



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

January 7, 2026

A-6324067  
A-2025-3059481

AEROTRIP TRANSPORTATION LLC  
1212 POPLAR STREET  
GREENSBURG PA 15601

**RE: Application of AeroTrip Transportation LLC**

To Whom It May Concern:

On December 24, 2025, the application of AeroTrip Transportation LLC, at A-2025-3059481, as a motor carrier was accepted for filing and docketed with the Public Utility Commission. In order for the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Rosemary Chiavetta, Secretary  
Pennsylvania Public Utility Commission  
Commonwealth Keystone Building  
400 North Street  
Harrisburg, Pennsylvania 17120

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

Data Request Letter – 10 Day Letter  
Rev. 2/19/21

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

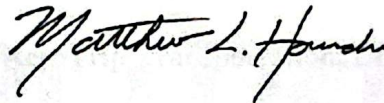
I, Lucille M. Plummer hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 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.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to David Canzoneri, Bureau of Technical Utility Services at (717) 346-9738. Faxed or emailed filings are not accepted.

Sincerely,



Matthew L. Homsher  
Secretary

**Enclosure**

is submitted in response to your 10-day data request issued to our office on January 14, 2026. The request asked that AeroTrip Transportation LLC amend its application for authority as a Motor Common Carrier of Persons in Parcel Transfer Service. The request was based on the determination that AeroTrip Transportation LLC did not adequately address all aspects of Question #5 in the Verified Statement of Application submitted for Pennsylvania Public Utility Commission (PUC) purposes.

We understand that the requests of your section must be fully addressed and verified in accordance with Title 52 Pennsylvania Code §§ 29.301-29.509, which govern driver regulations. Enclosed with this response is the amended and completed information addressing Question #5 in full compliance with the applicable regulatory requirements.

Please let us know if any additional documentation or clarification is required to complete your review. We appreciate your time and consideration in this matter.

Sincerely,



Your Satisfaction is Our Focus!

Data Request Letter – 10 Day Letter  
Rev. 2/19/21



Aero Transportation LLC

1212 Poplar Street Greensburg, PA 15601

412-668-1009- Lp@atriptrans.com

Commonwealth of Pennsylvania

Pennsylvania Public Utility Commission

**Attn:** Rosemary Chivaetta, Secretary

400 North Street

Commonwealth Keystone Building, 2nd Floor

Harrisburg, PA 17120

**RE: A-2025-3059481 AeroTrip Transportation, LLC**

January 19<sup>th</sup>, 2026

Dear : Rosemary Chivaetta, Secretary

This letter is submitted in response to the 10-day data request issued to our office on January 7, 2026. The request asked that AeroTrip Transportation LLC amend its application for authority as a Motor Common Carrier of Persons in Airport Transfer Service. The request was based on the determination that AeroTrip Transportation LLC did not adequately address all aspects of Question #5 in the Verified Statement of Applicant submitted for Pennsylvania Public Utility Commission (PUC) purposes.

We understand that the requested information must be fully addressed and verified in accordance with Title 52 Pennsylvania Code §§ 29.501–29.509, which govern driver regulations. Enclosed with this response is the amended and completed information addressing Question #5 in full compliance with the applicable regulatory requirements.

Please let us know if any additional documentation or clarification is required to complete your review. We appreciate your time and consideration in this matter.

Sincerely,

*Lucille M. Plummer*

Your Destination is Our Focus!



Aero Transportation LLC  
1212 Poplar Street Greensburg, PA 15601  
412-668-1009- Lp@atriptrans.com

**Address Change Notification**

January 19, 2026

To Whom It May Concern,

Please be advised that my address has changed effective immediately.

**Previous Address:**  
700 River Avenue  
Pittsburgh, PA 15212

**New Address:**  
1212 Poplar Street  
Greensburg, PA 15601

Kindly update your records to reflect this change. If you require any additional information or documentation, please feel free to contact me.

Thank you for your attention to this matter.

Sincerely,

*Lucille M. Plummer*

Your Destination is Our Focus!

**Response:**

1.) Based on what you provided would it be correct to say that you wish to provide airport transfer service from points in the Counties of Armstrong, Beaver, Clarion, Erie, Fayette, Greene, Mercer, Somerset, Washington, Wayne, and Westmoreland to Pittsburgh International Airport (PIT), and vice versa? **Correct**

**2 a. 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 for the requested territory**

The company proposes to initially operate **five (5) vehicles**, with the ability to expand operations up to **ten (10) vehicles** based on service demand and subject to regulatory approval. This number of vehicles is reasonable and appropriate to provide safe, adequate, and efficient transportation service consistent with public convenience and necessity.

Operations will be conducted utilizing qualified independent contractor drivers who operate properly licensed, registered, insured, and inspected vehicles in compliance with all applicable Pennsylvania Public Utility Commission and PennDOT laws, rules, and regulations. This operating structure allows the company to maintain efficient service levels while ensuring regulatory compliance and service reliability.

**2 b. Criminal Background Check System (Title 52 Pa. Code § 29.505 – Criminal History) Frequency of Criminal Background Checks**

The company will conduct criminal background checks **prior to initial engagement** of any driver, including independent contractor drivers, and **at least once every twelve (12) months thereafter**, or more frequently as required by the Pennsylvania Public Utility Commission or applicable law. Criminal background checks will also be conducted upon reinstatement following a lapse in service or upon receipt of information that may indicate a change in a driver's criminal history. Background checks will be obtained through **Pennsylvania State Police PATCH (Access to Criminal History)** and, when required, **FBI fingerprint-based background checks processed through IdentoGO or an equivalent PUC-approved third-party provider.**

**Record Maintenance and Retention**

The company will maintain complete and accurate records of all criminal background checks performed in a **secure electronic and/or physical recordkeeping system**. Records will be retained for a period consistent with **Pennsylvania Public Utility Commission regulations and applicable state and federal record retention requirements**. Access to criminal background check records will be limited to authorized company personnel only. All records will be treated as confidential and will be made available to the Pennsylvania Public Utility Commission upon request.

**2c. Your system for conducting driver license/history checks; (Title 52 Pa Code §29.504 – Driver History) i. How will you maintain records (record retention) of such checks?**

**Driver License and Driver History Check System (Title 52 Pa. Code § 29.504 – Driver History)**

The company has established a system to ensure that all drivers operating under its authority maintain valid driver licenses and acceptable driving histories in compliance with **Title 52 Pa. Code § 29.504**.

Driver license verification and driver history checks will be conducted **prior to initial engagement** of any driver, including independent contractor drivers, and **at least annually thereafter**, or more frequently as required by the Pennsylvania Public Utility Commission or applicable law.

Driver history information will be obtained through **PennDOT Driver License Record Request services** and, when applicable, **PUC-approved third-party motor vehicle record (MVR) providers**.

#### **Record Maintenance and Retention**

The company will maintain complete and accurate records of all driver license verifications and driver history checks in a **secure electronic and/or physical recordkeeping system**. Records will include copies of driver licenses, PennDOT driver history reports, and documentation of review and approval.

All driver license and driver history records will be **retained in accordance with Pennsylvania Public Utility Commission record-retention requirements** and applicable state and federal laws. Access to these records will be limited to authorized company personnel to ensure confidentiality and data security. Records will be made available to the Pennsylvania Public Utility Commission upon request.

Drivers who fail to maintain a valid driver's license or acceptable driving history will be **immediately removed from service** until compliance is verified and restored.

**3 a. Outside of pre/post trip inspections, what type of regular maintenance will your vehicles receive, and on what schedule will this maintenance be performed?**

### **Vehicle Safety and Maintenance Program**

(Regular Maintenance Outside of Pre/Post-Trip Inspections)

Outside of required pre-trip and post-trip inspections, all vehicles used in the company's operations will receive **routine preventative maintenance performed on a scheduled basis** to ensure safe and reliable operation.

Each vehicle will undergo **preventative maintenance at intervals recommended by the vehicle manufacturer or every 5,000–7,500 miles, whichever occurs first**. Regular maintenance will include, but is not limited to:

- Engine oil and filter changes
- Brake system inspections and servicing
- Tire inspections, rotation, and replacement as needed
- Steering and suspension inspections
- Fluid level checks and replacement (coolant, transmission, brake, and power steering fluids)
- Battery testing and electrical system inspection
- Inspection and maintenance of lights, signals, mirrors, windshield wipers, and safety equipment

All maintenance and repairs will be performed by **licensed automotive repair facilities or qualified mechanics**. Independent contractor drivers are required, as a condition of operating under the company's authority, to maintain their vehicles in safe operating condition and in compliance with all applicable PennDOT and Pennsylvania Public Utility Commission regulations.

### **Maintenance Records**

The company will require documentation of all routine maintenance and repairs. Maintenance records will be **retained in a secure electronic and/or physical format** and will be made available to the Pennsylvania Public Utility Commission upon request. Vehicles that do not meet maintenance or safety standards will be **removed from service until corrective action is completed**.

## **Vehicle Safety and Maintenance Program** (Regular Maintenance Outside of Pre/Post-Trip Inspections)

Outside of required pre-trip and post-trip inspections, all vehicles operating under the company's authority will receive **scheduled preventative maintenance** to ensure safe, reliable, and continuous operation in compliance with Pennsylvania Public Utility Commission and PennDOT regulations.

### **Scheduled Preventative Maintenance**

Each vehicle will be maintained according to the following schedule, or in accordance with the manufacturer's recommendations, **whichever occurs first**:

- **Every 5,000–7,500 miles or every 6 months**
  - Engine oil and oil filter change
  - Tire inspection, rotation, and tread depth measurement
  - Brake system inspection (pads, rotors, lines, and fluid levels)
  - Inspection of lights, turn signals, brake lights, and hazard lights
  - Inspection of windshield, wipers, mirrors, and horn
- **Every 10,000–15,000 miles or annually**
  - Steering and suspension inspection
  - Battery testing and electrical system inspection
  - Inspection of belts, hoses, and exhaust system
  - Cabin safety equipment inspection (seat belts, airbags, indicator lights)
- **As needed based on condition or manufacturer guidance**
  - Tire replacement
  - Brake servicing or replacement
  - Fluid replacement (coolant, brake fluid, transmission fluid, power steering fluid)
  - Any safety-related repairs identified during inspections or maintenance

All maintenance and repairs will be performed by **licensed automotive repair facilities or qualified mechanics**.

### **Independent Contractor Compliance**

Independent contractor drivers are required, as a condition of operating under the company's authority, to comply with this maintenance schedule and to maintain their vehicles in safe operating condition at all times. Vehicles found to be unsafe or not properly maintained will be **immediately removed from service until corrective action is completed**.

### **Maintenance Records**

The company will maintain documentation of all routine maintenance and repairs in a **secure electronic and/or physical recordkeeping system**. Maintenance records will be retained in accordance with **Pennsylvania Public Utility Commission record retention requirements** and will be made available to the Commission upon request.

**3b. What is your system for ensuring that your vehicles will continuously comply with applicable Pennsylvania equipment standards found at 67 Pa. Code, Chapter 175?**

**System for Continuous Compliance with Pennsylvania Equipment Standards (67 Pa. Code, Chapter 175)**

The company has established and will enforce a system to ensure that all vehicles operating under its authority **continuously comply** with the applicable vehicle equipment and inspection standards set forth in **67 Pa. Code, Chapter 175**.

Each vehicle will be required to possess and maintain a **valid Pennsylvania safety inspection** performed by a **PennDOT-certified inspection station**. Proof of a current inspection will be verified **prior to initial placement into service and annually thereafter**, or more frequently if required by law.

In addition to state inspection requirements, the company will implement the following ongoing compliance measures:

- **Routine preventative maintenance** conducted in accordance with manufacturer recommendations
- **Regular inspections of required safety equipment**, including brakes, tires, steering, suspension, lights, signals, mirrors, windshield, wipers, horn, seat belts, and exhaust systems
- **Immediate reporting and correction** of any equipment defects or safety issues identified during inspections, maintenance, or daily operation

Independent contractor drivers are required, as a condition of operating under the company's authority, to maintain their vehicles in compliance with all applicable equipment standards. Vehicles found to be out of compliance with 67 Pa. Code, Chapter 175, will be **immediately removed from service** until all deficiencies are corrected and compliance is verified.

**Documentation and Enforcement**

The company will maintain documentation of vehicle inspections, maintenance, and repairs in a **secure electronic and/or physical recordkeeping system**. Records will be retained in accordance with **Pennsylvania Public Utility Commission requirements** and will be made available to the Commission upon request.

This system ensures continuous compliance with Pennsylvania equipment standards and promotes safe, reliable, and lawful transportation operations.

**4. In your application you mention that you plan to use "independent contractors" in your service. Please note – the Commission does not allow the use of independent contractors except under the use of a lease for carriers operating with call or demand authority**

Request for Guidance on Correcting PUC Authority Application

Dear Pennsylvania Public Utility Commission,

I am writing on behalf of AeroTrip Transportation, a ground transportation service that provides transportation for aviation personnel, airport personnel, and individuals traveling to and from the airport. Our business model utilizes independent contractors to provide transportation services.

I previously filed an application in April 2021 under the **Application for Motor Common Carrier of Persons upon Call or Demand (Taxi Service)**. However, after further review, I believe that this may not be the appropriate PUC authority for the type of service AeroTrip Transportation provides.

I would appreciate your guidance on:

1. How to proceed with filing the correct PUC authority application that properly aligns with our business model and services.
2. Whether it is possible to amend or withdraw the previous application to avoid duplicate filings.
3. If a new application is required, whether additional fees will apply or if any fee credits are available based on the prior filing.

Thank you very much for your time and assistance. I look forward to your guidance on ensuring AeroTrip Transportation complies with all applicable PUC regulations.

**Please review the below criteria and submit a revised compliant Statement of Financial Position:**

**5 a. All relevant assets and debts are to be included (for example: vehicle loan balances/vehicle asset value, lease expenses, etc.). Please review the PUC Statement of Financial Position (Balance Sheet) along with a relevant document attached.**

**5b The information provided is also to be strictly limited to assets and debts held by the applicant (AeroTrip Transportation LLC), and not the individual member(s). Any property and accounts listed must be registered or titled to the corporation. Bank accounts must be in the name of AeroTrip Transportation LLC. Vehicles must be registered to AeroTrip Transportation LLC. Property must be titled to AeroTrip Transportation LLC. If these items are not in the name of AeroTrip Transportation LLC, then they should not be included on the balance sheet.**

Bank accounts must be in the name of AeroTrip Transportation LLC Please review attached citizens bank that has our company name. New address that has been updated in the Citizens Bank will reflect our next statement.

#### **Verification of Owner Funding and Payment Schedule**

This letter is to confirm that AeroTrip Transportation LLC has been fully funded by its owner, Lucille M. Plummer.

Attached to this correspondence, you will find documentation verifying the transfer of funds, including a payment schedule reflecting deposits in the amount of \$280.00 transferred from my personal Huntington Bank account into Citizens Bank, where AeroTrip Transportation LLC maintains its business account.

These funds were provided for the purpose of supporting the operations and financial requirements of AeroTrip Transportation LLC. Please review the attached documents for verification.

**5c . In order to fully assist the Commission in determining your financial fitness, please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and notarized/official statements of account balances/ownership provided by bank officers (with current contact information). Any and all claimed vehicles or land/buildings must also include proof of ownership/registration vehicle titles, vehicle registrations, property titles, purchase agreements, etc.**

**Please Review Balance Sheet which will reflect**

Cash on hand

Citizens Bank

Huntington Bank

Motor Vehicle Equipment

Tires (Walmart)

Office Equipment

Printer Ink

Loan

Chase Bank

Credit Card Debt

Navy Federal Credit Union

Other Liabilities

Vehicle down payment

**Please note that the AeroTrip Transportation, LLC vehicle currently maintains adequate auto insurance coverage. A new commercial business insurance policy will be finalized and effective on the next business day following the holiday, January 19, 2026.**

Rosemary Chivaetta, Secretary

This letter is in response to the questions on the application checklist for the Motor Common Carrier of Persons in Airport Transfer Service

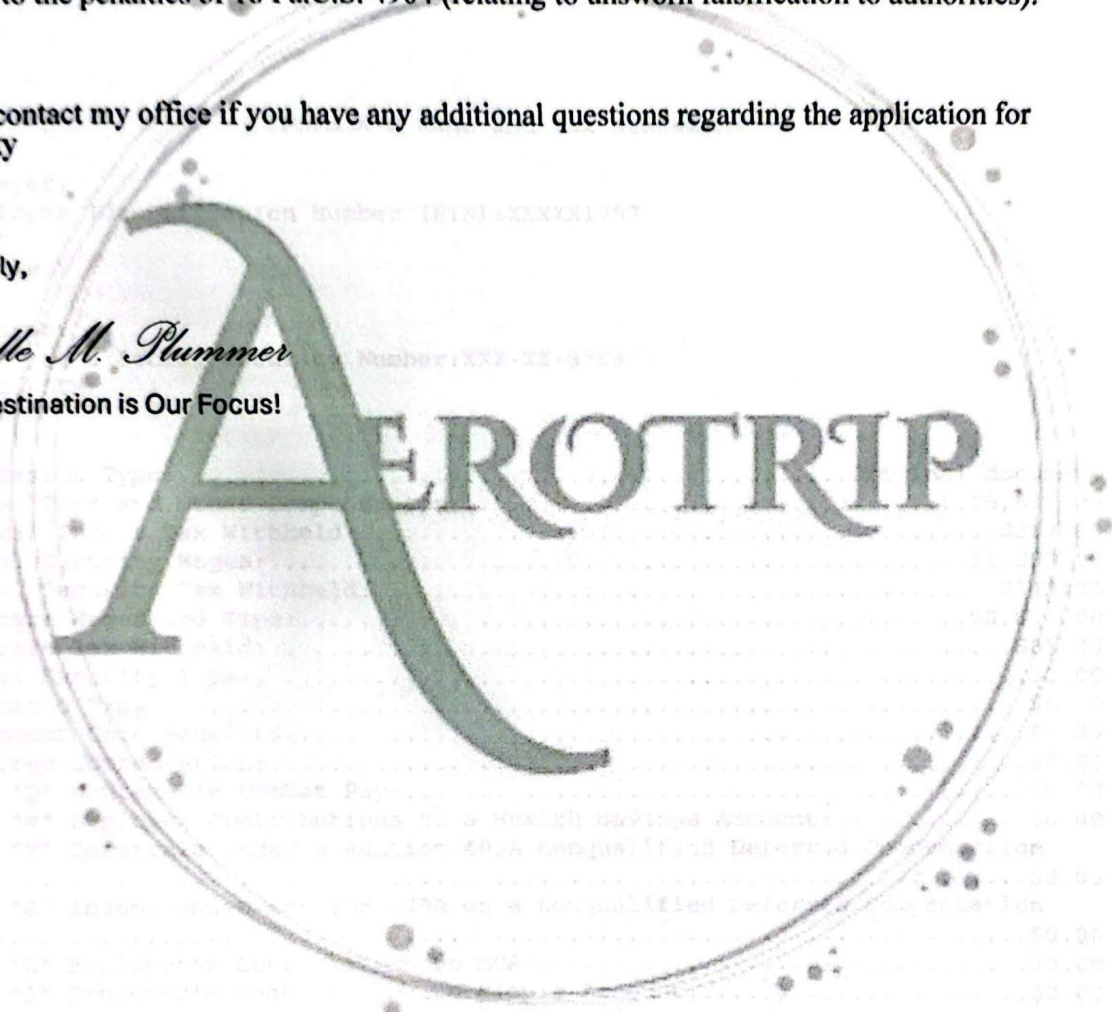
I Lucille Plummer hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. 4904 (relating to unsworn falsification to authorities).

Please contact my office if you have any additional questions regarding the application for authority

Sincerely,

*Lucille M. Plummer*

Your Destination is Our Focus!





Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-13-2025
Response Date: 08-13-2025
Tracking Number: 108603056650

Wage and Income Transcript

SSN Provided: [Redacted]
Tax Period Requested: December, 2024

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN): XXXXX1957
DEDI
6536 W

Employee:
Employee's Social Security Number: [Redacted]
LUCI PLUM
1400 S

Submission Type: Original document
Wages, Tips and Other Compensation: \$5,632.00
Federal Income Tax Withheld: \$387.00
Social Security Wages: \$5,632.00
Social Security Tax Withheld: \$349.00
Medicare Wages and Tips: \$5,632.00
Medicare Tax Withheld: \$81.00
Social Security Tips: \$0.00
Allocated Tips: \$0.00
Dependent Care Benefits: \$0.00
Deferred Compensation: \$0.00
Code "Q" Nontaxable Combat Pay: \$0.00
Code "W" Employer Contributions to a Health Savings Account: \$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan: \$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan: \$0.00
Code "R" Employer's Contribution to MSA: \$0.00
Code "S" Employer's Contribution to Simple Account: \$0.00
Code "T" Expenses Incurred for Qualified Adoptions: \$0.00
Code "V" Income from exercise of non-statutory stock options: \$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan: \$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan: \$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage: \$2,286.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan: \$0.00
Code "FF" Permitted benefits under a qualified small employer health reimbursement arrangement: \$0.00
Code "GG" Income from Qualified Equity Grants Under Section 83(i): \$0.00
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close of the Calendar Year: \$0.00
Code "II" Medicaid waiver payments excluded from gross income: \$0.00

Third Party Sick Pay Indicator:.....Unanswered  
Retirement Plan Indicator:.....Unanswered  
Statutory Employee:.....Not Statutory Employee  
W2 Submission Type:.....Original  
W2 WHC SSN Validation Code:.....Correct SSN

Form W-2 Wage and Tax Statement

Employer:  
Employer Identification Number (EIN):XXXXX7718  
HOSA  
807 WA

Employee:  
Employee's Social Security Number: [REDACTED]  
LUCI M PLUM  
1400 S

Submission Type:.....Original document  
Wages, Tips and Other Compensation:.....\$58,723.00  
Federal Income Tax Withheld:.....\$6,365.00  
Social Security Wages:.....\$60,538.00  
Social Security Tax Withheld:.....\$3,753.00  
Medicare Wages and Tips:.....\$60,538.00  
Medicare Tax Withheld:.....\$877.00  
Social Security Tips:.....\$0.00  
Allocated Tips:.....\$0.00  
Dependent Care Benefits:.....\$0.00  
Deferred Compensation:.....\$1,815.00  
Code "Q" Nontaxable Combat Pay:.....\$0.00  
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00  
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation  
plan:.....\$0.00  
Code "Z" Income under section 409A on a nonqualified Deferred Compensation  
plan:.....\$0.00  
Code "R" Employer's Contribution to MSA:.....\$0.00  
Code "S" Employer's Contribution to Simple Account:.....\$0.00  
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00  
Code "V" Income from exercise of non-statutory stock options:.....\$0.00  
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00  
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00  
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$845.00  
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)  
Plan:.....\$0.00  
Code "FF" Permitted benefits under a qualified small employer health  
reimbursement arrangement:.....\$0.00  
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00  
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close  
of the Calendar Year:.....\$0.00  
Code "II" Medicaid waiver payments excluded from gross income:.....\$0.00  
Third Party Sick Pay Indicator:.....Unanswered  
Retirement Plan Indicator:.....Yes - retirement plan  
Statutory Employee:.....Not Statutory Employee  
W2 Submission Type:.....Original  
W2 WHC SSN Validation Code:.....Correct SSN

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX8177  
EXCE  
33 S S

Employee:

Employee's Social Security Number: [REDACTED]  
LUCI M PLUM  
1400 S

Submission Type:.....Original document  
Wages, Tips and Other Compensation:.....\$57,581.00  
Federal Income Tax Withheld:.....\$7,272.00  
Social Security Wages:.....\$57,669.00  
Social Security Tax Withheld:.....\$3,575.00  
Medicare Wages and Tips:.....\$57,669.00  
Medicare Tax Withheld:.....\$836.00  
Social Security Tips:.....\$0.00  
Allocated Tips:.....\$0.00  
Dependent Care Benefits:.....\$0.00  
Deferred Compensation:.....\$87.00  
Code "Q" Nontaxable Combat Pay:.....\$0.00  
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00  
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation  
plan:.....\$0.00  
Code "Z" Income under section 409A on a nonqualified Deferred Compensation  
plan:.....\$0.00  
Code "R" Employer's Contribution to MSA:.....\$0.00  
Code "S" Employer's Contribution to Simple Account:.....\$0.00  
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00  
Code "V" Income from exercise of non-statutory stock options:.....\$0.00  
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00  
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00  
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00  
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)  
Plan:.....\$0.00  
Code "FF" Permitted benefits under a qualified small employer health  
reimbursement arrangement:.....\$0.00  
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00  
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close  
of the Calendar Year:.....\$0.00  
Code "II" Medicaid waiver payments excluded from gross income:.....\$0.00  
Third Party Sick Pay Indicator:.....Unanswered  
Retirement Plan Indicator:.....Yes - retirement plan  
Statutory Employee:.....Not Statutory Employee  
W2 Submission Type:.....Original  
W2 WHC SSN Validation Code:.....Correct SSN

Form 5498 SA

Trustee:

Trustee's Federal Identification Number (FIN):XXXXX8534  
OPTU  
P.O. B

Participant:

Participant's Identification Number [REDACTED]  
LUCI M PLUM  
1400 S

Submission Type:.....Original document  
Account Number (Optional):.....XXXXX6153  
MSA Contributions:.....\$0.00  
Current Contributions:.....\$725.00  
Future Contributions:.....\$0.00  
Rollover MSA Contributions:.....\$0.00  
MSA Fair Market Value:.....\$2.00  
HSA Indicator:.....HSA Box Checked  
Archer MSA Indicator:.....Archer MSA Box Not Checked  
MA MSA Indicator:.....Not Checked

Form 5498 Individual Retirement Arrangement Contribution Information

Trustee:

Trustee/Issuer's Federal Identification Number (FIN):XXXXX3567  
NATI  
499 WA

Participant:

Participant's Identification Number: [REDACTED]  
LUCI PLUM  
1400 S

Submission Type:.....Original document  
Account Number (Optional):.....XXXXXXXXXX6001  
IRA Contributions:.....\$0.00  
Rollover Contributions:.....\$0.00  
Roth Conversion Amount:.....\$0.00  
Recharacterized Contributions:.....\$0.00  
Fair Market Value of Account:.....\$331.00  
Life Insurance Cost Included in Box 1:.....\$0.00  
SEP Code:.....Not Checked  
IRA Code:.....Not Checked  
Simple Code:.....Not Checked  
Roth IRA Code:.....Checked  
RMD For Subsequent Year:.....RMD box not checked  
RMD Date:.....00-00-0000  
Year:.....  
Postponed Contribution Code:.....  
Repayments Code:.....N/A  
Fair Market Value of certain specified assets:.....N/A  
SEP Contributions:.....\$0.00  
SIMPLE Contributions:.....\$0.00  
Roth IRA Contributions:.....\$336.00  
Required Minimum Distribution Amount:.....\$0.00  
Postponed Contributions:.....\$0.00  
Repayment of a qualified reservist distribution or federally designated  
disaster withdrawal repayment:.....\$0.00  
Fair Market Value of Certain Specified Assets:.....\$0.00

Form 1099-DIV

Payer:

Payer's Federal Identification Number (FIN):XXXXX3567  
NATI  
499 WA

Recipient:  
Recipient's Identification Number: [REDACTED]  
LUCI PLUM  
1400 S

Submission Type:.....Original document  
Account Number (Optional):.....XXXXXX2295  
Tax Withheld:.....\$0.00  
Capital Gains:.....\$0.00  
Non-Dividend Distribution:.....\$0.00  
Cash Liquidation Distribution:.....\$0.00  
Non-Cash Liquidation Distribution:.....\$0.00  
Investment Expense:.....\$0.00  
Ordinary Dividend:.....\$12.00  
Collectibles (28%) Gain:.....\$0.00  
Unrecaptured Section 1250 Gain:.....\$0.00  
Section 1202 Gain:.....\$0.00  
Foreign Tax Paid:.....\$0.00  
Qualified Dividends:.....\$0.00  
Section 199A REIT Dividends:.....\$0.00  
Second Notice Indicator:.....No Second Notice  
FATCA Filing Requirement:.....Box not checked no Filing Requirement  
Exempt Interest Dividends:.....\$0.00  
Specified Private Activity Bond Interest Dividend:.....\$0.00  
Section 897 Ordinary Dividends:.....\$0.00  
Section 897 Capital Gain:.....\$0.00

Form 1099-INT

Payer:  
Payer's Federal Identification Number (FIN):XXXXX7038  
PENT  
PO BOX

Recipient:  
Recipient's Identification Number: [REDACTED]  
LUCI M PLUM  
1400 S

Submission Type:.....Original document  
Account Number (Optional):.....XXXXXXXXXXXXXXXX7014  
Interest:.....\$0.00  
Tax Withheld:.....\$0.00  
Savings Bonds:.....\$0.00  
Investment Expense:.....\$0.00  
Interest Forfeiture:.....\$0.00  
Foreign Tax Paid:.....\$0.00  
Tax-Exempt Interest:.....\$0.00  
Specified Private Activity Bond Interest:.....\$0.00  
Market Discount:.....\$0.00  
Bond Premium:.....\$0.00  
Bond Premium on Tax Exempt Bond:.....\$0.00  
Bond Premium on Treasury Obligations:.....\$0.00  
Second Notice Indicator:.....No Second Notice  
Foreign Country or US Possession:.....  
CUSIP Number:.....  
FATCA Filing Requirement:.....Box not checked no Filing Requirement

Form 1099-INT

Payer:

Payer's Federal Identification Number (FIN):XXXXX7038

PENT  
PO BOX

Recipient:

Recipient's Identification Number: [REDACTED]

LUCI M PLUM  
1400 S

Submission Type:.....Original document  
Account Number (Optional):.....XXXXXXXXXXXXXXXXXXXX2016  
Interest:.....\$14.00  
Tax Withheld:.....\$0.00  
Savings Bonds:.....\$0.00  
Investment Expense:.....\$0.00  
Interest Forfeiture:.....\$0.00  
Foreign Tax Paid:.....\$0.00  
Tax-Exempt Interest:.....\$0.00  
Specified Private Activity Bond Interest:.....\$0.00  
Market Discount:.....\$0.00  
Bond Premium:.....\$0.00  
Bond Premium on Tax Exempt Bond:.....\$0.00  
Bond Premium on Treasury Obligations:.....\$0.00  
Second Notice Indicator:.....No Second Notice  
Foreign Country or US Possession:.....  
CUSIP Number:.....  
FATCA Filing Requirement:.....Box not checked no Filing Requirement

Form 1099-SA or 5498-SA

Payer:

Payer's Federal Identification Number (FIN):XXXXX8534

OPTU  
P.O. B

Recipient:

Recipient's Identification Number: [REDACTED]

LUCI M PLUM  
1400 S

Submission Type:.....Original document  
Account Number (Optional):.....XXXXX6153  
MSA Distribution Code:.....Normal Distribution  
Earnings on Distributive Excess Contributions:.....\$0.00  
MSA Gross Distributions:.....\$1,037.00  
FMV On Date of Death:.....\$0.00  
HSA Indicator:.....HSA Box Checked  
Archer MSA Indicator:.....Archer MSA Box Not Checked  
MA MSA Indicator:.....Not Checked

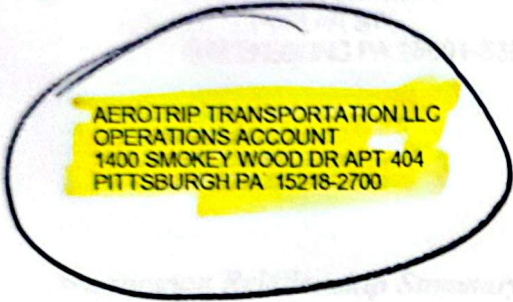
This Product Contains Sensitive Taxpayer Data



Statement of Financial Position

US702 | BR871  
ROP 450  
P.O. Box 7000  
Providence, RI 02940

5B  
5C



**Business Account Statement**

Page 1 of 3

Beginning December 01, 2025  
through December 31, 2025

Questions? Contact us today:



**CALL:**  
Business Account Customer Service  
1-800-862-6200



**VISIT:**  
Access your account online:  
citizensbank.com



**MAIL:**  
Citizens  
Customer Service Center  
P.O. Box 42001  
Providence, RI 02940-2001

**AEROTRIP TRANSPORTATION LLC  
OPERATIONS ACCOUNT  
Clearly Better Business Checking**

**Clearly Better Business Checking for** [REDACTED]

**Balance Calculation**

Previous Balance		830.15
Checks	-	.00
Debits	-	1,338.92
Deposits & Credit	+	1,800.00
<b>Current Balance</b>	=	<b>1,291.23</b>

As a Clearly Better Business Checking customer, you do not pay a monthly maintenance fee. We appreciate your continued business.

Your next statement period will end on January 30, 2026.

Please See Additional Information on Next Page

Member FDIC Equal Housing Lender

THE HUNTINGTON NATIONAL BANK  
PO BOX 1558 EA1W37  
COLUMBUS OH 43216-1558

# Statement of Financial Position

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LUCILLE M PLUMMER  
1212 POPLAR ST  
GREENSBURG PA 15601-5360

Have a Question or Concern?

Stop by your nearest [Customer](#)  
Huntington office or [Information](#)  
contact us at: [Privacy Notice](#)

1-800-480-BANK (2265)

[www.huntington.com](http://www.huntington.com)

## Huntington Relationship Summary

Statement Period from 12/06/25 to 01/09/26

### Account Balances

Account Type	Number	Date	Balance
Asterisk-Free Checking	[REDACTED]	01/09	657.18
Huntington Premier Savings	[REDACTED]	01/09	23.15
<b>Total Balance</b>			<b>\$680.33</b>

### Scheduled Payments

Account	Debit By	Type	Payment Account	Amount	Edit
[REDACTED]	[REDACTED]	Recurring	AeroTrp6888	\$[REDACTED]	Edit

Investments are offered through the Huntington Investment Company, Registered Investment Advisor, member FINRA/SIPC, a wholly-owned subsidiary of Huntington Bancshares Inc.

The Huntington National Bank is Member FDIC. and 24-Hour Grace are federally registered service marks of Huntington Bancshares Incorporated. The 24-Hour Grace system and method is patented: US Pat. No. 8,364,581, 8,781,955, 10,475,118, and others pending. © 2026 Huntington Bancshares Incorporated.



5B

Submitted Payment for Aero Trip

Payee details

Payee Code:010

Name: CITIZENS BANK, NATI

Phone Number: (412) 668-1009

Address: ROP440

City: RIVERSIDE

State, Zip: RI 02915

Your Account or Reference Number: 6312060202

Delivery Method: Electronic Payment

Takes 2 business days

Nickname (optional): AeroTrip

Attention (optional):

Display Settings:  Display this Payee on the Pay Bills Page

Recurring payments

Payment Account: [REDACTED]

Amount: 280.00

Memo (optional):

Send On: 09/30/2021

Deliver By: Your first payment will be delivered by 10/04/2021

Frequency: Weekly

Duration: Until I Cancel

**About Recurring Payments**

- Recurring payments that are scheduled to be sent on the weekends or holidays will be sent on the next business day.
- By scheduling a Recurring Payment, you authorize Huntington to withdraw your payment on the Send On date.

**Cancel Recurring Payments** Removes all future and recurring scheduled payments for this Payee. Any changes you have made to Payee Details above will also be saved.

[Delete Payee](#)

Scheduled Payments

Send On	Deliver By	Type	Payment Account	Amount	Edit
01/22/2026	01/26/2026	Recurring	AeroTrip*6995	\$280.00	Edit

**Bill Pay**  
The cut-off time to submit Bill Pay payments is 8:00 p.m. ET on business days.  
When you enter a payment prior to 8:00 p.m. ET, the money will be withdrawn from your account on the date the payment is scheduled and sent to your payee on that date. Payments entered after 8:00 p.m. ET on business days—or entered on weekends or federal holidays—will be sent to your payee the following business day, or on the date the payment is scheduled.  
It can take 2 or 5 business days for your payment to be received by your payee, depending on the method of delivery. The "Deliver By" date helps you plan for this lag time in the sending and receiving of your payment.

**Auto Loan, Personal Loan, or Line of Credit**  
Payments to a Huntington auto loan, personal loan, or line of credit before 8:00 p.m. ET on a business day will be credited to the account as of that day. Payments made on a weekend or federal holiday are credited on the following business day. Payments scheduled on a future date may be edited or canceled before 8:00 p.m. ET on that date.

**Credit Card**  
Huntington credit card payments are applied same day. Allow up to 2 business days for your payment to display.

We may use single-use virtual credit cards to pay bills on your behalf. We may earn fee revenue from payees when you use this service. To opt out for your current payees, call (800) 480-2265.  
For more information, review the [Huntington Online Services Agreement](#).





Walmart  
**AUTO CARE CENTER**

Statement of Financial Position  
Vehicle Equipment

Walmart #2059, 2200 Greengate Centre Cir, Greensburg, PA 15601

Date: 01-18-2026

Keytag #: 99573



CPC #: 4005020599955061184

Gene Cooper  
(724) 575-2262  
60 S Lincoln Ave  
Greensburg, Pennsylvania 15601

Year: 2025  
Make: Kia  
Model: Carnival  
Color: UNKNOWN

VIN: KNDNESKA056030111  
License: MCK8368  
Odometer: 18,131

Customer Arrival Time  
01-18-2026 07:56 AM  
Service Completed Time  
01-18-2026 08:43 AM

Service Description	Quantity	Price
Shop tires	4	\$0.00
Rotation + lifetime balance	4	\$60.00 (\$15.00 EACH)
TPMS	4	\$12.00 (\$3.00 EACH)
Tire hauler fee	4	\$8.00 (\$2.00 EACH)
Road hazard protection warranty	4	\$40.00 (\$10.00 EACH)
Walmart Plus Road Hazard discount	4	-\$40.00

Service Total (Excluding Tax & Govt. Fees): \$80.00

Merchandise Description	Quantity	Price
Goodyear Reliant All-Season 235/55R19 101V All-Season Tire Fits: 2010-16 Chevrolet Equinox LTZ, 2017 Chevrolet Equinox Premier	1	+\$164.00
Goodyear Reliant All-Season 235/55R19 101V All-Season Tire Fits: 2010-16 Chevrolet Equinox LTZ, 2017 Chevrolet Equinox Premier	1	+\$164.00
Goodyear Reliant All-Season 235/55R19 101V All-Season Tire Fits: 2010-16 Chevrolet Equinox LTZ, 2017 Chevrolet Equinox Premier	1	+\$164.00
Goodyear Reliant All-Season 235/55R19 101V All-Season Tire Fits: 2010-16 Chevrolet Equinox LTZ, 2017 Chevrolet Equinox Premier	1	+\$164.00

Merchandise Total (Excluding Tax): \$656.00

Total (Excluding Tax & Govt. Fees): \$736.00

Vehicle Checks & Services Performed

Balance tires	COMPLETE-Drv rear	Lugnut torque	OVERRIDE-Drv front, 90	TPMS Relearn	NON-APPLICABLE-Pass front
Balance tires	COMPLETE-Drv front	Lugnut torque	OVERRIDE-Pass front, 90	TPMS Relearn	NON-APPLICABLE-Pass rear
Balance tires	COMPLETE-Pass front	Lugnut torque	OVERRIDE-Pass rear, 90	Mount Tires	COMPLETE-Drv rear
Balance tires	COMPLETE-Pass rear	Scan existing DOTs	Not Performed-Drv rear	Mount Tires	COMPLETE-Drv front
Scan new DOTs	COMPLETE-Drv rear, 1PLE7MC1R2525	Scan existing DOTs	Not Performed-Drv front	Mount Tires	COMPLETE-Pass front
Scan new DOTs	COMPLETE-Drv front, 1PLE7MC1R4125	Scan existing DOTs	Not Performed-Pass front	Mount Tires	COMPLETE-Pass rear
Scan new DOTs	COMPLETE-Pass front, 1PLE7MC1R2525	Scan existing DOTs	Not Performed-Pass rear	Dispose of old tires	COMPLETE-Drv rear
Scan new DOTs	COMPLETE-Pass rear, 1PLE7MC1R2525	Tire pressure check	CHECKED-Drv rear, 39 PSI	Dispose of old tires	COMPLETE-Drv front
Install TPMS Service Pack	COMPLETE-Drv rear	Tire pressure check	CHECKED-Drv front, 39 PSI	Dispose of old tires	COMPLETE-Pass front
Install TPMS Service Pack	COMPLETE-Drv front	Tire pressure check	CHECKED-Pass front, 39 PSI	Dispose of old tires	COMPLETE-Pass rear
Install TPMS Service Pack	COMPLETE-Pass front	Tire pressure check	CHECKED-Pass rear, 39 PSI	Check Battery	NON-APPLICABLE
Install TPMS Service Pack	COMPLETE-Pass rear	TPMS Relearn	NON-APPLICABLE-Drv rear		
Lugnut torque	OVERRIDE-Drv rear, 90	TPMS Relearn	NON-APPLICABLE-Drv front		

Damages Noted Before Service	Type of Damage	Additional Comments
None	--	--

Battery Test Results

Result: DECLINED (NON-APPLICABLE)

Technician Names

Service Writer/Greeter: Jason D.  
Tire tech: Andrew P.  
Tire tech: Jason D.  
Tire tech: Andrew P.  
Battery tech: Jason D.

Customer Comments

No locking lugnuts  
Customer declined to purchase road hazard.

Technician Comments

Drive rear wheel has marks from hitting something  
Both driver front and driver rear wheel have curb rash

Customer Service Agreement

I authorize the stated service to be completed with the necessary materials. I give permission to operate the vehicle.

I understand:

Customer Signature: \_\_\_\_\_

Date: 01-18-2026

- Walmart does not inspect tires to determine if they are safe or have been recalled. Tires are not examined for conditions that may affect safety (tread depth, cuts, punctures, cracking, bulges, or uneven tread wear).
- Only the service(s) listed on the service order are performed.
- During oil changes, Walmart only checks and adjusts tire air pressure.
- Walmart does not check tire age or air pressure of the spare tire.
- Customers should regularly confirm that their tires, including any spares, are properly inflated, have tread depth greater than 2/32" in all grooves, and have no cuts, punctures, cracking, bulges, or uneven tread wear.
- Driving conditions will affect tire performance.

Customer Notification and Disclaimer

Walmart may conduct complimentary courtesy checks based on your selection of service packages. Courtesy checks vary by service package and could include the following: checking of tire pressure, light bulb testing, fluid refills (washer, transmission, and power steering), battery check, interior vacuuming and checking of the wiper blades.

NOTICE: Manufacturer Special Policy Adjustment Programs Federal law requires manufacturers to furnish the National Highway Traffic Safety Administration (N.H.T.S.A.) with bulletins describing any defects in their vehicles. You may

# Statement of Financial Position

Aero Trip Transportation, LLC  
**Office DEPOT**  
**OfficeMax**

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GREENSBURG - (724) 837-1775  
01/15/2026 5:33 PM



VPVTQPPPA43546B6C

SALE 6263-1-1603-955196-11.6.2\_9

781386	INK,950,BLACK	44.89
	Override - Competitor Price Match	
781602	INK,951,COMBO	95.89
	Override - Competitor Price Match	
925382	PAPER,COPY,3RM	27.09
Promotion		-15.10
	<b>You Pay</b>	<b>11.99S</b>
	Subtotal	152.77
Sales and Use Tax	9.17	
	Total	161.94
Visa 2869:		161.94

AUTH CODE 08626D  
TDS Chip Read  
AID A0000000031010 VISA CREDIT  
TVR 8000008000  
CVS No Signature Required

LUCILLE PLUMMER 57\*\*\*\*014  
Please create your online rewards account at [officedepot.com/rewards](http://officedepot.com/rewards). You must complete your account to claim your rewards and view your status.

\*\*\*\*\*

Total Savings:  
**\$15.10**

Loan

SL

0000561 1 of 2 NSP0ALQ0 Z1 01326 111000000000  
 LUCILLE M PLUMMER



Your account is current.  
Thank you!

10/14/2025 through 01/13/2026

Payment Due 02/01/26	Amount Due \$1,051.43
-------------------------	--------------------------

You will receive a statement every three months. Please keep the attached payment coupons to make your next three payments.


Loan Information		Explanation of Amount Due	
Account Number	[REDACTED]	Current Payment Due	\$1,051.43
Vehicle Description	2025 KIA CARNIVAL H	Amount Past Due	\$0.00
VIN	KNDNE5KA0S6030111	Fees and Charges	\$0.00
Interest Rate	[REDACTED]	<b>TOTAL PAYMENT DUE ON 02/01/26</b>	<b>\$1,051.43</b>
Principal Balance as of 01/13/2026	\$53,102.73		

Message Center

The principal balance displayed above is not your payoff. For a current payoff quote, please visit our website at [chase.com/AutoServicing](https://chase.com/AutoServicing).

The Principal Balance and Total Amount Due above are as of 01/13/2026.

**Track your trade-in value and more**



Visit [chase.com/mycar](https://chase.com/mycar) to know your car's value and receive offers.

Transaction Activity

Date	Description	Total
10/31/25	PAYMENT- THANK YOU (PRINCIPAL \$660.26) (INTEREST \$391.17)	(\$1,051.43)
12/01/25	PAYMENT- THANK YOU (PRINCIPAL \$652.05) (INTEREST \$399.38)	(\$1,051.43)
12/31/25	PAYMENT- THANK YOU (PRINCIPAL \$669.58) (INTEREST \$381.85)	(\$1,051.43)

Statement of Financial Position

**CASHREWARDS<sup>plus</sup> Visa Signature<sup>®</sup>**

MINIMUM PAYMENT DUE	PAST DUE PAYMENT	PAYMENT DUE DATE	NEW BALANCE	ACCOUNT NUMBER	AMOUNT ENCLOSED
336.10	0.00	01/16/2026	13,719.87	[REDACTED]	\$ .

PLEASE MAKE CHECK PAYABLE AND MAIL TO:

PLEASE INDICATE CHANGE OF ADDRESS ON REVERSE

NAVY FEDERAL  
P.O. BOX 3500  
MERRIFIELD VA 22119-3500

LUCILLE PLUMMER  
ADDRESS [REDACTED]  
CITY/STATE/ZIP [REDACTED]

\*\* 0381646

XX

**CASHREWARDS<sup>plus</sup> Visa Signature<sup>®</sup>**

ACCOUNT NUMBER [REDACTED]  
ACCESS NUMBER [REDACTED]

Page 1 of 4

SUMMARY OF ACCOUNT ACTIVITY	
Previous Balance	\$13,609.57
Payments	-\$524.25
Other Credits	-\$8.44
Purchases	+\$442.89
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$200.10
New Balance	\$13,719.87
Past Due Amount	\$0.00
Over Limit Amount	\$0.00
Credit Limit	\$14,000.00
Available Credit	\$280.13
Cash Limit	\$4,200.00
Available Cash	\$280.13
Statement Closing Date	12/19/2025
Days in Billing Cycle	30

PAYMENT INFORMATION		
New Balance	\$13,719.87	
Minimum Payment Due	\$336.10	
Payment Due Date	01/16/2026	
<b>Late Payment Warning:</b> If we do not receive your minimum payment by the date listed above, you may have to pay a \$20.00 late fee and your APRs may be increased up to the Penalty APR of 18.00%.		
<b>Minimum Payment Warning:</b> If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:		
If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	28 years	\$33,316
\$496	3 years	\$17,856 (Savings = \$15,460)

SELF SERVICE OPTIONS
<b>Go Paperless</b> Access up to 36 months of statements online. Simple, secure, eco-friendly. <a href="http://navyfederal.org/CCpaperless">navyfederal.org/CCpaperless</a>
<b>Manage on the Go</b> Pay bills, set alerts, and more with Navy Federal Online or the Navy Federal Mobile App. Your finances, your control.
 <a href="http://navyfederal.org/CCmobile">navyfederal.org/CCmobile</a>

If you would like information about credit counseling services, call 1-888-503-7106 or visit <https://www.justice.gov/ust/list-credit-counseling-agencies-approved-pursuant-11-usc-111>.

REWARDS SUMMARY						
Start Balance	Earned	Bonus	Redeemed	Adjusted	Purged	End Balance
\$0.00	\$8.86	\$0.00	-\$8.44	\$0.00	\$0.00	\$0.42
Total Rewards Earned Year to Date:				\$252.78		
Redemptions are not permitted on closed or delinquent accounts.						

TRANSACTIONS						
PAYMENTS AND CREDITS						
Trans Date	Post Date	Reference No.	Description	Submitted By	Amount	
11/20/25	11/20/25	74060955324071120178410	ACH PAYMENT RECEIVED	XXXX XXXX XXXX 2869	\$344.25	
11/25/25	11/25/25	74060955329071125116402	ACH PAYMENT RECEIVED	XXXX XXXX XXXX 2869	\$120.00	
12/05/25	12/05/25	74060955339071205257710	ACH PAYMENT RECEIVED	XXXX XXXX XXXX 2869	\$50.00	
12/12/25	12/12/25	74060955346099498851627	PAYMENT RECEIVED	XXXX XXXX XXXX 2869	\$10.00	

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TRANSACTIONS					
LUCILLE PLUMMER					
Trans Date	Post Date	Reference No.	Description	Amount	
02/19/25	02/20/25	24427335050720219010847	MCDONALD'S 24031 HOMESTEAD PA	<del>188.95</del>	
02/19/25	02/20/25	24137465051001039610826	GET GO #3379 HOMESTEAD PA	<del>188.99</del>	
02/22/25	02/24/25	24427335053720220564516	MCDONALD'S 22492 PLEASANT HILL PA	<del>188.99</del>	
02/22/25	02/24/25	24445005054600216230247	KOHL'S #9998 WEST MIFFLIN PA	<del>1084.25</del>	
02/25/25	02/26/25	24036295056744668240005	FOREVER 21 #077 MONROEVILLE PA	<del>120.00</del>	
03/01/25	03/03/25	24137465061001119085889	GET GO #0722 BELMONT PA	<del>18.81</del>	
03/01/25	03/03/25	24226385061007326606369	WALMART #0229 BELMONT PA	<del>123.72</del>	
03/02/25	03/03/25	24445005062600104622026	BOLEAR GENERAL #0049 BELMONT PA	<del>119.99</del>	
03/06/25	03/07/25	24793385065002648540098	SHENYI.COM #00000000000000000000	<del>107.91</del>	
03/08/25	03/10/25	24445005067300300582802	CRIBS OF LEGS CROCHET 800-764-0111 PA	<del>140.00</del>	
03/11/25	03/11/25	24088665070224073098820	SHENYI.COM #00000000000000000000	<del>154.77</del>	
03/16/25	03/17/25	24137465076001068281482	CRIBS OF LEGS CROCHET MONROEVILLE PA	<del>103.35</del>	
03/17/25	03/19/25	24701775077387500101769	KIA JIM SHORKEY KIA NORTH724-5151000 PA	\$4,000.00	
03/18/25	03/19/25	24137465078001132182185	GET GO #0722 HOMESTEAD PA	<del>18.82</del>	
03/18/25	03/19/25	24137465078001132182003	GET GO #0722 HOMESTEAD PA	<del>140.02</del>	
03/18/25	03/19/25	24013395077003879201623	SALVATORE'S #00000000000000000000	<del>101.83</del>	
<b>TOTAL New Activity for LUCILLE PLUMMER</b>				<b><del>1,050.04</del></b>	

INTEREST CHARGED	
Description	Amount
INTEREST CHARGE-PURCHASES	<del>100.00</del>
INTEREST CHARGE-CASH ADVANCES	<del>148.88</del>
<b>TOTAL INTEREST</b>	<b><del>148.88</del></b>

2025 TOTALS YEAR-TO-DATE	
Total Fees charged in 2025	\$0.00
Total Interest charged in 2025	\$155.86

INTEREST CHARGE CALCULATION			
Your Annual Percentage Rate (APR) is the annual interest rate on your account.			
Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	18.00% (v)	\$4,358.15	\$60.17
Bal Trf/Conv Chk	18.00% (v)	\$0.00	\$0.00
Cash Advances	18.00% (v)	\$1,008.93	\$13.93
(v) = Variable Rate			
Please see the Paying Interest section and How We Determine the Amount of Interest Charges section for information about when interest starts to accrue and how you can avoid paying interest.			

5A  
5C

Statement of Financial Position (Balance Sheet)  
As of (date) January

ASSETS

Current Assets

Cash \$1,971.56

Other Current Assets (specify) Ø

Total Current Assets \$1,971.56

Tangible Assets

Motor Vehicle Equipment \$ 784.16

Property (buildings, land, etc.) Ø \$ 784.16

Office Equipment \$ 161.94

TOTAL ASSETS \$ 2,917.66

LIABILITIES

Current Liabilities (Due within one year of date)

Loans \$ 53,102.73

Credit cards/revolving credit \$ 13,719.87

Other Liabilities (Attach schedule) \$ 4,000 downpayment vehicle loan

Total Current Liabilities \$ 70,822.6

Long Term Liabilities (Due after one year of date)

Mortgage Ø

Long term commercial loan Ø

Other Liabilities (Attach Schedule) Ø

Total Long-Term Liabilities Ø

TOTAL LIABILITIES \$ 70,822.6

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: **Mar 31, 2027** VALID: **03/31/2025**

PLATE: **MOX8368**

TITLE: **8837338201 PL**

YEAR: **KNDNEKAK056030111**

VEHICLE: **2025 / KIA**

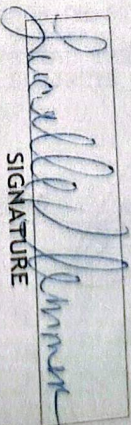
TYPE: **SM**

WTD: **25090 3428 012289**

EMISSION INSPECTION REQUIRED/DIESEL VEHICLES EXEMPT COUNTY: ALLEGHENY

LUCILLE MAE LESE PLUMMER  
1400 SMOKEY WOOD DR APT  
404  
PITTSBURGH PA 15218

2 OF 2

  
SIGNATURE

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



# Statement of Financial Position

5C

## Binder of Insurance

Pending issuance and delivery of a policy pursuant to the application of the insured and to all the terms and conditions of the policy issued by the company the

### State Farm Mutual Automobile Insurance Company

Does hereby insure: EUGENE R & LUCILLE COOPER  
1212 POPLAR ST  
GREENSBURG, PA 15601-5360

with loss payable to: CHASE BANK  
PO BOX 255587  
SACRAMENTO CA 95865-5587

Policy Number: 531 4623-E15-38E

Year	Make	Vehicle Identification Number (VIN)
2025	KIA CARNIVAL SX 4DR HYBRID	KNDNE5KA0S6030111

### Coverages

Liability  
50/100/50

Comprehensive  
\$100

Collision Ded  
\$1000

Effective January 08, 2026, expiring not to exceed thirty (30) days hence and to become void immediately upon the issuance of a policy in place hereof.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Date

Jan 8<sup>th</sup>, 2025

Authorized Representative