

Petition Letter Pursuant to 52 Pa. Code §§ 1.31 and 5.44

Formal Petition Submission for Case Review

Case Docket Number:	A-2025-3058980
Date:	01/15/2026
Recipient:	Pennsylvania Public Utility Commission, Secretary
Address:	400 North Street, Harrisburg, PA 17120.

Re: Petition on Behalf of Padam Bharati

Introduction

This letter is respectfully submitted as a formal petition pursuant to 52 Pa. Code §§ 1.31 and 5.44, on behalf of Padam Bharati in reference to the above-captioned matter. The purpose of this petition is to request specific relief as detailed below, grounded in the facts and circumstances outlined herein.

Statement of Reasons

1. The petitioner, Padam Bharati, is a party with a direct and substantial interest in the outcome of the proceedings identified by the referenced docket number.
2. On 12/23/2025, circumstances arose which have materially affected the petitioner's rights and interests in this case, necessitating reconsideration or additional relief from the Commission.
3. The petitioner asserts that the decision rendered on 01/13/2026 is subject to review based on missing supporting documents to establish fitness to operate.
4. Attached hereto are copies of documentation supporting this petition, including bank statements, Vehicle Registration and other required documents, which substantiate the claims and requests set forth herein.
5. The petitioner respectfully requests that the Commission grant reconsidering the application for the membership change, as such relief is warranted under the facts and applicable law.

Documentation

In support of this petition, the following documents are attached:

- Application
- Bank Statements
- Sales Agreement
- Operation ID
- Liability Insurance
- Vehicle Registration

Please refer to the attached copies for a comprehensive presentation of the relevant facts and legal arguments.

Verification

I, Padam Bharati, hereby verify that the statements made in this petition are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Signature:  _____

Date: 1/15/2025 _____

Respectfully submitted,

Padam Bharati

1310 Morris Dr Apt 105, Harrisburg PA 17110

860-890-1660

Asset and Fund Transfer Process for US MEDICAL TRANSPORTATION LLC

This statement provides a detailed overview of how US MEDICAL TRANSPORTATION LLC will manage the transfer of its funds and equipment during the upcoming ownership transition.

Member Transition

As part of the change, one current member will remain with the organization, joining the new team and retaining a 25% ownership share. This ensures continuity and preserves valuable experience within the company.

Asset Transfer

All company assets, including both tangible items (such as vehicles and equipment) and intangible assets (such as intellectual property and goodwill), will be transferred to the new members. This comprehensive transfer ensures the new team receives everything necessary to operate effectively.

Bank Account Continuity

The company will continue using its existing bank account, as referenced in the application. This seamless banking arrangement helps maintain financial stability and minimizes operational disruption.

New Member Contributions

Upon transfer, incoming members will contribute to the company's bank account and inventory. Their financial and operational input will support ongoing business growth and sustainability.

Outgoing Members and Fund Allocation

Two selling members are departing to pursue further studies out of state. They will receive a portion of the company's funds as part of the transition, reflecting their share in the business.

Vehicle Status

The existing company vehicle will remain part of US MEDICAL TRANSPORTATION LLC's assets. It will continue to be used for business operations under the new team.

AR, PB, MG
AH, MH, AM
12/23/2025

**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 Hussien</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 Hussien</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.

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 :

Algeed Alzeber, being duly sworn (affirmed) according to law, deposes and says that he/she is Parent of Owner of U.S. Medical Trans Portation - 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 Transportation 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]
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]
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]
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]
Signature of Official Administering Oath

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

COMMONWEALTH OF PENNSYLVANIA :

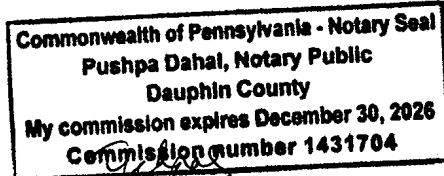
: SS:

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 :

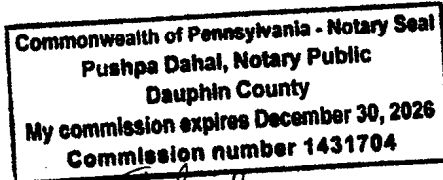
: SS:

Dauphin County :

Alageed AL Zeber (POA for Aboaubay 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 (Name of Corporation)
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

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

COMMONWEALTH OF PENNSYLVANIA :

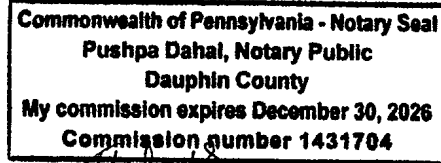
: SS:

Dauphin County :

Alaged 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 2025 My Commission expires Dec 30, 2026



Signature of Official Administering Oath

AFFIDAVIT OF BUYER/SELLER (CORPORATION)

COMMONWEALTH OF PENNSYLVANIA :

: SS:

Dauphin County :

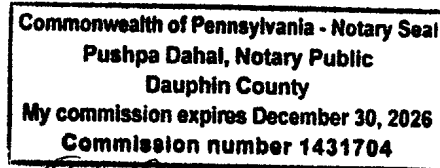
Padam Kumar Bharati, being duly sworn (affirmed) according to law, deposes and says that he/she is President of US Medical transportation LLC (Office of Affiant) (Name of Corporation)

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 23rd day of December 2025 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			

NET WORTH (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	Harrisburg	PA	17110
Street Address	City or Municipality	State	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

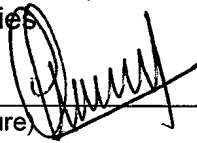
*If the new member is a corporate entity, this question applies to all shareholders and corporate officers. In the event that the answer is yes for one of those individuals, a separate page identifying the individual and stating relevant information should be attached.

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

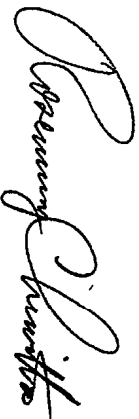
*Application of US MEDICAL TRANSPORTATION LLC for Paratransit Authority, 255 Penrose Place, Carlisle,
Cumberland County, PA 17013, 717-594-1254, ustransportation85@gmail.com To transport, by motor vehicles, in
Paratransit Service, persons from points in the Counties of Cumberland, Dauphin and York, to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




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
 (Date)
 _____ 12-22-2025
 (Date)
 _____ 12-22-2025
 (Date)
 _____ 12-22-2025
 (Date)

Exiting Members sign here:


 _____ 12-22-2025
 (Date)
 _____ 12-22-2025
 (Date)
 _____ (POA) for (Abo Aday Mohammed) 12-22-2025
 (Date)

 (Date)

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:

Aboauday 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

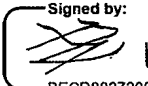
WHEREAS, the Principal desires to authorize the Attorney-in-Fact to act on his behalf in connection with the said application.

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.

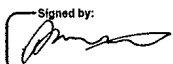
This Power of Attorney shall remain valid until the completion of the transfer of ownership process or until revoked in writing by the Principal.

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

Signed by: 
DECD082720024E8...

[Signature of Principal]

Name: Abouday A Mohammed

Signed by: 
B5E08CC83C24A3...

[Signature of Attorney-in-Fact]

Name: Alageed A Alzeber

Witnesses:

1. Mahendra Giri 
23230CDF63354B7...

Name & Signature

2. Padam Bharati 
DocuSigned by:
Padam Bharati
8F075AA80CD147A...

Name & Signature

Pennsylvania DRIVER'S LICENSE
NOT FOR REAL ID PURPOSES
SEX: 00

DOB: 12/15/1986
GIRI MAHENDRA
1422 GALLANUE DR
HARRISBURG PA 17110

EXP: 12/15/2028
EXP: 12/04/2024
SEX: F EYES: BRO
HT: 5-10
WC: 130
CLASS: C
REST: NONE

Mahendra Giri DL ORGAN DONOR

DD 243396106901
20000028753

SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR
MAHENDRA GIRI
ADMINISTRATION

Mahendra Giri
SIGNATURE

02/18/2011

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: 

Pennsylvania
VISIPPA.COM USA

**COMMERCIAL
DRIVER'S LICENSE**
NOT FOR REAL ID PURPOSES

DUPS: 00

4 DLN: [REDACTED]
3 DOB: 01/01/1991

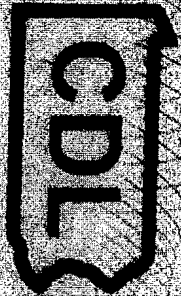
4 EXP: 01/02/2026 4 ISS: 01/18/2022

1 MOHAMMED
2 ABOAUDAY ABDEL MONAIM
8 7402 ROCKWELL AVE FL
151
PHILADELPHIA, PA 19114

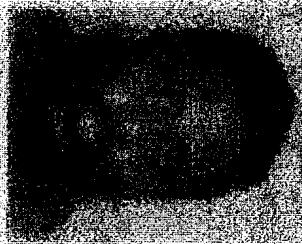
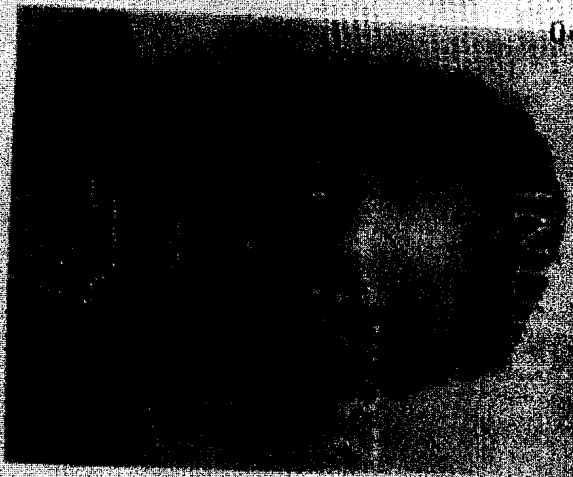
15 SEX: M 15 EYES: BRO
16 HGT: 5-09"

9 CLASS: A
9A END: NONE
12 RESTR: E

5 DO: 2201801105103
160606005756



[Handwritten signature]



046

PENNSYLVANIA VEHICLE REGISTRATION

PennDOT is proud to provide you with your new registration credential.

PLEASE SIGN YOUR CREDENTIAL - To validate your credential, you need to sign your name in ink as indicated below. The registration must be available when the vehicle is in use.

DID YOU CHANGE YOUR ADDRESS? - It is important that we have your current address, and the law requires that any changes be reported to PennDOT within 15 days. Please notify PennDOT of any address change by writing to: PennDOT, Bureau of Motor Vehicles, Harrisburg, PA 17104-2516. Please include the following information with your change of address request: your full street address (including P.O. box number, rural delivery, route number or apartment number, if applicable), city, state and zip code. Please remember P.O. box numbers may be used in addition to the actual address, but cannot be used as the only address. You may also change your address online at Online Services Center at WWW.DMV.PA.GOV.

PENNSYLVANIA'S LITTERING LAWS - As a reminder, Pennsylvania has laws against littering on our roadways and on public and private property. Under law, PennDOT is required to include this statement on vehicle credentials to remind motorists of littering laws. By signing your registration credential, you acknowledge that you have received notice of this provision.

Section 3709 of the Pennsylvania Vehicle Code provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.

For any violation of Section 3709, you may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons operating, in possession of or present within the vehicle with your permission, if you do not with reasonable certainty identify the driver of the vehicle at the time the violation occurred.

PLEASE DRIVE SAFELY AND REMEMBER TO BUCKLE UP

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: APR 30, 2026 **VALID: 05/09/2025**

PLATE: MME9525
TITLE: [REDACTED]
VIN: 2C7WDG5JR182130
YR/MAKE: 2018 DODGE
TYPE: SW
WID: 25129 2600 056869



SIGNATURE

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.

EMISSIONS INSPECTION REQUIRED/DIESEL VEHICLES EXEMPT **COUNTY: CUMBERLAND**

ALAGEED ABDALLA AH
ALZEBER
258 WALNUT BOTTOM RD
CARLISLE PA 17013



Belco Community Credit Union

Belco Community Credit Union
Member Support Center
449 Eisenhower Blvd.
Harrisburg, PA 17111
717-232-3526

Activity for Account *****0692 from 11/01/2025 through 11/30/2025

Usmedicaltransportation Llc
850 Walnut Bottom Rd Ste 308
Carlisle, PA 17013-3615

Aboauday A Mohammed
7402 Rockwell Ave Fl 1
Philadelphia, PA 19111-3008

Alageed Abdallaah Alzeber
258 Walnut Bottom Rd
Carlisle, PA 17013-3739

Mansoor Aa Hussien
242 Walnut Bottom Rd
Carlisle, PA 17013-3739

POST	EFF	TRANSACTION DESCRIPTION	AMOUNT	NEW BALANCE
ID 0040- FREE BUSINESS CHECKING				
11/01		Beginning Balance:		40,644.22
11/03	11/03	Withdrawal ACH: AFCO	203.95-	40,440.27
11/03	11/03	TYPE: AFCO ID: 4135647901 CO: AFCO		
11/03	11/03	Entry Class Code: CCD		
11/03	11/03	ACH Trace Number: 053101122088584		
11/03	11/03	Withdrawal of Cash	160.00-	40,280.27
11/04	11/04	Withdrawal Draft: 001208	220.00-	40,060.27
11/04	11/04	Withdrawal Draft: 001209	258.00-	39,802.27
11/04	11/04	Deposit ACH: ONE CALL CARE MA	900.00	40,702.27
11/04	11/04	TYPE: OPT DR 11- ID: 5271455053		
11/04	11/04	CO: ONE CALL CARE MA		
11/04	11/04	Entry Class Code: CCD		
11/04	11/04	ACH Trace Number: 091000010841284		
11/07	11/07	Withdrawal by Cred/Deb-Card (SubAction=P): SIGNATURE DEBIT	7.26-	40,695.01
11/07	11/07	SOLLENBERGERS MESSENGER CARLISLE PA		
11/07	11/07	Date 11/06/25 24183105310900019500059 8999		
11/07	11/07	Card 7604		
11/07	11/07	Merchant Category Code: 8999		
11/10	11/10	Fee: Starter Checks	4.00-	40,691.01
11/12	11/12	Deposit ACH: ONE CALL CARE MA	730.00	41,421.01
11/12	11/12	TYPE: OPT DR 11- ID: 5271455053		
11/12	11/12	CO: ONE CALL CARE MA		
11/12	11/12	Entry Class Code: CCD		
11/12	11/12	ACH Trace Number: 091000016437901		
11/12	11/12	Withdrawal Draft: 001207	2,000.00-	39,421.01
11/12	11/12	Withdrawal Draft: 001221	1,700.00-	37,721.01
11/12	11/12	Withdrawal Draft: 001222	250.00-	37,471.01
11/13	11/13	Withdrawal Draft: 001210	240.00-	37,231.01
11/13	11/13	Withdrawal by POS: #531700259245	197.55-	37,033.46

11/13	11/13	POS USPS PO 4111680013 66 W LOUTHER ST		
11/13	11/13	CARLISLE PA		
11/13	11/13	Card 7604		
11/13	11/13	Merchant Category Code: 9402		
11/14	11/14	Deposit ACH: COORDINATED TRAN	1,070.52	38,103.98
11/14	11/14	TYPE: PAYMENTS ID: 1061496806		
11/14	11/14	CO: COORDINATED TRAN		
11/14	11/14	Entry Class Code: CCD		
11/14	11/14	ACH Trace Number: 211174170000136		
11/14	11/14	Withdrawal Draft: 001213	2,200.00-	35,903.98
11/16	11/16	Withdrawal by Cred/Deb-Card (SubAction=P): SIGNATURE DEBIT	100.17-	35,803.81
11/16	11/16	INTUIT *QBooks Payroll CL.INTUIT.COM CA		
11/16	11/16	Date 11/16/25 24692165320109700959568 5734		
11/16	11/16	Card 7604		
11/16	11/16	Merchant Category Code: 5734		
11/30		Ending Balance:		35,803.81

PENNSYLVANIA
FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

R 1413e (Ed 8-98)

COMPANY CODE AND NAME

02 NAIC: 20044

Berkshire Hathaway Homestate Insurance Company

Name and Address of Insured

US MEDICAL TRANSPORTATION LLC
850 WALNUT BOTTOM RD STE 101
CARLISLE, PA 17013

POLICY NUMBER [REDACTED]
EFFECTIVE DATE 09/29/2025 12:01 AM

NOT VALID MORE THAN 1
YEAR FROM EFFECTIVE DATE

Description of Vehicle:

2018	DODGE GRAND CARAVAN	2C7WDGBG5JR182130
Year	Make/Model	Vehicle Identification Number

SEE IMPORTANT MESSAGE ON REVERSE SIDE

R 1413e (8-98) UNIFORM INFORMATION SERVICES, INC.

IMPORTANT NOTICE Regarding Your Financial Responsibility Insurance Identification Card.

This Insurance Company is required by Pennsylvania law to send you an I. D. card. The card shows that an insurance policy has been issued for the vehicle(s) described satisfying the financial responsibility requirements of the law.

If you lose the card, contact your insurance company or agent for a replacement.

The I. D. card information may be used for vehicle registration and replacing license plates. **If your liability insurance policy is not in effect, the I. D. card is no longer valid.**

You are required to maintain financial responsibility on your vehicle. **It is against Pennsylvania law to use the I. D. card fraudulently such as using the card as proof of financial responsibility after the insurance policy is terminated.**

FOLD ALONG THIS LINE

R 1413e (back)

THIS CARD MUST BE CARRIED FOR PRODUCTION UPON DEMAND. IT IS SUGGESTED THAT YOU CARRY THIS CARD IN THE INSURED VEHICLE.

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in this State without the required financial responsibility may have his registration suspended or revoked.

NOTE: THIS CARD IS REQUIRED WHEN:

- (1) You are involved in an auto accident.
- (2) You are convicted of a traffic offense, other than a parking offense, that requires a court appearance.
- (3) You are stopped for violating any provision of 75 Pa.C.S. (relating to the Vehicle Code) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which has been previously suspended or revoked.

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
bhhclaim@bhhomestate.com

CUT ALONG THIS LINE

PENNSYLVANIA

R 1413e (Ed 8-98)

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

COMPANY CODE AND NAME

02 NAIC: 20044

Berkshire Hathaway Homestate Insurance Company

Name and Address of Insured

US MEDICAL TRANSPORTATION LLC
850 WALNUT BOTTOM RD STE 101
CARLISLE, PA 17013

POLICY NUMBER
EFFECTIVE DATE
09/29/2025 12:01 AM

NOT VALID MORE THAN 1 YEAR FROM EFFECTIVE DATE

Description of Vehicle:

2018 DODGE GRAND CARAVAN 2C7WDGGBG5JR182130
Year Make/Model Vehicle Identification Number

SEE IMPORTANT MESSAGE ON REVERSE SIDE

R 1413e (8-98) UNIFORM INFORMATION SERVICES, INC.

IMPORTANT NOTICE Regarding Your Financial Responsibility Insurance Identification Card.

This Insurance Company is required by Pennsylvania law to send you an I. D. card. The card shows that an insurance policy has been issued for the vehicle(s) described satisfying the financial responsibility requirements of the law.

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bhhclaim@bhhomestate.com

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CUT ALONG THIS LINE



449 Eisenhower Blvd • Harrisburg, PA 17111

Statement of Account

Member Number **xxxxxxxx92**
 Statement For **11/01/2025 - 11/30/2025**
 Page **1 of 2**

RETURN SERVICE REQUESTED

983380 9435 1/3 UNQ 12-01-25 CLT
 000009434 1



USMEDICALTRANSPORTATION LLC
 850 WALNUT BOTTOM RD STE 308
 CARLISLE PA 17013-3615

Need help paying holiday bills? Did you know you can skip a Belco loan payment once per year to free up funds when you need them most? Use the Skip-a-Pay link under 'Transfer & Pay' in online banking to see your eligible loans and submit your request. Or click 'Loans' at belco.org and look for the Skip-a-Payment page. Some restrictions apply. Happy Holidays from Belco!

Your Account Balances as of 11/30

Primary Business Savings ID 0001	\$5.00
Free Business Checking ID 0040	<u>22,240.37</u>
Account Balance Total	\$22,245.37
Total Dividends Paid Year-To-Date	\$0.00

Need a Loan?
 Call (717) 232-3526 or apply online
www.belco.org

Primary Business Savings ID 0001

Beginning Balance	\$5.00
0 Total Deposits for	0.00
0 Total Withdrawals for	<u>0.00</u>
Ending Balance	\$5.00

Free Business Checking ID 0040

Beginning Balance	\$40,644.22
5 Total Deposits for	6,101.37
22 Total Withdrawals for	<u>-24,505.22</u>
Ending Balance	\$22,240.37

Posting	Transaction	Balance	Transaction Description
11/03	\$203.95-	\$40,440.27	Withdrawal ACH AFCO TYPE: AFCO ID: 4135647901 CO: AFCO
11/03	160.00-	40,280.27	Withdrawal Cash
11/04	220.00-	40,060.27	Check 1208
11/04	258.00-	39,802.27	Check 1209
11/04	900.00	40,702.27	Deposit ACH ONE CALL CARE MA TYPE: OPT DR 11- ID: 5271455053 CO: ONE CALL CARE MA
11/07	7.26-	40,695.01	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 11/06 SOLLENBERGERS MESSENGER CARLISLE PA ref. 24183105310900019500059
11/10	4.00-	40,691.01	Withdrawal Starter Checks
11/12	730.00	41,421.01	Deposit ACH ONE CALL CARE MA TYPE: OPT DR 11- ID: 5271455053 CO: ONE CALL CARE MA
11/12	2,000.00-	39,421.01	Check 1207
11/12	1,700.00-	37,721.01	Check 1221
11/12	250.00-	37,471.01	Check 1222
11/13	240.00-	37,231.01	Check 1210
11/13	197.55-	37,033.46	Withdrawal Debit Card #531700259245 POS USPS PO 4111680013 66 W LOUTHER ST CARLISLE PA
11/14	1,070.52	38,103.98	Deposit ACH COORDINATED TRAN TYPE: PAYMENTS ID: 1061496806 CO: COORDINATED TRAN
11/14	2,200.00-	35,903.98	Check 1213
11/16	100.17-	35,803.81	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 11/16 INTUIT *QBooks Payroll CL.INTUIT.COM CA ref. 24692165320109700959568
11/17	4.00-	35,799.81	Withdrawal Starter Checks
11/18	3,000.00-	32,799.81	Check 1219
11/18	3,500.00-	29,299.81	Check 1220
11/18	600.00	29,899.81	Deposit ACH ONE CALL CARE MA TYPE: OPT DR 11- ID: 5271455053 CO: ONE CALL CARE MA
11/24	3,000.00-	26,899.81	Check 1227
11/25	456.09-	26,443.72	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 11/24 BIBERK INSURANCE AR@GUARD.COM PA ref. 24493985328169889178525
11/25	2,000.00-	24,443.72	Check 1228
11/25	2,000.00-	22,443.72	Check 1229
11/25	3,000.00-	19,443.72	Check 1230

Continued on next page.



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Statement of Account

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Statement For **11/01/2025 - 11/30/2025**

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Free Business Checking ID 0040 **Continued from previous page.**

Posting	Transaction	Balance	Transaction Description
11/25	4.20-	19,439.52	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 11/24 STAPLES 00108704 CARLISLE PA ref. 24164075329105441783607
11/28	2,800.85	22,240.37	Deposit ACH COORDINATED TRAN TYPE: PAYMENTS ID: 1061496806 CO: COORDINATED TRAN

Summary by Check Number * Asterisk next to number indicates skip in sequence 13 Checks Cleared for \$23,368.00

Number	Cleared	Amount	Number	Cleared	Amount	Number	Cleared	Amount
1207	11/12/25	2,000.00	1219*	11/18/25	3,000.00	1228	11/25/25	2,000.00
1208	11/04/25	220.00	1220	11/18/25	3,500.00	1229	11/25/25	2,000.00
1209	11/04/25	258.00	1221	11/12/25	1,700.00	1230	11/25/25	3,000.00
1210	11/13/25	240.00	1222	11/12/25	250.00			
1213*	11/14/25	2,200.00	1227*	11/24/25	3,000.00			

Overdraft Fees	M-T-D	Y-T-D
Share-0040 Total Return Item Fees	\$0.00	\$0.00
Share-0040 Total Overdraft Fees	\$0.00	\$0.00

Thank you for your membership.

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. Aboauday 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
- Vehicle (2018 Dodge SW)

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

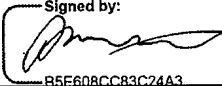
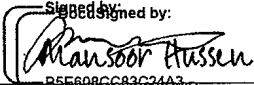
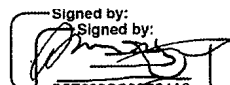
Any disputes arising out of or relating to this Agreement shall be resolved through good faith negotiations. If the parties cannot resolve the dispute, it shall be submitted to mediation or arbitration in Pennsylvania.

10. Miscellaneous

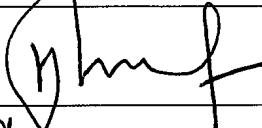

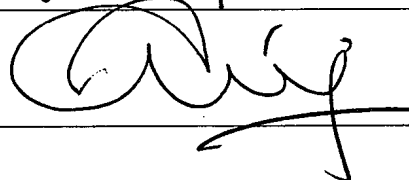
- This Agreement constitutes the entire understanding between the parties and supersedes all prior agreements.
- This Agreement may only be amended in writing, signed by both parties.
- If any provision is found invalid, the remainder shall remain in effect.
- This Agreement is binding upon and inures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



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 Statement For **12/01/2025 - 12/31/2025**
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RETURN SERVICE REQUESTED

996570 10585 1/4 UNQ 01-01-26 CLT
 000010584 1



USMEDICALTRANSPORTATION LLC
 850 WALNUT BOTTOM RD STE 308
 CARLISLE PA 17013-3615

Reset your debt in 2026 with a Personal Loan from Belco! With rates starting at 8.99% APR, a Belco Personal Loan could lower your monthly payment and save you money on interest. Learn more and apply today at belco.org. Happy New Year from everyone at Belco!

Your Account Balances as of 12/31

Primary Business Savings ID 0001	\$5.00
Free Business Checking ID 0040	<u>18,142.24</u>
Account Balance Total	\$18,147.24
Total Dividends Paid Year-To-Date	\$0.00

Need a Loan?
 Call (717) 232-3526 or apply online
www.belco.org

Primary Business Savings ID 0001

Beginning Balance	\$5.00
0 Total Deposits for	0.00
0 Total Withdrawals for	<u>0.00</u>
Ending Balance	\$5.00

Free Business Checking ID 0040

Beginning Balance	\$22,240.37
3 Total Deposits for	4,800.06
27 Total Withdrawals for	<u>-8,898.19</u>
Ending Balance	\$18,142.24

Posting	Transaction	Balance	Transaction Description
12/01	\$203.95-	\$22,036.42	Withdrawal ACH AFCCO TYPE: AFCCO ID: 4135647901 CO: AFCCO
12/01	260.00-	21,776.42	Check 1214
12/03	309.75-	21,466.67	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 12/02 BRUCHA 717-418-8486 NY ref. 24801665336027014361520
12/03	733.28-	20,733.39	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 12/02 NATIONAL INDEMNITY CO 866-920-5220 NE ref. 24492155337194758155784
12/03	772.00-	19,961.39	Check 1216
12/04	4.00-	19,957.39	Withdrawal Starter Checks
12/05	900.00-	19,057.39	Check 1217
12/09	1,245.00-	17,812.39	Check 1237
12/10	500.00-	17,312.39	Check 1231
12/10	118.00-	17,194.39	Check 1232
12/15	2,472.02	19,666.41	Deposit ACH COORDINATED TRAN TYPE: PAYMENTS ID: 1061496806 CO: COORDINATED TRAN
12/16	225.00	19,891.41	Deposit ACH ONE CALL CARE MA TYPE: OPT DR 12- ID: 5271455053 CO: ONE CALL CARE MA
12/16	100.17-	19,791.24	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 12/16 INTUIT *QBooks Online CL.INTUIT.COM CA ref. 24692165350109578785601
12/19	900.00-	18,891.24	Check 1233
12/20	148.38-	18,742.86	Withdrawal Debit Card #535408156214 POS VIOC AN3172 CARLISLE PA
12/22	49.99-	18,692.87	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 12/21 PAYPAL *Q STRAINT Q'STR 716-523-1135 FL ref. 24027625356067451182374
12/23	4.00-	18,688.87	Withdrawal Starter Checks
12/25	456.09-	18,232.78	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 12/24 BIBERK INSURANCE AR@GUARD.COM PA ref. 24493985358178556218400
12/26	853.00-	17,379.78	Check 1234
12/26	12.95-	17,366.83	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 12/26 CPR*NATIONALCPR 626-343-4557 NV ref. 24116415360742542394251
12/26	9.95-	17,356.88	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 12/26 CPR*NATIONALCPR 626-343-4557 NV ref. 24116415360744539286979
12/26	12.95-	17,343.93	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 12/26 CPR*NATIONALCPR 626-343-4557 NV ref. 24116415360744541782593

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Free Business Checking ID 0040 **Continued from previous page.**

Posting	Transaction	Balance	Transaction Description
12/27	309.75-	17,034.18	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 12/26 BRUCHA 717-418-8486 NY ref. 24801665360027013791379
12/27	733.28-	16,300.90	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 12/26 NATIONAL INDEMNITY CO 866-920-5220 NE ref. 24492155361203691069124
12/28	54.10-	16,246.80	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 12/27 NATIONAL SAFETY COUNCIL 800-621-7619 IL ref. 24005945361300588275253
12/29	100.16-	16,146.64	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 12/28 LEARN TASTIC SOLUTIONS CPRAEDCOURSE. TX ref. 24011345363100029781353
12/29	7.46-	16,139.18	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 12/28 PAYPAL *CPR CERT. NATIO 626-343-4557 NV ref. 24027625362067855278770
12/29	49.99-	16,089.19	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 12/29 PAYPAL *Q STRAINT Q'STR 716-523-1135 FL ref. 24027625363067901369051
12/30	49.99-	16,039.20	Withdrawal Debit Card SIGNATURE DEBIT Merch. Post: 12/30 PAYPAL *Q STRAINT Q'STR 716-523-1135 FL ref. 24027625364067942697923
12/31	2,103.04	18,142.24	Deposit ACH COORDINATED TRAN TYPE: PAYMENTS ID: 1061496806 CO: COORDINATED TRAN

Summary by Check Number * Asterisk next to number indicates skip in sequence 8 Checks Cleared for \$5,548.00

Number	Cleared	Amount	Number	Cleared	Amount	Number	Cleared	Amount
1214	12/01/25	260.00	1231*	12/10/25	500.00	1234	12/26/25	853.00
1216*	12/03/25	772.00	1232	12/10/25	118.00	1237*	12/09/25	1,245.00
1217	12/05/25	900.00	1233	12/19/25	900.00			

Overdraft Fees	M-T-D	Y-T-D
Share-0040 Total Return Item Fees	\$0.00	\$0.00
Share-0040 Total Overdraft Fees	\$0.00	\$0.00

Thank you for your membership.

Notice: Nominees Selected by Nominating Committee, Petition Period Open

The Belco Community Credit Union Nomination Committee finalized its nominations and presents the following slate of candidates for 2026:

Board of Directors, 3-year term: Dawn Gamble, Tim Sustak

Supervisory Committee, 3-year term: Chris Feather

Nomination by Petition

Belco's bylaws also permit nominations for elected office by petition. The time period for nominations by petition is now open. The deadline for petitions is **February 2, 2026**.

Nomination petitions can be obtained at any Belco branch. The petition form must be signed by 400 members in good standing and include a certification stating that the petitioner is willing to accept such nomination and, if elected, will serve.

In addition, all official petitions must be accompanied by a biographical statement, no more than 100 words. Petitioners understand and agree that the Nominating Committee may edit such statements for inclusion in any future notice to the membership.

Petitions may be mailed to: Belco Community Credit Union, Nominating Committee Chair, 449 Eisenhower Blvd, Harrisburg, PA 17111, or emailed to nominatingcommittee@belco.org.

In accordance with Belco's Bylaws, if, at the close of the nomination periods, there is only one candidate nominated for each available position, there will be no voting, and the nominees will be elected by acclamation at the Annual Meeting.

The Annual Meeting is scheduled for April 22, 2026, at 4PM.

Note: Belco's Bylaws do not allow nominations from the floor at the Annual Meeting.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/13/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Union Bay Risk Advisors, LLC - Harrisburg, PA 2931 N. Front Street Harrisburg, PA 17110	CONTACT NAME: Aqeeb Khan PHONE (A/C, No. Ext): (717)303-3322 E-MAIL ADDRESS: aqeeb@unionbayrisk.com	FAX (A/C, No): (717)775-3430
	INSURER(S) AFFORDING COVERAGE	
INSURED US MEDICAL TRANSPORTATION LLC 255 PENROSE PL CARLISLE, PA 17013	INSURER A: Berkshire Hathaway Homestate Insurance Company	NAIC # 20044
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** [REDACTED]**REVISION NUMBER:** 5

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			[REDACTED]	09/29/2025	09/29/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Physical Damage			[REDACTED]	09/29/2025	09/29/2026	Comp/Coll \$5,00 Ded Stated Value

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured
Medical Transportation Management, Inc. and all Subsidiaries and Affiliates
16 Hawk Ridge Circle
Lake St. Louis, MO 63367

Listed Vehicle
 (continued on ACORD 101 Additional Remarks Schedule)

CERTIFICATE HOLDER**CANCELLATION**

US Medical Transportation LLC 255 Penrose PL Carlisle, PA 17013	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  (AQK)
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ADDITIONAL REMARKS SCHEDULE

AGENCY Union Bay Risk Advisors, LLC - Harrisburg, PA		NAMED INSURED US MEDICAL TRANSPORTATION LLC	
POLICY NUMBER [REDACTED]		EFFECTIVE DATE: 09/29/2025	
CARRIER Berkshire Hathaway Homestate Insurance Company	NAIC CODE 20044		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

(continued from Description of Operations)
 2018 DODGE GRAND CARAVAN 2C7WDGBG5JR182130