond at this time, please give the names of bonding companies you have contacted in preparation for obtaining a surety bond.

Liberty Mutual

7. Please describe your customer service standards. Within your description, please explain:
- Your plan to inform customers of the procedures for filing complaints with the PUC;
 - Your intended customer complaint resolution procedure.

A. we have operated for 50+ years. we can include PUC Link on our terms and service

B. We have a customer resolution Department and can train them.

8. Criminal Record. Have you been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

YES NO

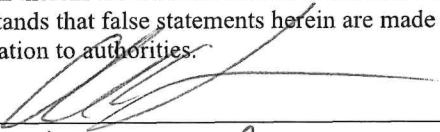
9. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. Therefore, you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if proposed business can be feasible. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains 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)

(Name and Title, printed or typed)


ALAN KLINE *managing member*

(Date)

12/1/25

STATEMENT OF FINANCIAL POSITION (BALANCE SHEET)
AS OF (DATE) 12-1-25
(Must be less than 6 months old)

ASSETS

Current Assets

| | | |
|--------------------------------|-----------|-----------|
| Cash | 1,100,000 | |
| Other Current Assets (specify) | | |
| Total Current Assets | | 1,100,000 |

Tangible Assets

| | | |
|----------------------------------|--------|------------------|
| Motor Vehicle Equipment | 0 | |
| Property (Buildings, land, etc.) | 0 | |
| Office Equipment | 10,000 | |
| Total Tangible Assets | | 0 |
| TOTAL ASSETS | | 1,100,000 |

LIABILITIES

Current Liabilities (Due within one year of date)

| | | |
|-------------------------------------|--------------------|--------------------|
| Loans | 100,000 | |
| Credit Cards/revolving credit | 0 | |
| Other Liabilities (attach schedule) | 550,000 | 550,000 |
| Total Current Liabilities | | 650,000 |

Long Term Liabilities (Due after one year of date)

| | | |
|-------------------------------------|---------|----------------|
| Mortgage | 0 | |
| Long Term commercial loan | 192,000 | |
| Other Liabilities (Attach Schedule) | | |
| Total Long-Term Liabilities | | 192,000 |
| TOTAL LIABILITIES | | 742,000 |

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Entity Name: TRAVELWORLD
Jurisdiction: PENNSYLVANIA
Entity No.: 0000808157
Entity Type: Fictitious Name
Issuance Date: 10/28/2024
Receipt No.: 001273995
Certificate No.: 045169636

Document Listing

| Image No. | Date Filed | Effective Date | Filing Description | No. of Pages |
|------------------|-------------------|-----------------------|------------------------------|---------------------|
| B0748-0498 | 10/26/2024 | 10/26/2024 | Fictitious Name Amendment | 2 |

** **** * ***** * End of list * ***** * ***** * **

I, Albert Schmidt, Secretary of the Commonwealth of Pennsylvania, do hereby certify that the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

A handwritten signature in black ink, appearing to read "Albert Schmidt".

ALBERT SCHMIDT
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov



0013992849

B0748-0498 10/26/2024 8:00 AM Received by Pennsylvania Department of State



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
**FICTITIOUS NAME AMENDMENT / WITHDRAWAL
 OF INTERESTED PARTIES**
 Fee: \$70

Pennsylvania Department of State

-FILED-
 Amendment #: 0013992849
 Date Filed: 10/26/2024
DSCB:54-312/313 (rev. 7/2015)

In compliance with the requirements of 54 Pa.C.S. Ch.3 (relating to fictitious names), the undersigned entity or entities, desiring to amend or withdraw owners from a fictitious name registration, hereby state(s) that:

Existing Record Information

File number 0000808157
 Current name TRAVELWORLD

Current Principal Place of Business

Current Address SOUTH MAIN PLAZA
 WILKES-BARRE, PA 18701-0
 Luzerne

New Principal Place of Business

New Address 601 MARKET ST
 KINGSTON, PA 18704-4537
 Luzerne

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: TRAVEL AGENCY

The last preceding filing with respect to this fictitious name was made in the Department on 04/05/1984

This amendment, without reference to any other filing, sets forth all information with respect to the fictitious name which would be required in an original filing under the Fictitious Names Act.

Agents (Optional)

| Full Name |
|--------------|
| None Entered |

Interested Parties

Any interested party(ies)/owners added to the business or withdrawn from the business must be indicated below and their signature(s) or the signature of a previously designated agent must appear(s) at the end of this amendment.

Individuals interested in the business

| Full Name | Address |
|-----------------|--|
| + ALAN KLINE | 601 MARKET ST KINGSTON, PA 18704-4537 |
| + Matthew KIZIS | 601 MARKET ST KINGSTON, PA 18704-4537 |

Associations interested in the business

| Name of organization | Form of Organization | Formation Locale | Principal Office | Registered Office Address |
|----------------------|----------------------|------------------|------------------|---------------------------|
| | | | | |

Certificate Verification No.: 045169636 Date: 10/28/2024

| | | | | |
|--|--|--|------|------|
| <input checked="" type="checkbox"/> M-SALAMON INC. | | | None | None |
|--|--|--|------|------|

Electronic Signature

Amendment to be signed by

This application has been executed by owners/interested parties.

IN TESTIMONY WHEREOF, the undersigned have caused this fictitious name amendment to be executed.

| Signer Type | Signer's Capacity | On behalf of | Signature | Date |
|-------------------|-------------------|--------------|---------------|------------|
| Individual Signer | | | Alan Kline | 10/25/2024 |
| Individual Signer | | | Matthew Kizis | 10/25/2024 |