SAXTON & STUMP
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February 3, 2026
VIA E-FILE SYSTEM

Associated Docket No. A-2025-3055295;
and Associated Docket No. A-2025-3057289

Commonwealth of Pennsylvania
Pennsylvania Public Utility Commission
400 North Street
Harrisburg, PA 17120

RE: Application of Care Ride Solutions LLC
PA Corporation Bureau Entity ID Number 0014385982
3901 Liberty Street, Suite 1, Erie, PA 16509-1689

Dear Secretary Homsher,

Please accept this cover letter regarding our client, Care Ride Solutions LLC, and the above-referenced Application, which was filed before the Public Utility Commission on February 3, 2026.

I, Seth A. Mendelsohn, 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).

Thank you for your attention to this matter. As always, I am available to you for any further clarification.

Very truly yours,
SAXTON & STUMP

Seth A. Mendelsohn, Esquire

SAM/jm
Enclosure - Application

Docusign Envelope ID: F46FD849-F7B2-438C-BDEB-AE281FFDFA1B

APPLICATION CHECKLIST
Motor Common Carrier of Persons in Paratransit Service

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

- ❑ **The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at www.puc.pa.gov).**
- ❑ **Verified Statement of Applicant.**
- ❑ **A certified check, money order, or check from your attorney for $350 made payable to "Commonwealth of Pennsylvania."**
- ❑ **IF application is being made as an individual or sole proprietor.**
- ❑ **IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.**
- ❑ **IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.**
- ❑ **IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.**
- ❑ **IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.**
- ❑ **IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.**
- ❑ **IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.**

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

If not e-Filed, mail your application and attachments to: SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2ND FLOOR, HARRISBURG, PA 17120

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

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

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

Foreign Corporations – apply for a Certificate of Authority

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

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

Docusign Envelope ID: F46FD849-F7B2-438C-BDEB-AE281FFDFA1B

General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Paratransit Service.

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation on a nonexclusive, advance reservation basis. Service includes, but not restricted to:

   - Transportation of people whose personal convictions prevent them from owning or operating motor vehicles.
   - Transportation of people to correctional facilities for visitation.
   - Transportation of people in wheelchair and stretcher vans.

   Important Note: Paratransit carriers may not render service to or from airports.

2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at www.nicinsurancefilings.com . You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

   Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

15 passengers or less:	(a)	$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD).
	(b)	$25,000 first party medical benefits, $10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law).
	(c)	First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits).

Docusign Envelope ID: F46FD849-F7B2-438C-BDEB-AE281FFDFA1B

Secretary PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

Application for Motor Common Carrier of Persons in Paratransit Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

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

   Care Ride Solutions LLC (hereinafter "CRS")

   - If you are an individual who has not formed any type of corporate entity, you should enter your name ***as it will appear on your insurance documents***.
   - If you are filing for a partnership, but ***not a limited liability partnership***, the names of all partners must be entered on this line. Those names should be entered ***as they will appear on your insurance documents***. This includes husbands and wives filing jointly.
   - If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), ***even if you are the sole shareholder member***, you must enter the name ***exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State***.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

   This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name* "Johnboy Vans" *as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as* "John Doe Vans" *or* "J. Doe Vans" *are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** ___NO **Previous Authority?** ___NO

   If YES, at PUC No. A- 2025-3055295 and A-2025-3057289

4. **Are you a business entity registered with the PA Dept. of State?** ___NO
   If NO, you must register (see checklist on how to register)

   If YES, provide your PA Corporation Bureau Entity ID Number 0014385982
   (See checklist and indicate type of business entity registered)

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

Nandu Subedi, Sole Member

6. **Mailing Address**

3901 Liberty Street, Suite 1
Street Address

Erie, PA 16509-1689 — City, State and Zip Code
Erie — County

814-528-4547 — Telephone Number
careridesolutions@gmail.com — E-mail Address

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

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

same as #6 above
Street Address

City, State and Zip Code — County

Telephone Number — E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

Seth A. Mendelsohn, Esq. — Phone: 717-941-1202
Attorney's Name & Telephone Number for this Filing

Saxton & Stump
4250 Crums Mill Rd, Ste 201, Harrisburg, PA 17112 — smendelsohn@saxtonstump.com
Attorney's Address — E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

✓ No ____ Yes, at No. _____

Docusign Envelope ID: F46FD849-F7B2-438C-BDEB-AE281FFDFA1B

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

To transport, as a common carrier, by motor vehicle, persons in a paratransit service, from points in the counties of Armstrong, Beaver, Butler, Crawford, Lawrence, Mercer, Venango, and Warren, to points in Pennsylvania and return.

Examples:

- *To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.*
- *To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.*
- *To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.*
- *To transport people between points in Northumberland County.*

11. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

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

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Nandu Subedi, Sole Member

(Print Name)

Signed by:
Nandu Subedi
08CF979BC25C4B9...

2/3/2026

(Signature) (Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

VERIFIED STATEMENT OF APPLICANT

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

Care Ride Solutions LLC (hereinafter "CRS")

Legal Name of Applicant

Trade Name, if any

3901 Liberty Street, Suite 1, Erie, PA 16509-1689

Street Address (principal place of business) **City or Municipality** **State** **Zip Code**

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

   Nandu Subedi, Sole Member
   3901 Liberty Street, Suite 1
   Erie, PA 16509-1689
   Phone: 814-528-4547

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

   None

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

   Please see attached page for response to question 3.

Docusign Envelope ID: F46FD849-F7B2-438C-BDEB-AE281FFDFA1B

Page 5 – Response to Question 3.

I, Nandu Subedi, am the sole member of CRS and operate the business. In 2025, I formed CRS and registered with the PA Department of State to carry out paratransit operations. Under my leadership, CRS has successfully performed as a common carrier of paratransit services.

Briefly, in 2025, the PUC granted CRS permission to begin operations as a paratransit company in Erie County. We then decided to expand further in Western PA and sought authority in the Counties of Allegheny, Washington, and Westmoreland. The Commission approved the application in late 2025.

CRS is filing this application because of demand from potential clients in adjoining counties to Erie, PA. We have been contacted to begin services in these counties and, according to PA law, we cannot. We suggest there is further need in these counties, and we can safely, reliably, and reasonably deliver such services as we have in other parts of Western PA.

In terms of my business experience in addition to paratransit services, briefly in 2008, I moved to the United States from Nepal, as a refugee, after serving 8 years as a high school principal there. The emigration process relocated me in Erie, PA and shortly thereafter, I joined Catholic charities that assisted other individuals relocating to the U.S.

In 2012, I became a case manager and director of the program and directly managed approximately 20 to 25 individuals and oversaw assistance to approximately 200 to 250 families per year. Part of my duties included making sure that individuals in our program provided assistance to partner agencies. I was responsible for making sure we followed through on commitments we had made in the Greater Erie area and in Western PA. Due to the success at the local level, I have been recognized on the national level as being part of the United States Catholic Charities organization.

Starting in 2018, I became a manager in the home health care services industry and was soon overseeing the entire operation. We expanded into Harrisburg in 2020. In 2023, I became the CEO of the company, Smile Homecare LLC. We have offices in Erie, Harrisburg, and Pittsburgh. I am responsible now for over 500 employees and have an internal staff of 25 employees over the three locations.

At Smile Homecare, we provide an array of services including, but not limited to, making sure that medicines are taken at the proper times; hands-on care including personal care services; assistance with finances; and companion care. Part of my duties include making sure that our staff always provide timely assistance to our clients and never miss an appointment. In our industry, missing an appointment can immediately terminate the relationship that we have with a client and harm our reputation in the community, which we cannot afford. We know that family members and our clients count on us to be on time and to provide professional services.

Besides my full-time work, I have been engaged in other business opportunities. For example, I have substantial experience in real estate. Beginning in 2012, a relative and I purchased and

Docusign Envelope ID: F46FD849-F7B2-438C-BDEB-AE281FFDFA1B

operated 17 different properties and operated/maintained these as rental properties. In total, there were 26 units. In 2021, we sold all of the properties.

I also was a franchisee of the Rocky Mountain Chocolate Factory store located in the Mill Creek Mall in Erie, PA.

I received a bachelor's degree in Sociology from the University of Nepal.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers.

   Please see attached page for response to question 4.

5. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:
   a. Your hiring standards for drivers;
   b. Your system for conducting criminal background checks;
   c. Your driver training program;
   d. Your system for conducting driver license checks;
   e. Your policies regarding alcohol and drug use by your drivers.

   Please see attached page for response to question 5.

6. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2022	Chrysler	Pacifica Touring L	5 + wheelchair	2C4RC1BG7NR138212	6,285
2019	Honda	SW	7	5FNYF6H49KB017184	80,000
2020	Hyundai	Kona	5	KM8K1CAAXLU526188	15,200
2021	Chrysler	Voyager	3 + 2 wheelchairs	2C4RC1AG2MR565295	6,500

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

Please see attached page for response to question 6.

Docusign Envelope ID: F46FD849-F7B2-438C-BDEB-AE281FFDFA1B

Page 6 – Response to Question 4.

We currently operate a corporate office at 3901 Liberty Street, Suite 1, Erie, Erie County, PA 16509-1689 (hereinafter referred to as "Erie Office" or "Corporate Office"). Primarily, we are going to operate everything for these new counties from this office. CRS also has a Pittsburgh office where we conduct operations in Allegheny, Washington and Westmoreland counties. At this point, we do not intend to open any further offices.

All facilities, paper records and maintenance reports, and communications networks will be maintained here and available electronically to the Corporate Office. This location has ample parking for company vehicles, and all tangible assets will be housed at this address. Business records will be maintained and stored in appropriate fire-resistant records containers and contemporaneously electronically stored on local computer devices and on an off-site cloud-based database. The company's equipment will include computers, printers, a fax machine, a scanner, cellular phones, and the software required to operate the same. The company's communication plan includes the company's primary phone line, which will be monitored and managed by the company. The company will receive customer requests for paratransit service via telephone and email.

However, as CRS explained in its application docketed at A-2025-3057289, we do operate a Pittsburgh Office as 4411 Stilley Road, Suite 3B, Pittsburgh, Allegheny, County, PA, 15227 (hereinafter referred to as "Pittsburgh Office"). It is conveniently located off of Rt. 51 in the South Hills area of Pittsburgh.

The Pittsburgh Office is located in a modern corporate office building where CRS rents a Suite.

There is continuous communication between the Pittsburgh Office and the Corporate Office in Erie through electronic communications. The Corporate Office will be aware of all the services being provided by the Pittsburgh Office. We note that overall responsibility for communications with the Commission will be done through the Corporate Office. It also serves as a good area in Pittsburgh for drivers to report.

The Company now has four vehicles that suits our needs. We can use these four vehicles throughout the area depending upon need. We have a well-managed computer system that allows CRS to look ahead at scheduled rides to make sure that vehicles are available for clients and we can stage the vehicles accordingly.

Docusign Envelope ID: F46FD849-F7B2-438C-BDEB-AE281FFDFA1B

Page 6 – Response to Question 5.

a. At all times, our plan is to employ the highest standards for hiring drivers. Specifically, all necessary paperwork for Applicant's drivers will be completed prior to hiring. All drivers will complete a driver's application, including front and back photocopies of driver's licenses. All drivers will be 21 years of age or older, and their age will be confirmed via driver's license and an additional form of photo identification. We have the electronic process with PennDOT to expedite this process. HIPAA Medical Release Authorization Forms must be signed for each driver's background check. We also will follow the criminal background check requirements as set forth in 5(b).
b. We will obtain and review comprehensive criminal history records for each driver from the Pennsylvania State Police and every other state in which the driver has resided for the last 12 months. In addition, we note that CRS will obtain and review criminal history for each driver from the Pennsylvania State Police every two years from the date of the last criminal history check. Per Pa. Code § 29.505(a)(4), the criminal background checks will be kept for a minimum of three years. We will follow the provisions of Title 52 Pa. Code §29.505(a)(3) and will not hire an individual to operate a vehicle in the service of CRS who was convicted of a felony or a misdemeanor under the laws of the Commonwealth or under the laws of another jurisdiction, to the extent the conviction relates adversely to that person's suitability to provide service safely and legally. This individual would be disqualified from employment as a driver at CRS. CRS also will follow the Commission's Policy Statement, 52 Pa. Code §41.14(6), and will apply it and will not employ any driver convicted of a felony or crime of moral turpitude and remains subject to supervision by a court or correctional institution.
c. Drivers must complete driver's training prior to employment, including Defensive and Distracted Driving Course, Red Cross First Aid training, OSHA Bloodborne Pathogen training, and CPR training. We also will make sure that they know how to safely operate and securing in a wheelchair in the vehicle.
d. Drivers must sign and return Motor Vehicle Record Release Form DL-503. We will obtain and review drivers histories for each driver for the preceding three years and will obtain new driver histories at least once every 12 months from the date of the last report. Pa. Code § 29.504(a)(3), CRS will maintain a copy of the driver license check for each driver for at least two years.
e. Drivers must complete a consent form for urinalysis drug testing with random urinalysis conducted as needed. CRS has a zero-tolerance policy on the use of unlawful drugs by its drivers.

Docusign Envelope ID: F46FD849-F7B2-438C-BDEB-AE281FFDFA1B

Page 6 – Response to Question 6.

CRS now owns four vehicles that serve client needs. These vehicles are stationed in two locations. For now, we believe these are sufficient to fulfill our needs. In the future, we may expand our fleet; however, we have always taken a prudent approach to growth and suggest for now that this is sufficient to fulfill our goals.

7. Describe your vehicle safety program. Please include the following in your explanation:
   a. Your periodic vehicle maintenance plan
   b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

   See attached page for response to question 7.

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

   As of the filing of this application, we have contacted an insurance broker who is familiar with paratransit operations and have been quoted with approximate premium rates. These rates would meet the requirements set forth in Pennsylvania law. We are confident, given our financial position coming into business, that we will be able to satisfy any insurance premium quote that we have received.

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

   _____ YES ___✓___ NO

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

Verification of Statement

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

Signed By:
Nandu Subedi
06C5679BG25C4B9...
(Signature)

2/3/2026
(Date)

Nandu Subedi, Sole Member
(Name and Title, printed or typed)

Docusign Envelope ID: F46FD849-F7B2-438C-BDEB-AE281FFDFA1B

Page 7 – Response to Question 7.

a) Each vehicle will be subjected to preventative maintenance checks each day before operation making sure all lights, windshield wipers, tires and windows are properly working. It also will make sure that all wheelchair apparatus safety features are operational. CRS also intends to follow regular manufacturer recommended maintenance guidance, e.g. oil changes and tire replacements/rotations.

b) CRS will comply with the inspection requirements for its vehicles.

CRS is aware of the requirements in 52 Pa Code §§ 29.402 (vehicle equipment requirements) and 29.403 (requirements for passenger service operation) and will continue to follow these provisions.

Docusign Envelope ID: F46FD849-F7B2-438C-BDEB-AE281FFDFA1B

Statement of Financial Position (Balance Sheet)
As of (date) January 28, 2026
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	36,505	
Other Current Assets (specify)	0	
Total Current Assets		36,505
Tangible Assets		
Motor Vehicle Equipment	151,000	
Property (buildings, land, etc.)	0	151,000
Office Equipment		3,500
TOTAL ASSETS		191,005

LIABILITIES

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

See attached Exhibit A - Bank Statement

Docusign Envelope ID: F46FD849-F7B2-438C-BDEB-AE281FFDFA1B

Exhibit "A"

Care Ride Solutions LLC

First National Bank of Pennsylvania Statement

Demand Deposit [redacted]23 - CARE RIDE SOLUTIONS LLC ([redacted]05)

	Relationship	Date of Birth	Phone Number	Tax Identification
⊞ CARE RIDE SOLUTIONS LLC ([redacted]05)	Owner		**********	EIN **-*******
⊞ NANDU SUBEDI ([redacted]96)	Signer	*** **, ****	**********	SSN ***-**-****
3901 LIBERTY ST STE 1 [redacted]47) ERIE PA 16509				

Additional Relationships

Tax Name: CARE RIDE SOLUTIONS LLC ([redacted]05)

Memo Balances

Current Ledger Balance:	$6,424.79	Current Reg CC Cash Available:	$6,424.79
Plus Presentments:	$30,080.81	Less Presentments:	($736.92)
Memo Ledger Balance:	**$36,505.60**	**Memo Available Balance:**	**$5,687.87**

Presentments

Description	Memopost	Expiration	Ledger Adjustment	Available Adjustment
⊞ Source: PAYROLL SERVICE J9VM J9VM J9VM ([redacted]83)	Jan 29, 2026 4:21 a.m.	Jan 29, 2026	($736.92)	($736.92)
⊞ Source: [redacted] 48	Jan 29, 2026 11:04 a.m.	Jan 29, 2026	$30,817.73	

Current & Previous Cycle

Description	Debits	Credits	Date	Balance
Balance Forward:			Nov 28, 2025	$28,121.06
COORDINATED TRAN PAYMENTS CARERI02		$1,938.14	Dec 15, 2025	$30,059.20
789084 INTERNET XFER FR MYSTYLE XXXXXX5320 ON 12/18/25 AT 8:40		$53,000.00	Dec 18, 2025	$83,059.20
CAPITAL ONE CRCARDPMT [redacted]	$14,047.64		Dec 18, 2025	$69,011.56
Check #[redacted]	$53,384.74		Dec 23, 2025	$15,626.82
790505 INTERNET XFER FR MYSTYLE XXXXXX5320 ON 12/30/25 AT 10:35		$5,000.00	Dec 30, 2025	$20,626.82
COORDINATED TRAN PAYMENTS CARERI02		$1,971.56	Dec 31, 2025	$22,598.38
Check #[redacted]	$11,500.00		Dec 31, 2025	$11,098.38
Check #[redacted]	$966.00		Dec 31, 2025	$10,132.38
****Statement Produced****			Dec 31, 2025	$10,132.38
Check #[redacted]	$1,631.25		Jan 07, 2026	$8,501.13
Check #[redacted]	$1,202.00		Jan 07, 2026	$7,299.13
MOBILE BANKING DEPOSIT		$150.00	Jan 12, 2026	$7,449.13
COORDINATED TRAN PAYMENTS CARERI02		$1,924.88	Jan 15, 2026	$9,374.01
CAPITAL ONE CRCARDPMT [redacted]	$2,949.22		Jan 20, 2026	$6,424.79
Balance This Statement:			Jan 28, 2026	$6,424.79

FIRST NATIONAL BANK OF PENNSYLVANIA
[redacted]
ERIE PA [redacted]

Dawn Prud