



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

December 16, 2025

Docket No. A-2025-3058980

**ABOUDAY MOHAMMED
US MEDICAL TRANSPORTATION LLC
850 WALNUT BOTTOM RD
CARLISLE PA 17013**

RE: Application of US Medical Transportation, LLC, 850 Walnut Bottom Rd., Carlisle, Cumberland County, PA 17013. 717-594-1254

To Whom It May Concern:

On November 19, 2025, the applicant of US MEDICAL TRANSPORTATION LLC, was accepted by the Commission; however, multiple issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission **within ten (10) working days** from the date of this letter. **Currently, the only acceptable means of filing your response is through the Commission's e-file system. Information is available at the following link to efile:** <https://www.puc.state.pa.us/>

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

Abouday Mohammed 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).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Please submit your response to the address cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,

Matthew L. Homsher, Secretary

Enclosure

cc: Josh Kwiatkowski

Docket No. A-2025-3058980
US MEDICAL TRANSPORTATION LLC
Data Request

1. You have submitted the incorrect application for review. As an limited liability corporation, you must complete the application for membership change and not a stock transfer application. The correct application is available at:

https://www.puc.pa.gov/documents/utility-files/565/App_MC_LLC_Membership_Change120621.pdf

Ensure that you complete the entire application and included documents in their entirety.

2. Please provide an explanation/description as to how funds and equipment currently held by US MEDICAL TRANSPORTATION LLC will be handled upon transfer. Will the selling members be withdrawing all funds and liquidating equipment or will those assets be remaining with the company and the new members. What funding/vehicles, if any, are the new members be contributing to the company's account/inventory upon transfer?
3. **In order to fully assist the Commission in verifying the financial fitness of the company and the buyers**, please provide supporting documentation for the statements of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and/or notarized/official statements of account balances/ownership provided by bank officers (with current contact information). Also include any and all claimed vehicles or land/buildings must also include proof of ownership/registration - vehicle registrations, property titles, purchase agreements, leases, etc.

You are encouraged to enlist professional financial assistance if you experience difficulty in constructing your statement of financial position. Be advised that failing to provide an acceptable financial statement is sufficient grounds for the denial of your application, as is failure to provide the requested supporting documentation.

**APPLICATION FOR APPROVAL TO CHANGE LIMITED LIABILITY CORPORATION
MEMBERSHIP FOR COMMON CARRIERS OF HOUSEHOLD GOODS OR
PASSENGERS (Except GP16+)**

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

SEE INSTRUCTIONS BEFORE COMPLETING APPLICATION

1. Full and correct name of Certificated Carrier:

US Medical Transportation LLC

2. Docket number of Certificated Carrier: A-2022-3034267

3. Attorney(s) for the Application:

Name: _____
Address: _____ _____
Telephone: _____ - _____ - _____
Email: _____
REPRESENTING: _____

Name: _____
Address: _____ _____
Telephone: _____ - _____ - _____
Email: _____
REPRESENTING: _____

Name: _____
Address: _____ _____
Telephone: _____ - _____ - _____
Email: _____
REPRESENTING: _____

1. Current Members of Limited Liability Corporation of Certificated Carrier:

a) Number of current members: 03

b) Member Names:

<u>Aboauday A Mohammed</u>	<u>34%</u>
<u>Mansoor Hussen</u>	<u>33%</u>
<u>Alageed A Alzeber</u>	<u>33%</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

2. Requested Membership Changes of Limited Liability Corporation:

a) Exiting Members:

<u>Aboauday A Mohammed</u>	<u>34%</u>
<u>Mansoor Hussen</u>	<u>33%</u>
<u>Alageed A Alzeber</u>	<u>33%</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

b) New Members:

<u>Padam Bharati</u>	<u>25%</u>
<u>Aita Raj Rai</u>	<u>25%</u>
<u>Mahendra Giri</u>	<u>25%</u>
<u>Alageed A Alzeber</u>	<u>25%</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

3. If existing, new, or departing members of the limited liability corporation are in control of, or affiliated with each other, or with any other carrier, state the name of carriers, their docket numbers, and nature of the control or affiliation.

4. Consideration for the transfer of membership (if nominal, explain):

The consideration for the transfer of capital stock is \$10,000, representing the agreed purchase price between the buyer and seller for the outstanding shares. This amount reflects the fair market value of the certificated carrier and its assets.

5. The consideration will be paid as follows:

Deposit: \$3,300.00 upon execution of the Agreement

Balance: \$6,700.00 at closing or after the completion of the transfer of ownership.

Note: Deposit is refundable if ownership failed to transfer.

6. The reasons for the proposed transfer are:


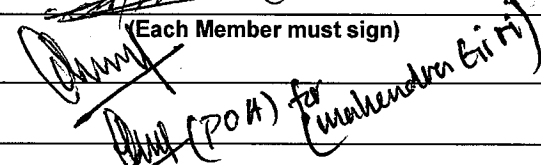
Of the three current shareholders, two will be relocating out of state to pursue further education. Alageed A. Alzeber will remain and become part of the new partnership group, holding a 25% ownership stake.

7. The following must be attached to the completed application


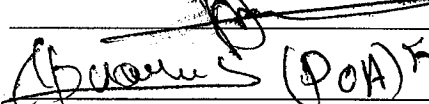
- A statement containing a brief corporate history of the Certificated Carrier, the purpose for which it was created, a description of the service it furnishes to the public and a description of the territory in which it operates.
- Statements of Financial Condition (Income Statements and Balance Sheets) for the Limited Liability Corporation and the proposed new members.
- Verified Statement(s) of new member(s)/owner(s) if a complete change of ownership
- If the new member/owner is a corporate entity provide a complete list of members, or officers and shareholders with shares.
- If the new member/owner is a corporate entity provide a copy of corporation papers from PA Dept. of State

WHEREFORE, the Limited Liability Corporation Memberships request that the Commission approve the Application.

Existing Members sign here:


 _____ 12-22-2025
 (Each Member must sign) (Date)
 _____ 12-22-2025
 (Corporate Seal) (Date)
 (POA) for (Mukhammad Bin Ali)
 _____ 12-22-2025
 (Date)
 _____ 12-22-2025
 (Date)

Exiting Members sign here:

← 
 _____ 12-22-2025
 (Date)
 (Corporate Seal)  (POA) for (Abo Aday Mohamed) 12-22-2025
 _____ (Date)
 _____ (Date)

THIS MUST BE COMPLETED BY A NOTARY PUBLIC
AFFIDAVIT OF BUYER (NATURAL PERSON)

COMMONWEALTH OF PENNSYLVANIA :

: SS:

Cumberland County :

Aita R. Rai, being duly sworn (affirmed) according to law, deposes and says that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects to be able to prove the same at the hearing hereof.

Signature of Affiant

Sworn and subscribed before me on this
22 day of December
2025 My Commission expires
04.27.2026

Commonwealth Of Pennsylvania - Notary Seal
Stella I Stoner, Notary Public
Cumberland County
My Commission Expires April 27, 2026
Commission Number 1328694

Signature of Official Administering Oath

AFFIDAVIT OF CERTIFICATED CARRIER (CORPORATION)

COMMONWEALTH OF PENNSYLVANIA :

: SS:

Cumberland County :

Doreen Alreber, being duly sworn (affirmed) according to law, deposes and says that he/she is Parent of Owner of U.S. Medical Transport LLC (Office of Affiant) (Name of Corporation) that he/she is authorized to and does make this affidavit for it; and that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects the said U.S. Medical Transport LLC (Name of Corporation) to be able to prove the same at the hearing hereof.

Signature of Affiant

Sworn and subscribed before me on this
22 day of December
2025 My Commission expires
04.27.2026

Commonwealth Of Pennsylvania - Notary Seal
Stella I Stoner, Notary Public
Cumberland County
My Commission Expires April 27, 2026
Commission Number 1328694

Signature of Official Administering Oath

THIS MUST BE COMPLETED BY A NOTARY PUBLIC
AFFIDAVIT OF SELLER (NATURAL PERSON)

COMMONWEALTH OF PENNSYLVANIA :

: SS:

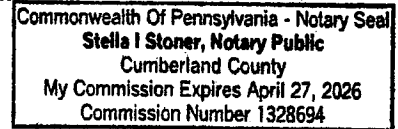
Cumberland County :

Mansoor Abd Alqadir Ahmed Hussien, being duly sworn (affirmed) according to law, deposes and says that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects to be able to prove the same at the hearing hereof.



Signature of Affiant

Sworn and subscribed before me on this
22 day of December
2025 My Commission expires
04.27.2026





Signature of Official Administering Oath

AFFIDAVIT OF BUYER/SELLER (CORPORATION)

COMMONWEALTH OF PENNSYLVANIA :

: SS:

Cumberland County :

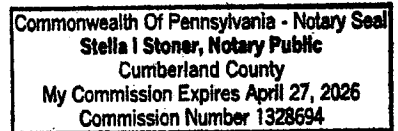
Pedam Kumar Bharati, being duly sworn (affirmed) according to law, deposes and says that he/she is President of US medical transportation LLC (Office of Affiant) (Name of Corporation) that he/she is authorized to and does make this affidavit for it; and that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects the said US medical transportation LLC to be able to prove (Name of Corporation)

the same at the hearing hereof.



Signature of Affiant

Sworn and subscribed before me on this
22 day of December
2025 My Commission expires
04.27.2026





Signature of Official Administering Oath

THIS MUST BE COMPLETED BY A NOTARY PUBLIC
AFFIDAVIT OF BUYER (NATURAL PERSON)

COMMONWEALTH OF PENNSYLVANIA :

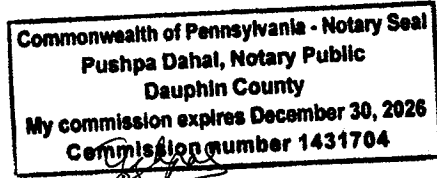
: SS:

Dauphin County :

Padam Kumar Bharati (POA for Mahendra Giri), being duly sworn (affirmed) according to law, deposes and says that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects to be able to prove the same at the hearing hereof.

Signature of Affiant

Sworn and subscribed before me on this
23rd day of December
20 25 My Commission expires
Dec 30, 2026



Signature of Official Administering Oath

AFFIDAVIT OF CERTIFICATED CARRIER (CORPORATION)

COMMONWEALTH OF PENNSYLVANIA :

: SS:

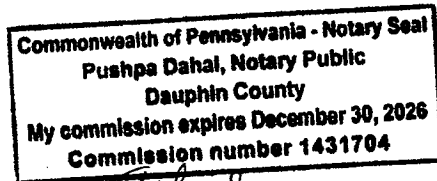
Dauphin County :

Alageed AL Zeber (POA for Aboabay Mohammed), being duly sworn (affirmed) according to law, deposes and says that he/she is partnership of US medical transportation LLC
(Office of Affiant) (Name of Corporation)

that he/she is authorized to and does make this affidavit for it; and that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects the said US medical transportation LLC to be able to prove the same at the hearing hereof.
(Name of Corporation)

Signature of Affiant

Sworn and subscribed before me on this
23rd day of December
20 25 My Commission expires
Dec 30, 2026



Signature of Official Administering Oath

THIS MUST BE COMPLETED BY A NOTARY PUBLIC
AFFIDAVIT OF SELLER (NATURAL PERSON)

COMMONWEALTH OF PENNSYLVANIA :

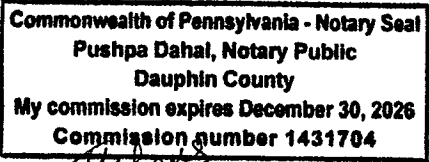
: SS:

Dauphin County :

Alageed Alzeber, being duly sworn (affirmed) according to law, deposes and says that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects to be able to prove the same at the hearing hereof.

Signature of Affiant

Sworn and subscribed before me on this 23rd day of December
20 25 My Commission expires Dec 30, 2026



Signature of Official Administering Oath

AFFIDAVIT OF BUYER/SELLER (CORPORATION)

COMMONWEALTH OF PENNSYLVANIA :

: SS:

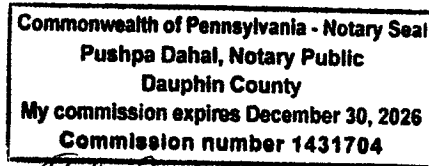
Dauphin County :

Padam Kumar Bharati, being duly sworn (affirmed) according to law, deposes and says that he/she is President of Padam Kumar Bharati US Medical transportation LLC
(Office of Affiant) (Name of Corporation)

that he/she is authorized to and does make this affidavit for it; and that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects the said US medical transportation LLC to be able to prove the same at the hearing hereof.
(Name of Corporation)

Signature of Affiant

Sworn and subscribed before me on this 23rd day of December
20 25 My Commission expires Dec 30, 2026



Signature of Official Administering Oath

Statement of Certificate Holder's Income
Income Statement for the 12-month period
ending 12/31/2024

REVENUE and GAINS

Operating Revenue	\$100,618.20
Net Revenue from non-carrier operations	_____
Dividend and interest revenues	_____
Other non-operating revenue	_____
Gains	_____
Total Revenue and Gains	\$100,618.20

EXPENSES

Equipment Maintenance and Garage Expense	_____
Insurance Expense	\$12,892.80
Employee Salaries	\$55,493.90
Supervisory Salaries	_____
Officer Salaries	_____
Fuel Expense	_____
Purchased Transportation (Lease Expense)	_____
Materials and Supplies Expense	\$195.98
General Office Expense	\$608.00
Advertising Expense	_____
Telephone Expense	_____
Accounting Expense	\$400.00
Legal Expense	_____
Uncollectible Revenue	_____
Depreciation Expense	\$752.00
Amortization	_____
Operating Taxes and Licenses	_____
Rent Expense	_____
Loss	_____
Total Operating Expenses and Losses	\$70,342.68

Net Income Before Taxes

Provision for Income Taxes	_____
Net Income (Loss)	\$30,275.52

Statement of New Member's Financial Position (Balance Sheet)
as of (date) 11/31/2025
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$10,000.00	
Accounts Receivable	_____	
Notes Receivable	_____	
Other Current Assets (specify)	_____	
Total Current Assets		<u>\$10,000.00</u>
Tangible Assets		
Land		
Motor Vehicle Equipment	\$15,000.00	
Less: Accumulated Depreciation		=
-	_____	_____
Building and Structures		
Less: Accumulated Depreciation		=
-	_____	_____
Office Equipment		
Less: Accumulated Depreciation		=
-	_____	_____
Investments and Funds (specify)		
Intangible Assets		
Other Assets (advances and idle equipment – specify)		
TOTAL ASSETS		<u>\$15,000.00</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Accounts Payable	_____	
Notes Payable	_____	
Equipment Obligations	_____	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		_____
Long Term Liabilities (Due after one year of date)		
Accounts Payable	_____	
Notes Payable	_____	
Equipment Obligations	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long-Term Liabilities		_____
TOTAL LIABILITIES		_____
<u>NET WORTH</u> (Partnerships and individuals, only)		_____

Statement of New Member's Projected Income and Expenses
Projected Income and Expense Statement for the 12-month period ending
12/31/2026

REVENUE and GAINS

Operating Revenue	\$105,000.00
Net Revenue from non-carrier operations	_____
Dividend and interest revenues	_____
Other non-operating revenue	_____
Gains	_____
Total Revenue and Gains	\$105,000.00

EXPENSES

Equipment Maintenance and Garage Expense	\$1500.00
Insurance Expense	\$12,500.00
Employee Salaries	\$50,000.00
Supervisory Salaries	_____
Officer Salaries	_____
Fuel Expense	\$2000.00
Purchased Transportation (Lease Expense)	_____
Materials and Supplies Expense	\$1000.00
General Office Expense	_____
Advertising Expense	_____
Telephone Expense	_____
Accounting Expense	\$500.00
Legal Expense	_____
Uncollectible Revenue	_____
Depreciation Expense	\$500.00
Amortization	_____
Operating Taxes and Licenses	_____
Rent Expense	\$3600.00
Loss	_____
Total Operating Expenses and Losses	\$71,600.00

Net Income Before Taxes

Provision for Income Taxes	_____
Net Income (Loss)	\$28,900.00

VERIFIED STATEMENT OF NEW MEMBER

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE BUYER'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

Padam Bharati

Purchaser's Name

1310 Morris Dr, Apt 105

Street Address

Harrisburg

City or Municipality

PA

State

17110

Zip Code

The Verified Statement of the Buyer 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 become a member, 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 Buyer 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 buyer. If the buyer is an individual making the statement, this will be the same information as provided above. If the buyer is a corporate entity and an employee/officer of the buyer is making the statement, give name, title, business address and telephone number, and indicate that the buyer's directors/owners/partners/etc. have authorized the witness to speak for the business.

=> The person making this Verified Statement is Padam Bharati, the buyer identified above. As the individual purchaser of the certificated carrier's capital stock, Mr. Bharati is providing this statement on his own behalf.

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

=> Padam owns 35% share at a Home Care Agency in PA. It helps to provide personal assistance service to medicaid recipients at their home.

3. Describe your business experience, particularly any experience relating to the operation of a transportation service. You may also include an explanation of education or training that you believe may be relevant.

=> I bring a diverse professional background encompassing nursing care, security services, and other roles that demand strong organizational abilities and exceptional customer service. In my nursing care experience, I honed skills in schedule management, patient transportation coordination, and ensuring the safe, timely movement of individuals with specialized needs. This work deepened my understanding of the critical role that reliability, safety, and compassion play in transportation services. Additionally, I am trained in CPR, First Aid, and AED, further reinforcing my commitment to health and safety in all aspects of my work.

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, and the facility to house vehicles. Household goods in use carriers should include a description of their 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. Finally, please state your intended business hours.

=> Please refer the attached descriptions in a separate page.

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. **(Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).**

=>We intend to begin operations with three employees. One will handle administrative and recordkeeping duties, one will manage dispatch and customer communication, and one will oversee vehicle maintenance and support. This staffing level is sufficient to provide efficient service in our initial operating territory, with plans to expand as demand grows.

6. 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 geographical territory you will be serving. In addition, please explain:
- a) Your hiring standards for drivers;
 - b) Your driver training program;
 - c) Your system for ensuring that your drivers are properly licensed at all times;
 - d) Your policies regarding alcohol and drug use by your drivers.
- => Please find the attached separate page for more detail descriptions.

7. 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 geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

=>We currently have one vehicle in operation and plan to add a second vehicle as soon as the ownership transfer process is completed. This fleet size is appropriate for the initial scope of our service area, allowing us to provide reliable and efficient transportation while maintaining flexibility for scheduling and customer needs. The addition of the second vehicle will enhance our capacity and ensure continued responsiveness as demand grows within the geographical territory we serve

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>	<u>SEATING CAP.</u>
2018	Dodge	SW	2C7WDGBG5JR182130	195,800	7

8. 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 Pennsylvania's equipment standards (67 Pa. Code & Chapter 175, requirements for vehicle inspections) that are applicable to the type of vehicles used in your business;
 - c) Your system for ensuring your vehicles will maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, § 29.402 and 29.403. (A copy of these requirements is on a separate page.)

=> Please find the descriptions on a separate page attached.

9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.

=> To ensure that we can obtain and maintain insurance coverage for the proposed number of vehicles, we have taken several steps. First, we contacted licensed insurance providers that specialize in commercial transportation policies to obtain preliminary quotes based on our fleet size and service territory. These quotes confirmed that coverage is available at reasonable rates. We also reviewed our projected income and expense statements to verify that the business will generate sufficient revenue to cover ongoing insurance premiums. In addition, we have budgeted for insurance as a fixed operating expense to ensure timely payment and uninterrupted coverage.

Finally, we plan to maintain continuous communication with our insurance provider to adjust coverage as our fleet expands, and we will keep all required documentation on file to demonstrate compliance with Pennsylvania Public Utility Commission requirements.

10. Please describe your customer service standards. Within your description, please explain your intended customer complaint resolution procedure.

=>We are committed to providing safe, reliable, and courteous service. Customer complaints may be submitted by phone, email, or in writing, and will be acknowledged within 48 hours. Each issue will be investigated promptly, corrective action taken as needed, and records maintained in compliance with PUC requirements.

11. 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 ✓

*If the new member is a corporate entity, this question applies to all shareholders and corporate officers. In the event that the answer is yes for one of those individuals, a separate page identifying the individual and stating relevant information should be attached.

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. § 4904 relating to unsworn falsification to authorities

(Signature) _____



(Date) _____

12-22-2025

Padam Bharati

(Name, printed or typed)

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, and the facility to house vehicles. Household goods in use carriers should include a description of their 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. Finally, please state your intended business hours.

=> Our business facilities are located at **850 Walnut Bottom Rd, Carlisle PA 17013**, where we maintain a dedicated office space for administrative and operational functions. The office is equipped with standard office machines including computers, printers, telephones, and secure filing cabinets. These resources allow us to manage scheduling, billing, and customer service efficiently. In addition, we maintain a designated lot/garage facility to house and secure our vehicles when not in use. This facility provides adequate space for routine inspections, maintenance, and safe storage of the fleet.

For record maintenance, we will keep all documents required by the Pennsylvania Public Utility Commission, including driver qualification files, vehicle inspection reports, insurance records, and trip logs. Records will be maintained both in physical files and electronically using secure, password-protected systems. Business records such as payroll, invoices, and customer contracts will also be stored in compliance with applicable regulations. All records will be retained for the periods required by law and will be readily available for inspection by the Commission.

Our communication network is designed to ensure continuous and reliable service. Customer requests for transportation will be received through our office phone line and email, and also, through the vendor portal where can maintain the schedules. Dispatching will be handled from the office using scheduling software and direct communication with drivers via mobile phones and two-way radios. This system ensures that drivers can be reached at all times during service hours, and that any changes or emergencies can be addressed immediately.

Business hours will be **Monday through Friday, 8:00 AM to 5:00 PM or as needed**, with weekend and after-hours service available upon prior arrangement. During these hours, staff will be available to respond to customer inquiries, schedule trips, and coordinate with drivers to ensure timely and efficient service.

6. 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 geographical territory you will be serving. In addition, please explain: a) Your hiring standards for drivers;

b) Your driver training program;

c) Your system for ensuring that your drivers are properly licensed at all times;

d) Your policies regarding alcohol and drug use by your drivers.

=> We intend to begin operations with **two drivers**. This number is appropriate for the size of the geographical territory we will be serving, as it allows us to provide reliable coverage while maintaining flexibility in scheduling and ensuring that customer needs are met efficiently.

a) Hiring Standards:

Drivers will be required to hold a valid Pennsylvania driver's license with the appropriate endorsements, maintain a clean driving record, and demonstrate prior experience in passenger or commercial transportation. Background checks will be conducted to ensure safety and compliance.

b) Training Program:

All drivers will undergo orientation and training covering safe driving practices, customer service standards, compliance with Pennsylvania Public Utility Commission regulations, and emergency procedures. Ongoing training will be provided as needed to maintain high standards of service.

c) Licensing Compliance:

We will maintain a system to regularly verify driver licenses and endorsements, including periodic checks with PennDOT records. Copies of licenses will be kept on file, and drivers will be required to immediately report any changes to their licensing status.

d) Alcohol and Drug Policy:

We will enforce a strict zero-tolerance policy regarding alcohol and drug use. Drivers will be prohibited from consuming or being under the influence while on duty. Random drug and alcohol testing may be conducted, and any violation will result in immediate disciplinary action, up to and including termination.

**PENNSYLVANIA
PUBLIC UTILITY COMMISSION**

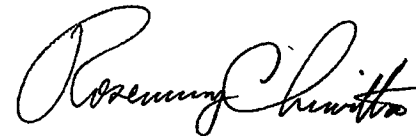
IN THE MATTER OF : A-6425440

Application of US MEDICAL TRANSPORTATION LLC for Paratransit Authority, 255 Penrose Place, Carlisle, Cumberland County, PA 17013, 717-594-1254, ustransportation85@gmail.com To transport, by motor vehicles, in Paratransit Service, persons from points in the Counties of Cumberland, Dauphin and York, to points in Pennsylvania, and return. A-2022-3034267

EFFECTIVE: November 16, 2022

The Pennsylvania Public Utility Commission hereby certifies that after an investigation and/or hearing, it has, by its report and order made and entered, found and determined that the granting of the application is necessary or proper for the service, accommodation, convenience and safety of the public and hereby issues to the applicant this CERTIFICATE OF PUBLIC CONVENIENCE evidencing the Commission's approval to operate as a motor carrier.

In Witness Whereof, The PENNSYLVANIA PUBLIC UTILITY COMMISSION has caused these presents to be signed and sealed, and duly attested by its Secretary at its office in the city of Harrisburg this 16th day, of November, 2022.



Secretary

Business Sale Agreement

Medical Transportation Facility – Pennsylvania

Business Sale Agreement

This Business Sale Agreement ("Agreement") is made and entered into as of 12th Day of November 2025, by and between:

- **Seller:**

1. Alageed A Alzeber, residing at 258 Walnut Bottom Road, Carlisle PA 17013 --> 33%
2. Mansoor Hussen, residing at 23 Winchester Gdns, Carlisle PA 17013 -->33%
3. Aboaday A Mohammed, residing at 7404 Rockwell Ave Flst,
1 Philadelphia PA 19111 --> 34%

- **Buyer:**

1. Aita Raj Rai, residing at 23 Victoria Ct, Shippensburg PA 17257 --> 25%
2. Padam Bharati, residing at 1310 Morris Dr, Apt 105, Harrisburg PA 17110 --> 25%
3. Mahendra Giri, residing at 3402 Gallant Fox Dr, Harrisburg, PA 17110 --> 25%

The Seller owns and operates a medical transportation facility located at **850 Walnut Bottom Rd, Carlise PA 17013 ("Business")**. The Seller desires to sell, and the Buyer desires to purchase, the Business, including all assets and goodwill, subject to the terms and conditions set forth in this Agreement.

1. Sale of Business

The Seller agrees to sell, and the Buyer agrees to purchase the Business known as **US Medical Transportation LLC**, including its assets, inventory, equipment, vehicles, licenses, permits, intellectual property, client lists, and goodwill.

2. Purchase Price

The total purchase price for the Business shall be \$10,000.00, payable as follows:

- Deposit: \$3,300.00 upon execution of this Agreement
- Balance: \$6,700.00 at closing on 11/30/2025 or after the completion of the transfer of ownership.

3. Assets Included

The sale includes all tangible and intangible assets of the Business, including but not limited to:

- Office equipment and supplies
- Existing contracts with clients and vendors
- Business licenses and permits
- Intellectual property (trademarks, logos, website, etc.)
- Client lists and records
- Goodwill associated with Business

4. Liabilities

Unless otherwise agreed, the Buyer does not assume any debts, liabilities, or obligations of the Seller arising prior to the Closing Date.

5. Representations and Warranties

The Seller represents and warrants that:

- The Seller is the lawful owner of the Business and has the right to sell it.
- The Business is in compliance with all applicable laws, regulations, and licensing requirements in Pennsylvania.
- There are no undisclosed liabilities or liens on the Business assets.
- All information provided to the Buyer is accurate and complete.

6. Closing

The closing of the sale ("Closing") shall take place on 11/30/2025 at 4800 Linglestown Road, Harrisburg PA 17112 or at such other time and place as the parties may mutually agree.

At Closing, the Seller shall deliver:

- Bill of Sale for all assets
- Assignment of contracts and client lists
- Transfer of licenses and permits (subject to regulatory approval)
- Any other documents necessary to transfer ownership

7. Confidentiality

Both parties agree to keep confidential all non-public information regarding the Business and the terms of this Agreement, except as required by law or necessary to complete the transaction.

8. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania.

9. Dispute Resolution

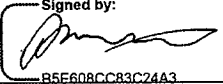
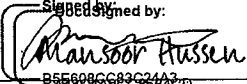

Any disputes arising out of or relating to this Agreement shall be resolved through good faith negotiations. If the parties cannot resolve the dispute, it shall be submitted to mediation or arbitration in Pennsylvania.

10. Miscellaneous

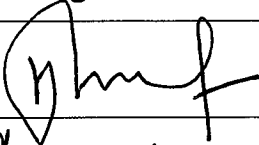

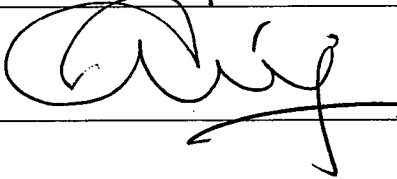
- This Agreement constitutes the entire understanding between the parties and supersedes all prior agreements.
- This Agreement may only be amended in writing, signed by both parties.
- If any provision is found invalid, the remainder shall remain in effect.
- This Agreement is binding upon and inures to the benefit of the parties and their successors and assigns.

11. Signatures

Seller:

Name	Signature	Date
Alageed A Alzeber	 Signed by: B5E608CC83C24A3	11/13/2025
Mansoor Hussien	 Signed by: B5E608CC83C24A3	11/13/2025
Aboauday A Mohammed	 Signed by: Signed by: B5E608CC83C24A3 BECD882720024E8...	11/13/2025

Buyer:

Name	Signature	Date
Aita Raj Rai		11/13/2025
Padam Bharati		11/13/2025
Mahendra Giri		11/13/2025

Vehicle Safety Program Description

Compliance with Pennsylvania Public Utility Commission (PUC) Requirements

Overview

Our vehicle safety program is designed to ensure that all vehicles used in our business meet or exceed the safety and operational standards required by the Pennsylvania Public Utility Commission (PUC), as well as Pennsylvania's equipment and inspection requirements. The program is structured to promote continuous compliance, passenger safety, and reliability.

a) Periodic Vehicle Maintenance Plan

We implement a comprehensive periodic vehicle maintenance plan for all vehicles in our fleet. This plan includes:

- Scheduled inspections and servicing every 5,000 miles or at least every three months, whichever comes first.
- Routine checks of critical safety components such as brakes, tires, lights, steering, suspension, and exhaust systems.
- Maintenance logs are kept for each vehicle, documenting all inspections, repairs, and service activities.
- Qualified mechanics perform all maintenance work, and any identified issues are addressed promptly before vehicles are returned to service.
- For the maintenance and inspections, we take our vehicles to **Wessels Used Cars** auto shop located at 1770 Harrisburg Pike, Carlisle PA 17015. Phone: 717-425-0004.

To ensure our vehicles continuously comply with Pennsylvania's equipment standards as outlined in 67 Pa. Code and Chapter 175 (requirements for vehicle inspections), we have established the following system:

- All vehicles undergo annual Pennsylvania State Safety Inspections at certified inspection stations.
- We maintain a checklist based on Chapter 175 requirements, which is used during periodic internal inspections to verify compliance with items such as lighting, brakes, tires, windshield wipers, mirrors, and other safety equipment.

- Any vehicle failing to meet the standards is immediately removed from service until all deficiencies are corrected and compliance is confirmed.
- Records of state inspection certificates and internal compliance checks are maintained and available for review.

c) Compliance with PUC Passenger Service Requirements

In order to maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Sections 29.402 and 29.403, our program includes:

- Ensuring all vehicles are clean, presentable, and free from hazards that could affect passenger safety or comfort.
- Verifying that all vehicles are equipped with required passenger amenities, such as adequate seating, heating and air conditioning, and functional door locks.
- Conducting regular training for drivers on proper passenger service standards, including handling emergencies and assisting passengers with special needs.
- Maintaining a system for passengers to report safety or service concerns, which are investigated and resolved promptly.
- Documenting compliance with 52 Pa. Code, Sections 29.402 and 29.403, through regular audits and reviews of vehicle and service standards.

Conclusion

Our vehicle safety program is integral to our commitment to passenger safety, regulatory compliance, and service quality. Through diligent maintenance, adherence to Pennsylvania's equipment standards, and ongoing compliance with PUC passenger service requirements, we strive to provide safe and reliable transportation for all our customers.

Statement of Certificated Carrier

Corporate History

US Medical Transportation LLC was founded with the goal of addressing the increasing need for safe, reliable, and accessible transportation services within Pennsylvania. From its inception, the company has consistently grown its operations, earning official certification as a public carrier. Throughout its history, the company has remained committed to serving a broad range of communities, with a particular emphasis on both urban centers and rural areas.

Purpose

The primary purpose of the company is to offer dependable transportation solutions that enhance mobility for all residents. By improving access to essential services and fostering stronger community connections, the company aims to make a meaningful difference in the lives of those it serves. Its mission includes ensuring that individuals such as seniors, persons with disabilities, and those without personal vehicles have fair and equitable access to transportation resources.

Services Furnished to the Public

As a certificated carrier, the company provides non-emergency passenger transportation services to the public. These offerings include both door-to-door and scheduled ride options, catering to a wide range of transportation needs. The services are specifically designed to help individuals reach important destinations such as medical appointments, workplaces, schools, shopping centers, and other locations essential to daily life. The company is dedicated to maintaining high standards of safety, timeliness, and customer service in every aspect of its operations.

Territory of Operation

The carrier's certified service area currently encompasses **Dauphin County**, **Cumberland County**, and the **Chambersburg** area. This operational territory includes major metropolitan centers as well as adjacent rural communities, enabling the company to effectively bridge transportation gaps. By serving such a diverse region, the company is able to meet the needs of a wide population and ensure comprehensive transportation coverage throughout the area.

Driver Qualifications and Hiring Criteria Policy

US Medical Transportation, LLC – PUC-Compliant Standards for Driver Selection, Training, and Substance Use

1. Introduction: Purpose and Scope

This policy is designed to establish comprehensive standards for driver qualifications, hiring processes, ongoing evaluation, training, and substance use for US Medical Transportation, LLC. Its purpose is to guarantee full compliance with the most current Public Utility Commission (PUC) regulations that govern medical transportation services. The policy applies to all individuals who operate company vehicles or use their personal vehicles for company business.

2. Public Utility Commission (PUC) Compliance Statement

US Medical Transportation, LLC is fully committed to following all applicable PUC regulations and mandates that pertain to driver qualifications, record maintenance, training requirements, and substance use policies. The company regularly reviews and updates this policy to maintain ongoing compliance with all relevant state and PUC requirements.

3. Driver Records and Evaluation

Prior to employment, every prospective driver is required to provide or consent to the company obtaining an official driving record from the state Department of Motor Vehicles (DMV), as directed by PUC regulations. These records will include all traffic violations, accident history, and license status information covering the preceding three years.

Minimum driver age is set at 21. Eligibility is determined by specific criteria:

- For drivers aged 21–24: No more than one moving violation and no at-fault accidents within the past three years.
- For drivers aged 25 and older: No more than two moving violations and one at-fault accident, or up to three moving violations, within the past three years.

Certain offenses are considered disqualifying according to PUC requirements. These include: DUI/DWI, vehicular assault or homicide, leaving the scene of an accident, license suspension or revocation, reckless or negligent driving, unauthorized use of a vehicle, participation in speed contests, and use of a vehicle in the commission of a felony.

If a spouse is authorized to drive company vehicles, their driving record will be evaluated after receiving signed consent, in accordance with PUC privacy requirements.

All driving records are stored securely in personnel files and handled in compliance with PUC privacy and data protection standards.

4. Annual Review and Confidentiality

Driver records are reviewed annually as required by PUC regulations, or more frequently if mandated. Updated reports are obtained from the DMV and assessed to ensure ongoing compliance with company and PUC standards.

Drivers must authorize the release of their records in accordance with state and PUC laws. If a driver's updated record does not meet PUC or company criteria, a meeting with the supervisor will be arranged. Possible actions may include reassignment to non-driving duties, mandatory advanced driver training, or termination, as specified by PUC guidelines.

All information related to driver records is treated confidentially and access is restricted to authorized personnel only.

5. Driver History and Criminal Background Checks

Criminal background checks and driver history reviews are conducted before hiring in accordance with PUC standards for medical transportation drivers. These checks are repeated every 12 months, or as required by PUC regulations, with increased frequency for certain high-risk positions (such as every six months).

All background and driving record checks are conducted using approved sources such as PennDOT, Checker, and other agencies recognized by the PUC.

6. Road Tests

Before a driver is permitted to operate a company vehicle, they must present a valid license and satisfy all PUC motor vehicle record requirements. Each driver must successfully complete a road test administered by an authorized manager, following procedures established by the PUC.

The road test lasts 20–30 minutes and evaluates driving competency using the assigned company vehicle. Results of the test are documented and maintained according to PUC recordkeeping rules.

If a driver does not meet the required standards, they must complete advanced driver training—either in person or online—before receiving authorization to drive.

7. Experienced Driver Ongoing Training

Periodic driver training is required every 3–5 years for experienced drivers, consistent with PUC standards. New hires are required to complete a defensive driving course within their first week of employment.

Defensive driving programs approved by the company are available both online and onsite. Completion of all required training is documented and tracked according to PUC requirements. Supervisors are responsible for coordinating training arrangements to ensure timely completion and continued PUC compliance.

8. Drugs and Alcohol Policy

Drivers are strictly prohibited from operating company vehicles or conducting company business while under the influence of alcohol, illegal drugs, or controlled substances, in accordance with PUC safety regulations.

Specific restrictions include:

- No consumption of alcohol or intoxicants within four hours prior to operating a company vehicle or driving for business purposes.
- No possession or use of intoxicants or controlled substances while on duty, operating, or in control of any company vehicle.
- No driving while impaired by prescription or over-the-counter medications, or any mind-altering substances.

Drivers are subject to random and post-incident drug and alcohol testing as required by PUC mandates. Any positive test result or possession of such substances will result in disciplinary measures, up to and including termination, in accordance with PUC enforcement guidelines.

9. Appendices

- Appendix A: Consent Forms (PUC-compliant)
- Appendix B: Road Test Format and Documentation Standards
- Appendix C: Approved Training Resources and Courses

This policy supersedes all previous versions and will be updated as necessary to ensure continued compliance with evolving PUC regulations.

POWER OF ATTORNEY

This Power of Attorney is made on this 17th day of November 2025.

BY:

Aboaday A Mohammed, residing at 7404 Rockwell Ave Fl 1st, hereinafter referred to as the "Principal."

IN FAVOR OF:

Alageed A Alzeber, residing at 258 Walnut Bottom Road, Carlisle PA 17013, hereinafter referred to as the "Attorney-in-Fact."

WHEREAS, the Principal is required to execute and submit a Transfer of Ownership Application before the Public Utility Commission (PUC) with respect to US Medical Transportation LLC; and

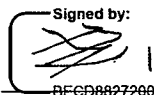
WHEREAS, the Principal desires to authorize the Attorney-in-Fact to act on his behalf in connection with the said application.

NOW, THEREFORE, the Principal hereby appoints the Attorney-in-Fact to do the following acts, deeds, and things on behalf of the Principal:

1. To prepare, sign, and submit the Transfer of Ownership Application and all related documents required by the PUC.
2. To represent the Principal before the PUC or any other authority in connection with the said transfer.
3. To receive and submit any correspondence, notices, or communications related to the application.
4. To take all necessary steps to ensure the lawful and timely completion of the ownership transfer process.

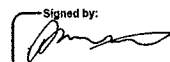
This Power of Attorney shall remain valid until the completion of the transfer of ownership process or until revoked in writing by the Principal.

IN WITNESS WHEREOF, the Principal has executed this Power of Attorney on the date first written above.

Signed by: 
BECDB002720024E0...

[Signature of Principal]

Name: Abouday A Mohammed

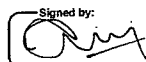
Signed by: 
B5E808CC83C24A3...

[Signature of Attorney-in-Fact]

Name: Alageed A Alzeber

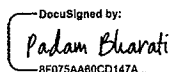
Witnesses:

1. Mahendra Giri

Signed by: 
23230CDF63354B7...

Name & Signature

2. Padam Bharati

DocuSigned by: 
8F075AA80CD147A...

Name & Signature

POWER OF ATTORNEY

This Power of Attorney is made on this 22nd day of December 2025.

BY:

Mahendra Giri, residing at 3402 Gallant Fox Dr Harrisburg PA 17110, hereinafter referred to as the "Principal."

IN FAVOR OF:

Padam Bharati, residing at 1310 Morris Dr, Apt 105 Harrisburg PA 17110, hereinafter referred to as the "Attorney-in-Fact."

WHEREAS, the Principal is required to execute and submit a Transfer of Ownership Application before the Public Utility Commission (PUC) with respect to US Medical Transportation LLC; and

WHEREAS, the Principal desires to authorize the Attorney-in-Fact to act on his behalf in connection with the said application.

NOW, THEREFORE, the Principal hereby appoints the Attorney-in-Fact to do the following acts, deeds, and things on behalf of the Principal:

1. To prepare, sign, and submit the Transfer of Ownership Application and all related documents required by the PUC.
2. To represent the Principal before the PUC or any other authority in connection with the said transfer.
3. To receive and submit any correspondence, notices, or communications related to the application.
4. To take all necessary steps to ensure the lawful and timely completion of the ownership transfer process.

This Power of Attorney shall remain valid until the completion of the transfer of ownership process or until revoked in writing by the Principal.

IN WITNESS WHEREOF, the Principal has executed this Power of Attorney on the date first written above.



[Signature of Principal]

Name: Mahendra Giri

[Signature of Attorney-in-Fact]

Name: 