

JAN 26 2026

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

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

**Application for Motor Common Carrier of Persons in
Scheduled Route Service**

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION IN WHICH THE VEHICLES DELIVERING THE SERVICE OPERATE ACCORDING TO SCHEDULES ALONG DESIGNATED ROUTES.

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

Serenity Heard Transportation LLC

- 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 Transportation Services" 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 Transportation Services" or "J. Doe Transportation Services" 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- _____

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

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

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

(See checklist and indicate type of business entity registered.)

13936248 ydd/sec 2/18/2026

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

Tia Cook

6. Mailing Address

8699 West Chester Pike
Street Address

Upper Darby PA 19082 Delaware
City, State and Zip Code County

215-554-7648 caultia@yahoo.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.)

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)

Attorney's Name & Telephone Number for this Filing

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 US DOT 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).

Please see the attached sheet

Example:

To transport, as a common carrier, by motor vehicle, persons on schedule, beginning on State Route 88 at the point where said route begins in the Township of Union, Washington County, at the point adjacent to the border with the Township of Carroll, Washington County, thence via said route to the City of Pittsburgh, Allegheny County, and return over the same route, with the right to render shuttle service and through service.

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 Scheduled Route Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

10) Description of Service Area proposed by this application:

To transport as a non-medical transportation carrier using highly efficient wheelchair vans, mini vans and private automobiles in Philadelphia, Bucks, Delaware, Montgomery, and Chester Counties in their entirety.

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.

Tia Cook
(Print Name)

Tia Cook 1-5-2026
(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).

DATE OF DEPOSIT

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BUSINESS PLAN/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.

Serenity Heart Transportation LLC
Legal Name of Applicant

Trade Name, if any

8699 West Chester Pike Upper Darby PA 19082
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.

See Attached

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

See Attached

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.

See Attached

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SECRETARY'S BUREAU

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.

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.

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 |
|------|-------|---------|-------------------|--------------|---------|
| 2017 | Dodge | Caravan | 7 | 001 | 116,187 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*Vehicles with seating capacity of less than seven passengers cannot be used for scheduled route 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).

see attached

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

see attached

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

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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.

Tia Cook
(Signature)

1-5-2025
(Date)

Tia Cook CED
(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
 As of (date) 1-5-2026
 (Must be less than 6 months old)

ASSETS

| | | |
|----------------------------------|---------------------|---------------|
| Current Assets | | |
| Cash | <u>60,800</u> | |
| Other Current Assets (specify) | _____ | |
| Total Current Assets | _____ | <u>60,800</u> |
| Tangible Assets | | |
| Motor Vehicle Equipment | _____ | |
| Property (buildings, land, etc.) | _____ | |
| Office Equipment | _____ | |
| | TOTAL ASSETS | <u>60,800</u> |

LIABILITIES

| | | |
|--|--------------------------|----------------------|
| Current Liabilities (Due within one year of date) | | |
| Loans | <u>1046.00 monthly</u> | |
| Credit cards/revolving credit | <u>300.00 monthly</u> | |
| Other Liabilities (Attach schedule) | _____ | |
| Total Current Liabilities | _____ | <u>3,600</u> |
| Long Term Liabilities (Due after one year of date) | | |
| Mortgage | <u>2700.00</u> | |
| Long term commercial loan | _____ | |
| Other Liabilities (Attach Schedule) | _____ | |
| Total Long-Term Liabilities | _____ | <u>16,152 Annual</u> |
| | TOTAL LIABILITIES | <u>32,400 Annual</u> |

- 1) My name is Tia Cook, and my business address is 8699 West Chester Pike, Upper Darby, PA 19082. I am the sole owner of Serenity Heart Transportation LLC. I am filing an application with the Pennsylvania Public Utility Commission to request authority to provide paratransit services for individuals who require wheelchair-accessible and specialized transportation to and from medical appointments, treatments, hospital discharges, and hospital visits. These services will be offered between points within Delaware County and the surrounding counties of Philadelphia, Montgomery, Bucks, and Chester.

- 2) The Owner/ Applicant is not affiliated with any other motor carrier certified by the commission.

Tia Cook, Owner

- 3) I, Tia Cook am the owner and operator of Serenity Heart Transportation and Serenity Heart Homecare. I am a well-versed business owner with over 10 years of experience in both the healthcare and transportation industries, having worked across a variety of large and small facilities. In 2020, I founded my own home care business after recognizing an urgent need within my community for a dedicated liaison to help families access the quality care they desperately needed. My extensive background in healthcare, home care, and now transportation sets me apart from my competition. This experience equips me to deliver top-tier, compassionate, and compliant transportation services for individuals needing reliable support to and from appointments and treatments, many of whom are already valued clients within my organization.

- 4) Serenity Heart Transportation will operate from its office located at 8699 West Chester Pike, Upper Darby, PA 19082. The office is fully equipped with the necessary business tools to conduct all proposed operations, including computers, file cabinets, fax and copier machines, and telephone communication systems. This location serves as our headquarters, dispatch center, and supply storage facility.

All drivers will be issued company-owned cell phones, which they are required to have with them whenever they are on duty or on call. These phones will be used to communicate with drivers for scheduling trips and for maintaining real-time contact during transports. In addition to cellular communication, Serenity Heart Transportation maintains a business landline for customers and external communications. We also communicate with customers and drivers through email and text messaging. Serenity Heart Transportation is committed to helping elderly and disabled individuals maintain independence and improve their quality of life by providing friendly,

professional, and compassionate transportation services to medical facilities and other destinations. Our staff is trained to assist clients with special needs and to provide the individual attention necessary for safe and comfortable transport. All drivers are CPR/AED certified and will provide door-to-door service.

- 5) Serenity Heart Transportation currently employs four (4) staff members who are fully capable of supporting the proposed paratransit services. Supervisors are responsible for office and administrative duties, including ensuring driver compliance with safety regulations, issuing invoices, and billing for private payment services. We anticipate that once operations begin, office and administrative obligations may increase significantly, and we plan to hire additional personnel as needed. One employee is assigned to oversee vehicle maintenance and is responsible for ensuring timely servicing such as oil changes, repairs, and annual inspections.
 - A. Upon approval, Serenity Heart Transportation will ensure that all newly hired drivers reside locally within or near our service area. This requirement helps ensure drivers' familiarity with regional roadways. We will maintain a comprehensive hiring process to ensure that only qualified, compliant personnel are employed.
 - B. All applicants must undergo a criminal background check and pre-employment drug screening. Drivers must:
 - Be at least 21 years old.
 - Have no DUI convictions or license suspensions within the last five years
 - Have no felony convictions
 - Have no convictions involving the healthcare industry
 - Have no convictions that raise concerns about trustworthiness, such as robbery
 - Drivers involved in an accident must submit to drug testing within three hours.
 - Our drug and alcohol testing program follows standards modeled after the U.S. Department of Transportation regulations. We maintain a zero-tolerance policy for alcohol, illegal drugs, and impairing medications while a driver is on duty.
 - Any positive test result will result in immediate suspension pending investigation and may lead to termination.
 - C. New drivers receive one week of training, including hands-on instruction in vehicle operation. After successfully completing training, they receive instruction in operating wheelchair lifts, securing wheelchairs and passengers, and following all safety procedures. Drivers must maintain active CPR/AED certification and complete EVOC (Emergency Vehicle Operation Course) training prior to operating any company vehicle. Every two years, all drivers must undergo a new criminal background check.
 - D. Serenity Heart Transportation maintains an internal system to monitor driver license expiration dates, ensuring timely renewals and documentation. Additionally, an annual license check is conducted to confirm that each driver's license is valid and not under suspension by the Pennsylvania Department of

Transportation. Serenity Heart Transportation will provide all drivers with information on how passengers may file a complaint with the Pennsylvania Public Utility Commission. The following notice will be posted in each vehicle:

- E. Serenity Heart Transportation has a zero tolerance for any alcohol and illegal drugs in a driver's system while on duty as well as a policy against any prescribed medications in a driver's system which could impair the ability of the driver to operate a vehicle. If the driver is tested for drugs or alcohol and the test turns up positive, the driver will be immediately suspended, and an investigation will be conducted to determine if there is any explanation of how this may have occurred lawfully and if the driver's employment will be terminated.

Serenity Heart Transportation intends to provide drivers with information on how to file a complaint with the commission by posting the following in each vehicle.

For complaints or information contact the Pennsylvania Public Utility Commission at 1-800-692-7380 or at www.state.pa.us.

Serenity Heart Transportation will make a diligent effort to address any complaint from an employee or customer to determine what the facts and circumstances are so that our service can be improved to ensure that they don't encounter similar issues on future trips. As a company we are very much aware that a satisfied customer is the best source for a referral of new business, we are committed to making every effort to address any problems or complaints no matter how big or small head-on.

- 7) Serenity Heart Transportation will have an in-house Vehicle Maintenance Employee.

The vehicle maintenance employee will be a verified mechanic who inspects the vehicles and maintains all records regarding maintenance and repairs to each vehicle. Our maintenance procedure will include oil changes and filters every 3,000 to 5,000 miles driven on all vehicles. Fluids are required to be checked on each vehicle on a regular weekly basis. Drivers are required to perform both pre-trip and post-trip inspections.

- 8) Our insurance is through Progressive; our vehicles will maintain at minimum the required insurance. Our insurance carrier will file with the Commission a Form E on behalf of Serenity Heart Transportation to certify that we have required insurance. Our agent estimated that our coverage will be about \$450/month to cover each vehicle. Based on the current cash/assets on hand as well as our 3-year business earning projections we will have no issue with maintaining required insurance.

9) I, Tia Cook have never been convicted of a misdemeanor or felony, and none of them are subject to supervision by court or correctional institution.

10) Attached are the completed "Statement of Financial Position" which displays cash assets and liabilities of Serenity Heart Transportation Based on the provided financials we do not anticipate any problem in having a sufficient cash flow to current operate and to expand our current passenger operations with acquiring more vehicles.

11/7/2025

To Serenity Home Care,

I am writing concerning the addition of a transportation service for clients. Transportation challenges sometimes prevent me from attending my scheduled appointments, which affects my care. If transportation were provided, it would help me stay consistent and ensure I receive the services I need without interruption.

Thank you for your consideration.

Linda Bell El

A handwritten signature in black ink, appearing to read "L.B.E.", written in a cursive style.

Dear Team at Serenity Heart Home Care,

I truly appreciate everything your service has done for me. As someone committed to my health, I want to suggest transportation as an added benefit for clients. There are days when getting to my appointments is difficult, and having transportation available would make a major difference in my ability to stay on track.

This would help me stay consistent, avoid setbacks, and feel more supported in my journey.

Thank you for taking the time to hear my perspective.

Respectfully,

Bryan Taylor

11/11/2025

Bryan Taylor

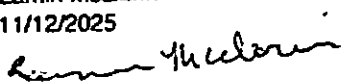
Serenity Heart Home Care,

I am writing to formally request the urgent addition of transportation services. Transportation barriers are directly compromising my ability to attend scheduled appointments and maintain continuity of care. Reliable transport is essential to safeguarding my health and ensuring I remain fully compliant with treatment.

I am grateful for the dependable services provided thus far, as they have been genuinely helpful to my condition and circumstances. Adding transportation would further strengthen the quality and consistency of the care I receive.

Sincerely,

Lamin McClarin
11/12/2025



Subject: Request for Addition of Transportation Services

To Whom It May Concern,

I am writing as a client of Serenity Heart Home Care to express the importance and value of adding a transportation service as part of the support offered to patients like myself.

Reliable transportation is a crucial part of accessing consistent healthcare. There are times when personal challenges, scheduling conflicts, or unexpected circumstances make it difficult for me to get to my appointments. When transportation becomes a barrier, my health, treatment consistency, and overall well-being are directly affected.

Having transportation provided through the service would ensure that I can attend all necessary visits on time, without interruption. It would remove the stress and uncertainty of arranging rides, reduce missed or delayed appointments, and allow me to stay focused on my treatment goals. This type of support not only improves my ability to remain compliant with care but also strengthens the relationship between client and provider by showing a commitment to my full well-being.

Adding transportation services would be a meaningful benefit to me as a client and would greatly enhance the quality and accessibility of the care I receive. I sincerely believe this addition would help me maintain better health outcomes and support my continued progress.

Thank you for your time and consideration.

Sincerely,

Ms. Terri Johnson
11/12/2025

Terri Johnson

Dear Serenity Home Care,

I urgently need transportation added to the services offered. My ability to keep appointments is being directly affected, and without reliable transportation my care is at risk. This support is not optional for me, it's necessary for my health and consistency in treatment. I'm asking for immediate consideration.

Thank you,
Rashawn Peel
11/11/2025

R. Peel

Serenity Heart Transportation

DRUG AND ALCOHOL POLICY

Serenity Heart Transportation is committed to providing a safe, efficient, and productive work environment for all employees. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks. To help ensure a safe and healthful working environment, employees may be asked to provide body substance samples (such as urine and/or blood) to determine the illicit or illegal use of drugs and alcohol. Refusal to submit to drug or alcohol testing may result in disciplinary action, up to and including termination of employment.

The company will utilize drug and/or alcohol testing, including the following types of testing, to help administer this policy:

- A. Employees will be tested for cause.
- B. Employees will be tested following accidents.

The company will maintain confidentiality for all testing.

This policy applies to all employees of the company. All employees will be required to complete, sign, and date a chemical screening Consent and Release form and submit to testing.

The company prohibits the unlawful manufacture, distribution, dispensation, presence, or use of drugs, other controlled substances or alcohol, while on its property or at its work sites. Employees violating this prohibition will be disciplined up to and including termination.

The unlawful possession, manufacture, distribution, dispensation, sale or use of drugs, or other controlled substances while off duty and off company property is prohibited. Employees violating this prohibition will be disciplined up to and including termination.

If an employee is arrested or convicted for driving under the influence, or for violating a criminal statute, Serenity Heart Transportation will investigate to determine whether cause exists for drug testing. Serenity Heart Transportation may take disciplinary action up to and including discharge, whether a drug test is conducted, in the event that an employee is arrested or convicted, for driving under the influence, or for violating a criminal statute.

For-Cause Testing- Current employees may be asked to submit to a test if reasonable cause exists to indicate that their health or ability to perform work may be impaired. Factors, which could establish cause, include, but are not limited to:

- a. Sudden changes in work performance
- b. Repeated failure to follow instructions or operating procedures.
- c. Violation of company safety policies.
- d. Involvement in an accident, or near accident
- e. Discovery or presence of substances in an employee's possession or near the employee's workplace
- f. Odor of alcohol and/or residual odor peculiar to some chemical or controlled substances.
- g. Unexplained and/or frequent absenteeism.
- h. Personality changes or disorientation.
- i. Arrest or conviction for violation of criminal drug statutes.

For-Cause Testing also applies to employees who have had an accident without an injury. Employees involved in an accident resulting in death or any property damage will be drug tested for the use of controlled substances, including a blood test for alcohol as soon as possible after the accident. Any employee who is seriously injured and cannot provide a urine or blood specimen at the time of the accident shall be required to provide the necessary authorization for obtaining hospital records and other documents that would indicate whether there were on controlled substances in the employee's system.

Each employee will be required to sign a Chemical Screening Consent and Release Form upon implementation of this policy. If the employee refuses to sign the Chemical Screening Consent and Release Form when knowingly able, he or she will be terminated.

A confirmed positive test result will result in disciplinary action up to and including discharge.

Employees with confirmed positive test results may result in disciplinary action up to and including discharge.

Employees with confirmed positive test results may, at their option and expense, have a second confirmation test made on the same specimen. An employee will not be allowed to submit another specimen to replace the original specimen submitted for testing.

An employee waiting pending test results may be placed on probationary status and may be sent home without pay during the time required for a specimen to be evaluated.

At the request of the management based upon suspicion of evidence of sale, possession, or use of controlled substances, and employee shall be required to:

- a. Submit to the search of their person and/or any personal articles brought upon company premises, companies work sites, or while on company business.
- b. Submit to seizure any controlled substance found in their possession. Suspected illegal substances will be turned over to appropriate law enforcement authorities. Employees will be required to furnish the company with a physician's name and/or prescription for confirmation of a legal substance found in the employee's possession.
- c. Submission to a personal search or search of personal articles as used above shall include the search of any vehicles brought upon company premises, work sites, or used in company business. A personal search also includes a search of items within the employee's work area, including desks and lockers.
- d. Failure to submit to a search will result in termination.

This Substance Abuse Policy in no way creates an obligation or contract of employment.

The management reserves the right to alter or amend the policy at any time at its sole discretion.

If any part of this policy is determined to be void or unenforceable under state or federal law, the remainder, to the extent possible will remain in full force and effect.

Any violation of failure to comply with the terms of this policy by any employee may result in disciplinary action up to and including termination.

NAME

DATE

COMMONWEALTH OF PENNSYLVANIA

CERTIFICATE OF TITLE FOR A VEHICLE

663

FUEL: FLEXIBLE

252663428014401-001

2C4RDGCG4HR858165

2017

DODGE

VEHICLE IDENTIFICATION NUMBER

YEAR

MAKE OF VEHICLE

TITLE NUMBER

SU

0

SEAT CAP

MI

9/23/25

116187

0

BODY TYPE

DOOR

PRIOR TITLE STATE

ODOM PROC DATE

ODOM MILES

ODOM STATUS

9/23/25

9/23/25

UNLADEN WEIGHT

GWR

GVWR

TITLE BRANDS

DATE PA TITLED

DATE OF ISSUE

| ODOMETER STATUS | |
|-----------------|--|
| 0 | ACTUAL MILEAGE |
| 1 | MILEAGE EXCEEDS THE MECHANICAL LIMITS |
| 2 | NOT THE ACTUAL MILEAGE |
| 3 | NOT THE ACTUAL MILEAGE-ODOMETER TAMPERING VERIFIED |
| 4 | EXEMPT FROM ODOMETER DISCLOSURE |
| TITLE BRANDS | |
| A | ANTIQUE VEHICLE |
| C | CLASSIC VEHICLE |
| D | COLLECTIBLE VEHICLE |
| F | OUT OF COUNTRY |
| O | ORIGINALLY MFGD. FOR NON-U.S. DISTRIBUTION |
| H | AGRICULTURAL VEHICLE |
| L | LOADING VEHICLE |
| P | IS/WAS A POLICE VEHICLE |
| R | RECONSTRUCTED |
| S | STREET ROD |
| T | RECOVERED THEFT VEHICLE |
| V | VEHICLE CONTAINS REISSUED VIN |
| W | FLOOD VEHICLE |
| X | IS/WAS A TAXI |

REGISTERED OWNER(S)

SERENITY HEART
 TRANSPORTATION LLC
 8699 WEST CHESTER PIKE
 UPPER DARBY PA 19082

FIRST LIEN FAVOR OF:

SECOND LIEN FAVOR OF:

FIRST LIEN RELEASED: _____

DATE

BY _____

AUTHORIZED REPRESENTATIVE

MAILING ADDRESS

SERENITY HEART
 TRANSPORTATION LLC
 8699 WEST CHESTER PIKE
 UPPER DARBY PA 19082

If a second lienholder is listed upon satisfaction of the first lien, the first lienholder must forward this Certificate of Title to the Bureau of Motor Vehicles with the appropriate form and fee

SECOND LIEN RELEASED: _____

DATE

BY _____

AUTHORIZED REPRESENTATIVE



MICHAEL B. CARROLL

Secretary of Transportation

I certify as of the date of issue, the official records of the Pennsylvania Department of Transportation reflect that the person(s) or company named herein is the lawful owner of the said vehicle.

| D. APPLICATION FOR TITLE AND LIEN INFORMATION | | TO BE COMPLETED BY PURCHASER WHEN VEHICLE IS SOLD AND THE APPROPRIATE SECTIONS ON THE REVERSE SIDE OF THIS DOCUMENT ARE COMPLETED. | |
|---|--|---|--|
| SUBSCRIBED AND SWORN TO BEFORE ME: _____ | | If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (on death of one owner, title goes to surviving owner) CHECK HERE <input type="checkbox"/> . Otherwise, the title will be issued as "Tenants in Common" (on death of one owner, interest of deceased owner goes to his/her heirs or estate). | |
| SIGN IN PRESENCE OF A NOTARY | | IF NO LIEN, CHECK <input type="checkbox"/> IS THIS AN ELT? (IF YES, FIN REQUIRED) YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| STAMP OR SEAL | | 1ST LIENHOLDER FINANCIAL INSTITUTION NUMBER: _____ | |
| The undersigned hereby certifies that the information on this title is true and correct and that the applicant is the owner of the vehicle described above. | | 1ST LIENHOLDER NAME: _____ | |
| SIGNATURE OF APPLICANT (OR AUTHORIZED REPRESENTATIVE) | | STREET: _____ | |
| SIGNATURE OF CO-APPLICANT (OR AUTHORIZED REPRESENTATIVE) | | CITY: _____ STATE: _____ ZIP: _____ | |
| _____ | | IF NO 2ND LIEN, CHECK <input type="checkbox"/> IS THIS AN ELT? (IF YES, FIN REQUIRED) YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| _____ | | 2ND LIENHOLDER FINANCIAL INSTITUTION NUMBER: _____ | |
| _____ | | 2ND LIENHOLDER NAME: _____ | |
| _____ | | STREET: _____ | |
| _____ | | CITY: _____ STATE: _____ ZIP: _____ | |

95616592

STORE IN A SAFE PLACE - IF LOST APPLY FOR A DUPLICATE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

Pennsylvania State Police

1800 Elmerton Avenue
Harrisburg, Pennsylvania 17110

Response for Criminal Record Check

SERENITY HEART LLC
8699 WEST CHESTER PK
UPPER DARBY PA 19082

TELEPHONE (215) 469-1298

TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

| | |
|---------------------|------------------------|
| Name: | Cook, Tia |
| Date of Birth: | |
| Social Security #: | X |
| Sex: | F |
| Race: | Black |
| Date of Request: | 06/22/2025 04:52 PM |
| Purpose of Request: | Employment |

| | |
|------------------|-----|
| Maiden Name | (3) |
| and/or Alias (1) | (4) |
| (2) | (5) |

***** HAS NO CRIMINAL RECORD IN PENNSYLVANIA BASED ON A CHECK BASED ON THE ABOVE IDENTIFIERS - REFER TO CONTROL #R33280800 *****

THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTOR AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDED. POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS, WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCIES.

THE INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN (<https://epatch.pa.gov/RcStatusSearch>) AND SUBMITTING A STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING - SUBJECT'S NAME (EXACTLY AS INITIALLY ENTERED), CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND DISPLAY THE CORRESPONDING RECORD CHECK REQUEST. DETAILS ON THE REQUEST CAN BE VIEWED BY CLICKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO VERIFY IF THIS REQUEST WAS SENT OUT AS A NO RECORD OR RECORD RESPONSE BY THE PENNSYLVANIA STATE POLICE. QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-888-QUERY-PA (1-888-783-7972).



STATE OF DELAWARE
DEPARTMENT OF SAFETY AND HOMELAND SECURITY
DIVISION OF STATE POLICE
P.O. BOX 430
DOVER, DELAWARE 19903

Delaware State Bureau of Identification

600 S. Bay Road, Suite 1
Dover, Delaware 19901
Phone: (302)739-5884
<https://dsp.delaware.gov/>

Criminal History Automated Sharing Environment (CHASE) Fingerprint Search Results

The information provided within this response is Criminal History Record Information (CHRI) and is protected by Federal and State laws (11 Del. C. § 8513 and Public Law 92-544). Unauthorized access to, use of, or dissemination of, this information is prohibited. An individual who believes there may be a discrepancy with this information must follow the procedures for challenging the accuracy of criminal record data. The following is the most current criminal history information available on the requested individual.

Name: TIA L COOK

Date of Birth:

Date Fingerprinted: 03/14/2025

TCN: UDE00082093

UEID: UZQ45Z9XFR

SBI: G2974057

Agency: Delaware Personal Transactions

Reason Fingerprinted: PERSONAL

State Result: NO RECORD

As a result of fingerprint based criminal records of Delaware, there are NO RECORD(S) FOUND on the applicant identified above. This information is certified by the Director of the Delaware State Bureau of Identification.

Capt K Willard 183

Captain Kristin Willard
Director - State Bureau of Identification
Delaware State Police

Tia Cook

Philadelphia, PA (215) 554-7648 E-Mail: caultia@yahoo.com

PROFILE:

- Highly skilled Certified Nursing Assistant also Certified In Hospice Care
- Resourceful and takes initiative at every opportunity to help the company succeed.
- Hardworking, reliable and detail-oriented individual who works well individually or as a member of a team.
- Articulate professional with highly developed communication skills.

WORK EXPERIENCE

Temple University Hospital Episcopal Campus Philadelphia, PA 12/2011 to 09/21

Patient Care Tech/Telemetry Monitor

- Obtain Vital Signs
- Performs Phlebotomy
- Performs 12 lead EKG
- Assist Patient with ADL's
- Monitor Heart Rhythm and Analyze rhythms.
- Transport patients via wheelchair or rolling bed
- Collect urine and blood samples for testing

Caul Family

Philadelphia, PA

12/2008 to 12/2011

Home Maker

- Planned, organized, and carried out activities to maintain an orderly, healthy and comfortable home.
- Raised and nurtured children to become socially, culturally, mentally, and physically well developed individuals.
- Made budget of household income to pay bills, purchase food, clothing, and basic family needs.
- Cooked, cleaned, laundered, nursed the sick, and resolved household problems.
- Trained and disciplined children, assisted in school work, and conferred with teachers to monitor progress or resolve educational issues.
- Engaged family on field trips and various recreational and educational activities.

Vitas Healthcare

Bluebell, PA

05/1998 to 12/2008

Certified Nursing Assistant

- Provided one-on-one service to patients in a private home, hospital, sanitarium, or nursing care facility.
- Cared for individuals with dementia, Alzheimer's disease, physical disability, also terminally ill patients
- Took and recorded vital signs such as temperature, blood pressure, pulse and respiration rates
- Gave oral medications as directed by physician or nurse, and made notation of time and amount given.
- Turned bed-bound patients to avoid bedsores or gave massages, alcohol rubs and hot and cold compresses when required.
- Operated Hoya lifts.
- Answered patients' calls and responded to patients' requests for service.
- Prepared and served food or fed patients needing assistance, and recorded food or liquid intake and output.
- Assisted patients in and out of bed, getting into automobile or wheelchair, to lavatory, and up and down stairs.
- Cleaned rooms, changed bed linens, and attended to patients' comfort and cleanliness.
- Provided emotional support to patients and families

EDUCATION

James Martin LPN School

Philadelphia, PA

CNA Certification Program

Martin Luther King High School

Philadelphia, PA

High School Diploma

Date of this notice: 08-26-2024

Employer Identification Number:
99-4629208

Form: SS-4

Number of this notice: CP 575 G

SERENITY HEART TRANSPORTATION LLC
TIA COOK SOLE MBR
8699 W CHESTER PIKE
UPPER DARBY, PA 19082

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 99-4629208. 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.

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.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.



0013936248

B0728-6305 08/23/2024 12:29 PM Received by Pennsylvania Department of State



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
CERTIFICATE OF ORGANIZATION -
LIMITED LIABILITY COMPANY
 Fee: \$125

Pennsylvania Department of State
-FILED-
 File #: 0013936248
 Date Filed: 8/23/2024

DSCB:15-8821 (rev. 2/2017)

In compliance with the requirements of 15 Pa.C.S. § 8821 relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

| Limited Liability Company Type | | | | | |
|--|---|------------------------------------|---------|----------|---|
| Filing type | Domestic Limited Liability Company | | | | |
| Limited liability company subtype | Limited Liability Company | | | | |
| Limited Liability Company Name | | | | | |
| Entity name | Serenity Heart Transportation LLC | | | | |
| Effective Date | | | | | |
| The filing shall be effective when filed with the Department of State | | | | | |
| Registered Office | | | | | |
| The address of this limited liability company's proposed registered office in this Commonwealth is | | | | | |
| 8699 WEST CHESTER PIKE UPPER DARBY, PA 19082 | | | | | |
| DELAWARE | | | | | |
| Organizers | | | | | |
| <table border="1"> <thead> <tr> <th>Name of individual or organization</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Tia Cook</td> <td>8699 WEST CHESTER PIKE UPPER DARBY, PA 19082</td> </tr> </tbody> </table> | | Name of individual or organization | Address | Tia Cook | 8699 WEST CHESTER PIKE UPPER DARBY, PA 19082 |
| Name of individual or organization | Address | | | | |
| Tia Cook | 8699 WEST CHESTER PIKE UPPER DARBY, PA 19082 | | | | |
| Additional provisions, if any | | | | | |
| Additional provisions | | | | | |
| <input type="checkbox"/> I qualify for a veteran/reservist-owned small business fee exemption (see help) | | | | | |
| Electronic Signature | | | | | |
| IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization. | | | | | |
| <u>Tia Cook</u> | <u>08/24/2024</u> | | | | |
| Tia Cook | Date | | | | |

SINGLE MEMBER LLC OPERATING AGREEMENT

This LLC Operating Agreement (this "Agreement") is made this 26 day of August, 2024.

I. Introductory Provisions

- 1. Name.** The name of the company shall be Serenity Heart Transportation LLC (the "Company").
- 2. Principal Place of Business.** The Company's principal place of business shall be at 8699 West Chester Pike, Upper Darby, PA 19082.
- 3. Purpose.** The purpose of the Company is to engage in any lawful act or activity for which a Limited Liability Company may be formed within the Commonwealth of Pennsylvania.
- 4. Registered Agent.** Tia Cook is the Company's initial registered agent. The registered office is 8699 West Chester Pike, Upper Darby, PA 19082.
- 5. Term.** The term of the Company commences on August 26, 2024 and shall continue until dissolved pursuant to this Agreement.
- 6. Fiscal Year.** The fiscal year of the Company shall end on December 31.

II. Membership Interests and Management

- 1. Initial Member.** The initial member is Tia Cook ("Member") at 8699 West Chester Pike, Upper Darby, PA 19082.
- 2. Authorized Units.** The Company shall be authorized to issue _____ units of membership interests (each, a "Unit"). The Units that have been issued are included in Exhibit 1, as may be amended from time to time.
- 3. Delegation.** The Member may delegate the Member's powers but not the Member's responsibilities to officers or agents or employees of the Company.
- 4. Limitation of Liability.** The liability of the Member and each employee of the Company shall be limited to the fullest extent provided by law.

III. Capital Contributions

- 1. Initial Contributions.** The Member's initial capital contribution is described in Exhibit 1 of this Agreement.
- 2. Additional Contributions.** Exhibit 1 shall be amended to reflect any additional contributions by the Member.

IV. Allocation of Profits and Losses

- 1. Profits/Losses.** For accounting and tax purposes, net profits or net losses shall be determined on an annual basis. For tax purposes only, the Company shall be treated as a partnership.
- 2. Distributions.** The Company shall make distributions annually or such time(s) as the Company deems appropriate.

V. Salaries, Reimbursement, and Expenses

- 1. Organization Expenses.** All expenses in connection with the management and organization of the Company will be paid by the Company.

2. Salary. No salary will be paid for the performance of duties under this Agreement unless approved by the Member.

3. Legal and Accounting Services. The Company may obtain legal and accounting services to the extent reasonably necessary.

VI. Records and Reporting

1. Books. The Company shall maintain complete and accurate accounts in proper books of all transactions.

2. Records. The Company shall maintain at its principal office the following: (a) the full name and last known business or residence address of the Member; (b) records detailing the Member's capital account, including entries for contributions and distributions; (c) a copy of the certificate of formation of the Company and any and all amendments; (d) copies of all federal, state and local income tax or returns and reports for the six most recent taxable years; (e) a copy of this Agreement and any amendments; (f) copies of financial statements of the Company for the six most recent fiscal years; (g) the books or records as related to the internal affairs of the Company; and (h) true and full information regarding the status of the business and financial conditions of the Company, including the amount of cash and description of the agreed value of any property or services contributed or that will be contributed by the Member.

3. Accountings. At the close of each fiscal year, the Company shall provide to the Member a full and accurate accounting of the affairs of the Company, including a balance sheet, a profit and loss statement, and a statement of the Member's equity showing the Member's capital account and distributions, if any, and any other information necessary for a complete and fair presentation of the financial condition of the Company.

4. Taxes. The Member intends that the Company shall be treated as a sole proprietorship for federal and, if applicable, state or local income tax purposes, and that the Member and the Company shall file all tax returns and shall otherwise take all tax and financial reporting positions in a manner consistent with such treatment.

VII. Dissolution and Liquidation

1. Dissolution. The Company shall be dissolved upon the occurrence of any the following:

- a. Decision of the Member.
- b. Bankruptcy, death, dissolution, expulsion, or incapacity of the Member.
- c. As required by law or judicial decree.

2. Winding Up and Distribution. Upon dissolution of the Company, the Member shall wind up the Company's affairs, liquidate the property and assets, and terminate any remaining business. The assets and liabilities may be liquidated by selling the assets and distributing the net proceeds. The proceeds of the liquidation shall be distributed in this order: (1) the expenses of liquidation; (2) debts and liabilities of the Company (including debts of the Company to the Member or the Member's affiliates); (3) a reserve for contingent or unforeseen liabilities or obligations to third parties (to be held in escrow by an agent chosen by the Member); (4) to the Member.

VIII. Indemnification

1. Member. The Member shall not be liable to the Company for damages or otherwise with respect to any actions taken in good faith and reasonably believed to be in the best interests of the

Company unless the Member has committed fraud, gross negligence, willful or want misconduct, or a material breach of this Agreement or the fiduciary duties of the Member.

2. Indemnification by Company. The Company shall indemnify, hold harmless and defend the Member in the Member's capacity as the Member, manager or officer from and against any loss, expense, damage, or injury sustained as a result of any acts or omissions arising out of the Member's activities on behalf of the Company or in the Company's interest unless the Member has committed fraud, gross negligence, willful or want misconduct, or a material breach of this Agreement or the fiduciary duties of the Member.

3. Indemnification by the Member. The Member agrees to indemnify and defend the Company and hold it harmless from and against any and all claims, liabilities, damages, costs, and expenses arising out of any breach of this Agreement by the Member.

4. Insurance. The Company shall have the power to purchase and maintain insurance on behalf of any person who is or was a Member or agent of the Company against any liability asserted against the person arising out of the Member's status as a Member or agent of the Company, regardless of whether the Company would have power to indemnify such person against liability under this Agreement or applicable law.

IX. Miscellaneous

1. Binding Effect. This Agreement shall be binding upon and inure to the benefit of the Member and the Member's respective legal representatives, heirs, administrators, executors, successors and permitted assigns.

2. Severability. If any provision of this Agreement is held to be invalid, illegal or unenforceable in whole or in part, the remaining provisions shall be enforceable to the fullest extent permitted by law and the offending portion shall be modified so as to be legal and enforceable in a manner that, as closely as possible, reflects the Member's original intent.

3. Governing Law. The terms of this Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, not including its conflicts of law provisions.

4. Headings. The section headings herein are for reference purposes only and shall not otherwise affect the meaning, construction or interpretation of any provision in this Agreement.

5. Entire Agreement. This Agreement contains the entire understanding between the Member and the Company, and supersedes and cancels all prior agreements, whether oral or written, with respect to such subject matter.

6. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original and all of which together, shall constitute one and the same document.

7. Amendment. This Agreement may be amended or modified only by a written agreement signed by the Member and the Company.

8. Notices. Any notice or other communication given or made under this Agreement shall be in writing and delivered by hand, sent by overnight courier service or sent by certified or registered mail, return receipt requested, to the address in Exhibit 1 or to another address as a party may subsequently designate by notice and shall be deemed given on the date of delivery.

9. Waiver. The Member shall not be deemed to have waived any provision of this Agreement or the exercise of any rights held under this Agreement unless such waiver is made expressly and in writing. Waiver by the Member of a breach or violation of any provision of this Agreement shall not constitute a waiver of any other subsequent breach or violation.

IN WITNESS WHEREOF, this Agreement has been executed and delivered as of the date first written above.

Tia Cook
Member Signature

Tia Cook
Member Full Name

DATE OF DEPOSIT

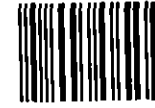
JAN 26 2026

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

EXHIBIT 1

| NAME AND ADDRESS | UNITS | PERCENTAGE INTEREST | CAPITAL CONTRIBUTION |
|---|-------|---------------------|----------------------|
| Tia Cook 8699 West Chester Pike Upper Darby, PA 19082 | | 100% | |

Retail



17120

RDC 07

U.S. POSTAGE PAID
PME
GLENSIDE, PA 19038
JAN 26, 2026

\$33.25

S2324P504086-1

PRESS FIRMLY TO SEAL



PRESS FIRMLY TO SEAL

CMPC

717-705-1952

1/30/2026 8:20:27 AM

To: PUC MASTER

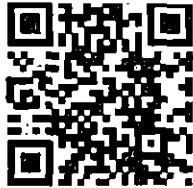
Agency: PUC

Floor:

External Carrier: EXPRESS



ER254593917US



USPS.COM/PICKUP



PRIORITY
MAIL
EXPRESS®



ER 254 593 917 US

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE ()

Serenity Heart Transportation
8699 West Chester Pike
Upper Darby PA 19082

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
*Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT) PHONE ()

Secretary PA Public Utility Commission
400 North Street 2nd Floor
Harrisburg PA 17120

ZIP + 4® (U.S. ADDRESSES ONLY)

PAYMENT BY ACCOUNT (if applicable)
Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

| | | | |
|---------------------------------------|---|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> 1-Day | <input checked="" type="checkbox"/> 2-Day | <input type="checkbox"/> Military | <input type="checkbox"/> DPO |
| PO ZIP Code 19038 | Scheduled Delivery Date (MM/DD/YYYY) 1/28/26 | Postage \$ 33.25 | |
| Date Accepted (MM/DD/YYYY) 1/26/26 | Scheduled Delivery Time 5:00 PM | Insurance Fee \$ | COD Fee \$ |
| Time Accepted 3:32 PM | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | Return Receipt Fee \$ | Live Animal Transportation Fee \$ |
| Special Handling/Fragile \$ | Sunday/Holiday Premium Fee \$ | Additional Postage Fees \$ | |
| Weight 7.40 lbs. | Flat Rate <input type="checkbox"/> | Acceptance Incentive \$ | |

DELIVERY (POSTAL SERVICE USE ONLY)

| | | |
|-------------------------------|--|--------------------|
| Delivery Attempt (MM/DD/YYYY) | Time | Employee Signature |
| | <input type="checkbox"/> AM <input type="checkbox"/> PM | RECEIVED |
| Delivery Attempt (MM/DD/YYYY) | Time | Employee Signature |
| | <input type="checkbox"/> AM <input type="checkbox"/> PM | JAN 30 2026 |

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance Included.

PEEL FROM THIS CORNER

LABEL 11-B, NOVEMBER 2023 PSN 7690-02-000-8996

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU