

DATE OF DEPOSIT

Secretary PA Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
717.787.3834  
[www.puc.pa.gov](http://www.puc.pa.gov)

JAN - 8 2026

PA Public Utility Commission  
Secretary's Bureau

**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)

SAFE HANDS TRANSTI LLP

- 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)

N/A

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- N/A

4. Are you a business entity registered with the PA Dept. of State?  YES  NO

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

If YES, provide your PA Corporation Bureau Entity ID Number 0013852161

(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).

Salome Ngira - 862 Indian Springs Dr Lancaster PA 17601  
Michael Mbugua Githua 5 Howe Court Lawrence MA 01841  
Mbatia Kuria 45 Dunach Hill Rd Stevens PA 17578

6. Mailing Address

862 Indian Spring Dr  
Street Address  
Lancaster PA 17601 Lancaster  
City, State and Zip Code County  
717-617-6737 safehands transportation LLC 24@gmail.com  
Telephone Number 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.)

862 Indian Springs Dr  
Street Address  
Lancaster PA 17601 Lancaster  
City, State and Zip Code County  
717-617-6735 safehands transportation LLC 24@gmail.com  
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)

N/A  
Attorney's Name & Telephone Number for this Filing  
N/A  
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. \_\_\_\_\_

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

Lancaster, York, Lebanon and Dauphin Counties  
To transport people between points in these Counties  
To transport people in wheelchair and stretcher vans  
from points of Lancaster County, York County, Lebanon County  
and Dauphin County and within the Counties.

*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.

Salome Ngigi  
(Print Name)

 01/07/2026  
(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).

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JAN - 8 2026

PA Public Utility Commission  
Secretary's Bureau

JAN - 8 2026

**VERIFIED STATEMENT OF APPLICANT**PA Public Utility Commission  
Secretary's Bureau

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.

Sage Hands Transit LLP

Legal Name of Applicant

Street Address (principal place of business)	City or Municipality	State	Zip Code
862 Indian Spring Dr	Lancaster	PA	17601

Trade Name, if any

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.

Salome Naku - Managing Partner

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

Manager / Share holder of 50%

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.

Over 5 years in transport industry/business and running business.

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.

Primary business location shall be 862 Indian Springs Dr Lancaster PA 17601. It shall serve as our administrative office for scheduling, dispatching, record keeping etc. We shall use computers, printer, cell phone and office landline phones for dispatching routine communication with clients and drivers. Maintenance record of all vehicles shall be maintained in physical form and electronic system, readily available for PUC to look at. These will include vehicle inspection, repairs, trip records, insurance

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:
- Your hiring standards for drivers;
  - Your system for conducting criminal background checks;
  - Your driver training program;
  - Your system for conducting driver license checks;
  - Your policies regarding alcohol and drug use by your drivers.

All driver shall be subject to criminal background, driving record check with PennDOT, Age, valid driver's license, and a continuous monitoring of the drivers records.

All drivers shall be given initial and ongoing training. Customer service emergency procedures, and PUC compliance guidelines.

We shall use on-line background checks and driver license check through PennDOT, etc.

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
2014	Toyota	Sienna	7	5TDKK3DCBES5	122000

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

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).

(a) Every 2 weeks or whenever is needed  
 (b) Once a vehicle reaches 10yrs or 200,000 miles, will be taken out of service.

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

We have current insurance with Geico policy # 6209-82-08-66. We are good to go.


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.

  
 (Signature)  
Salome Ngigi Managing Partner  
 (Name and Title, printed or typed)

01/07/2026  
 (Date)

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Statement of Financial Position (Balance Sheet)  
 As of (date) 12/31/2025  
 (Must be less than 6 months old)

JAN - 8 2026

PA Public Utility Commission  
 Secretary's Bureau

ASSETS

Current Assets			
Cash		<u>25040.15</u>	
Other Current Assets (specify)		<u>1000.00</u>	
Total Current Assets			<u>26040.15</u>
Tangible Assets			
Motor Vehicle Equipment		<u>19000.00</u>	
Property (buildings, land, etc.)		<u>800.00</u>	<u>19800.00</u>
Office Equipment			<u>19800.00</u>
	TOTAL ASSETS		<u>45870.15</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		<u>00.00</u>	
Credit cards/revolving credit		<u>8177.00</u>	
Other Liabilities (Attach schedule)		<u>00.00</u>	
Total Current Liabilities			<u>8177.00</u>
Long Term Liabilities (Due after one year of date)			
Mortgage		<u>00.00</u>	
Long term commercial loan		<u>00.00</u>	
Other Liabilities (Attach Schedule)		<u>00.00</u>	
Total Long-Term Liabilities			<u>8177.00</u>
	TOTAL LIABILITIES		<u>8177.00</u>

12/31/25  
13:12.43

EVERENCE FEDERAL CREDIT UNION  
MEMBER TRANSACTION REGISTER

PAGE 1  
USER [REDACTED]

ACCOUNT NO. : [REDACTED] MEMBER NAME: SAFE HANDS TRANSIT LLP

BUSINESS DATE: 12/01/2025 TO 12/31/2025

BUSINESS DATE	TRANS AMOUNT	CURRENT BALANCE	TRANSACTION DESCRIPTION	CHECK NO #	TRANSFER ACCT
12/01/2025	57.24-	24964.67	DBT/WDR 50006571621 SQSP* DOMAIN#21168		NEW YORK N
12/01/2025	44.52-	24920.15	DBT/WDR 50006606793 SQSP* WORKSP#21169		NEW YORK N
12/11/2025	150.00	25070.15	PHONE TRANSFER SALOME W NGIGI		XXXXXXXX81-009
12/12/2025	1000.00-	24070.15	ACH/VENMO PAYMENT		
12/15/2025	9000.00-	15070.15	CHECK00000001479345	102	
12/25/2025	209.88-	14860.27	DBT/WDR*50000423612 WP*WORDPRESS JLNT5		SAN FRANCISCO C
12/30/2025	10000.00	24860.27	CHECKING DEPOSIT		
12/31/2025	200.00	25060.27	PHONE TRANSFER SALOME W NGIGI		XXXXXXXX81-009

\*\*\*END OF REPORT\*\*\*



**Everence**

Everence Federal Credit Union  
 2160 Lincoln Highway E., Ste. 20  
 Lancaster, PA 17602-1669  
 (800) 451-5719  
 everence.com/banking

**SAFE HANDS TRANSIT LLP**  
 862 INDIAN SPRINGS DR  
 LANCASTER, PA 17601-6601

# Statement of Account

From: 12/01/25 to 12/31/25  
 Member #: [REDACTED]

**PRIVACY NOTICE:** Federal law requires us to tell you how we collect, share and protect your personal information. Our privacy policy has not changed. Review our policy at everence.com or request a copy by calling 800-451-5719.

## MEMBERSHIP SUMMARY INFORMATION FOR MEMBER [REDACTED] OF 12/31/25

Suffix	Account Description	Beginning Balance	Total Debits	Total Credits	Ending Balance	Last Tran
000	REGULAR SHARE	5.00	.00	.00	5.00	7/30/25
009	BUSINESS CHECKING	25,021.91	10,311.64	10,350.00	25,060.27	12/31/25

### 000: REGULAR SHARE

Control Pmg: SALOME W NGIGI

Year-to-Date Divd Paid: \$ .00  
 Divd Rate: 50.00 to 999,999,999.99 = 0.15% .01 to 999,999,999.99 =  
 .01 to 999,999,999.99 = .01 to 999,999,999.99 =  
 .01 to 999,999,999.99 = .01 to 999,999,999.99 =  
 .01 to 999,999,999.99 = 0.00 to 999,999,999.99 =

No Activity on Account. Last Trans. Date: 7/30/25 Balance: \$5.00

### 009: BUSINESS CHECKING

Control Pmg: SALOME W NGIGI

Year-to-Date Divd Paid: \$ .00  
 50.00 to 999,999,999.99 = .01 to 999,999,999.99 =  
 .01 to 999,999,999.99 = .01 to 999,999,999.99 =  
 .01 to 999,999,999.99 = .01 to 999,999,999.99 =  
 .01 to 999,999,999.99 = 0.00 to 999,999,999.99 =

**Transaction Detail**

Date	Transaction Type	#/ID	Transfer Acct	Deposit	Withdrawal	Balance	Chk #	Amount
12/01/25	Beginning Balance					\$25,021.91		
12/01/25	DBT/WDR	50006571621	**3602 : Services		\$57.24	\$24,964.67	102	\$9,000.00
			SQSP* DOMAIN#2116899 NEW YORK NY 225 Varick St					
12/01/25	DBT/WDR	50006606793	**3602 : Services		\$44.52	\$24,920.15		
			SQSP* WORKSP#2116904 NEW YORK NY 225 Varick St					
12/11/25	PHONE TRANSFER	EF	XXXXXXXX81-009	\$150.00		\$25,070.15		
			SALOME W NGIGI					
12/12/25	ACH/VENMO PAYMENT			\$1,000.00		\$24,070.15		
12/15/25	CHECK	000000014793456 102			\$9,000.00	\$15,070.15		
12/25/25	DBT/WDR	*50000423612	**3602 : Communications		\$209.88	\$14,860.27		
			WP*WORDPRESS JLNT5HP SAN FRANCISCO CA 60 29th Street, #343					
12/30/25	CHECKING DEPOSIT	A4		\$10,000.00		\$24,860.27		
12/31/25	PHONE TRANSFER	AR	XXXXXXXX81-009	\$200.00		\$25,060.27		
			SALOME W NGIGI					

Date	Transaction Type	#/ID	Transfer Acct	Deposit	Withdrawal	Balance
12/31/25	** Ending Balance **					\$25,060.27

## Disclosures

Loan number(s) followed by an asterisk (\*) are open end credit accounts. With regard to those accounts, the balance subject to interest rate (shown in the "Balance" column) is the unpaid balance each day after credits are subtracted and the new advances or charges are added. The Finance Charge is computed on the daily outstanding balance by applying the daily periodic rate to the balance for the exact number of days such balance remains outstanding. The outstanding balance is shown in the columns marked balance and the daily periodic rate is disclosed after the account number. The ANNUAL PERCENTAGE RATE, which is determined by multiplying the Daily Periodic Rate by the number of periods in the year (365), is likewise disclosed after the account number.

Your savings are federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government.



## YOUR BILLING RIGHTS — KEEP THIS NOTICE FOR FUTURE USE

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

**NOTIFY US IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR STATEMENT.** If you think your statement is wrong, or if you need more information about a transaction on your statement, write us on a separate sheet at the address listed on your statement. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

If you have authorized us to make your loan payment automatically from your share account or share draft account, or if you have authorized us to pay a credit card account automatically from your share account or share draft account, you can stop the payment on any amount you think is wrong. To stop the payment your letter must reach us three business days before the automatic payment is scheduled to occur.

**YOUR RIGHTS AND OUR RESPONSIBILITIES AFTER WE RECEIVE YOUR WRITTEN NOTICE.** We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct the error or explain why we believe the statement was correct.

After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to send statements to you for the amount you question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your statement that are not in question.

If we find that we made a mistake on your statement, you will not have to pay any finance charges related to any questioned amount; if we didn't make a mistake, you may have to pay finance charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due.

If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within ten days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your statement. And, we must tell you the name of anyone we reported you to. We must tell anyone we report you to that the matter has been settled between us when it finally is.

If we don't follow these rules, we can't collect the first \$50 of the questioned amount, even if your statement was correct.

### IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Write us at the address shown on the front of this statement which is listed after the words "Send Inquiries To", or telephone us at the telephone number shown in the "Direct Inquiries To" area as soon as you can if you think your statement of receipt is wrong, or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the **FIRST** statement on which the error or problem appeared.

- (1) Tell us your name and account number.
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will recredit your account for the amount you think is in error so that you will have the use of the money during the time it takes us to complete our investigation. If the error you assert is an unauthorized Visa transaction, other than a cash disbursement at an ATM, we will credit your account within 5 business days.

**THE FINANCE CHARGE FOR AN OPEN-END LOAN** is computed by applying the periodic rate to each unpaid balance for the exact number of days each balance was outstanding. The balance used to compute the Finance Charge is that balance each day after credits are subtracted and new advances or other charges are added. In the case of a 360 day calculation, the number of days outstanding is calculated assuming each calendar month has exactly 30 days.

## THE FOLLOWING PROCEDURE IS FOR RECONCILING YOUR SHARE/DRAFT ACCOUNT ONLY!

### Step ①

Obtain your account register and check off the following items listed on your Share / Draft Account:

- 1) Personal drafts    2) Cash dispenser uses    3) Automatic transfers    4) Deposits.  
If any of the above items (1) thru (4) are on your Share / Draft Account, but not in your account register, then verify that they are your items. If so, then record them in your account register, and adjust your register balance.

### Step ②

Enter each credit union charge against your Share / Draft Account into your register and adjust your register balance.

### Step ③

List and total all deposits on your Share / Draft Account not checked off in your account register. This total will be used in Step ⑤.

Deposit Date	Deposit Amount
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
Total	

### Step ④

List and total all drafts and other payments on Share / Draft Account not checked off in your account register. This total will be used in Step ⑤.

Check Number	Check Amount
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
Total	

### Step ⑤

ENTER: Share / Draft Account share balance \$ \_\_\_\_\_

ADD: Your total deposits not on your Share / Draft Account, from Step ③ \$ \_\_\_\_\_

SUB-TOTAL: \$ \_\_\_\_\_

SUBTRACT: Total drafts and other payments on your Share / Draft Account not checked off in your account register from Step ④ \$ \_\_\_\_\_

SUB-TOTAL: \$ \_\_\_\_\_

ENTER AND SUBTRACT: Balance on your account register \$ \_\_\_\_\_

TOTAL: (Should be 0) \$ \_\_\_\_\_

IF THE TOTAL IS NOT ZERO, SEE STEP ⑥

### Step ⑥

Recheck Steps ① thru ⑤

Compare the amount entered on your Share / Draft Account to the amounts you entered in your account register.

Check for addition and subtraction errors in your account register.



0013852161



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**STATEMENT OF REGISTRATION OF LIMITED  
 LIABILITY GENERAL PARTNERSHIP**  
 Filing Fee \$125

Pennsylvania Department of State

**-FILED-**

File #: 0013852161

Date Filed: 5/18/2024

2024-05-18 05:18:2024 3:45 PM Received by Pennsylvania Department of State

<b>DSCB:15-8201A (rev. 2/2017)</b>		
In compliance with the requirements of <u>15 Pa.C.S. § 8201</u> (relating to statement of registration), the undersigned general partnership, desiring to register as domestic limited liability partnership hereby certifies that:		
General Partnership Name	SAFE HANDS TRANSIT LLP	
Effective Date	The filing shall be effective when filed with the Department of State	
Principal Office	The partnership is a domestic general partnership and the address, including number and street, if any, of its principal place of business is:	
Address	SALOME NGIGI 862 INDIAN SPRINGS DR LANCASTER, PA 17601	
LANCASTER		
Registration Information	The general partnership registers under 15 Pa.C.S. Chapter 82 Subchapter A.	
	The registration has been authorized by at least a majority in interest of the partners.	
Additional provisions, if any		
<input type="checkbox"/> I qualify for a veteran/reservist-owned small business fee exemption (see help)		
Electronic Signature	IN TESTIMONY WHEREOF, the undersigned General Partner has executed this Statement of Registration of Limited Liability General Partnership	
OWNER	SALOME NGIGI	05/18/2024
Signer's Capacity	Sign Here	Date

Date of this notice: 06-06-2024

Employer Identification Number:  
99-3390230

Form: SS-4

Number of this notice: CP 575 B

SAFE HANDS TRANSIT  
SALOME WANJA NGIGI MBR  
862 INDIAN SPRINGS DR  
LANCASTER, PA 17601

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 99-3390230. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1065

03/15/2025

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, estate, trust, EPME, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

~~A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.~~



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



9589 0710 5270 3481 6535 95

MAIL

stic use.  
ance (restrictions apply).  
stic and many international destinations.

on form is required.

CMPC  
717-705-1952  
conclusions see the  
ns of coverage.

chedule free Package Pickup,  
scan the QR code.

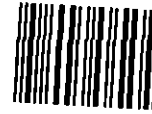


USPS.COM/PICKUP



tober 2023

Retail



17120

RDC 03

U.S. POSTAGE PAID  
PM  
LANCASTER, PA 17604  
JAN 08, 2026

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