

PRIMECARE TRANSPORT LLC

750 Henry Ave, Warminster, PA 18974,
tel. (215) 578-0323; email: towingtbs18@gmail.com

March 23, 2026

A-6428735

Docket No. A-2026-3061070

RE: Application of PrimeCare Transport LLC

ADDITIONAL INFORMATION

- 1) For question #10 of the application, I intend to originate service from Lancaster County in addition to the counties of Bucks, Montgomery, and the City and County of Philadelphia.
- 2) For question #5 of the application:
 - a. My hiring standards for drivers will be in accordance with Title 52 Pa Code §29.503 – Age Restrictions, pursuant to which:
 - (a) A common or contract carrier may permit a person to operate a vehicle in its authorized service if that person is at least 21 years of age.
 - (b) A common or contract carrier providing paratransit service may permit a person to operate a paratransit vehicle in its authorized service if that person is at least 18 years of age but under 21 years of age, if the following conditions are met:
 - (1) The person shall be registered as a certified emergency medical services vehicle operator (EMSVO) with the Department of Health (Department).
 - (2) The person shall carry the Department-issued registration of their EMSVO certification on board while operating a paratransit vehicle under 28 Pa. Code §. 1023.21(h) (relating to general rights and responsibilities).
 - (3) The carrier shall verify that the paratransit driver is in good standing with the Department and maintain records for 4 years to prove each person's EMSVO certificate registration. The records must be available for inspection by Commission staff upon request.

DATE OF DEPOSIT

MAR 25 2026

(4) The carrier shall notify the Commission's Bureau of Technical Utility Services within 3 calendar days of the occurrence of the following events involving a paratransit driver who is under 21 years of age:

- (i) an accident, regardless of the severity of the accident.
- (ii) a driving-related violation such as a moving violation.
- (iii) reckless driving.
- (iv) driving under the influence of alcohol or drugs.

b. My system for conducting criminal background checks will be in accordance with Title 52 Pa Code §29.505(b) – Criminal History for call or demand service, including but not limited to the following:

- i. I will conduct a local and national criminal background check, including a multistate or multijurisdictional criminal records locator with primary source verification and a review of the U.S. Department of Justice National Sex Offender Public Website, prior to employment, one year after engagement, and every two years thereafter.
- ii. I will disqualify any applicant convicted of: (1) within the past 7 years, driving under the influence, felony theft, felony fraud, or controlled substance violations; (2) within the past 10 years, use of a motor vehicle to commit a felony, burglary, or robbery; and (3) at any time, sexual offenses, crimes of violence, or acts of terror.
- iii. I will maintain copies of all criminal background checks for a minimum of 3 years.

c. My system for conducting driver license/history checks will be in accordance with Title 52 Pa Code §29.504 – Driver History, including but not limited to the following:

- i. Prior to permitting a driver to operate, I will obtain and review a driver history report from the appropriate agency of every state in which the driver held a motor vehicle operator's license or permit during the preceding 3 years. Following the initial report, I will obtain and review updated driver history reports at least once every 12 months. For purposes of my application, "regularly" means at least once every 12 months. I will also ensure that each driver maintains a current, valid driver's license at all times.

- ii. I will maintain copies of all driver history reports for a minimum of 2 years.
- 3) the Vehicle ID # (VIN) for the 2015 Ford Transit: 1FBAX2CM9FKA08299.
- 4) My periodic vehicle maintenance plan will be in accordance with Title 52 Pa. Code §§29.405 and applicable federal regulations, including 49 CFR Parts 396–399, to ensure all vehicles are safe and properly maintained for passenger service.
- a) Regular maintenance to be performed:**
- Pre-trip and post-trip inspections of brakes, tires (tread depth, inflation, and wear), lights, steering, suspension, and safety equipment.
 - Oil and filter changes, fluid level checks, lubrication, and general mechanical inspections per manufacturer recommendations.
 - Brake adjustments and inspections, tire rotation and replacement, and inspection of exhaust, cooling, and electrical systems.
 - Inspection and testing of emergency equipment, including fire extinguishers, first aid kits, and seat belts.
 - Corrective repairs as needed to ensure all vehicles remain safe and fully operational.
 - Annual State inspection as required by §29.405 and 75 Pa.C.S. Chapter 47.
- b) Maintenance schedule:**
- Daily pre-trip and post-trip inspections to identify safety issues before vehicle operation.
 - Routine maintenance (oil changes, fluid checks, tire inspections) every 5,000–7,500 miles or per manufacturer guidance.
 - Comprehensive inspections at least every 6 months or sooner if any safety or operational issue is detected.
 - Immediate corrective maintenance whenever any defect or malfunction is identified.
 - Annual State inspection for each vehicle as required by §29.405.
 - This plan ensures full compliance with state and federal safety regulations and maintains all vehicles in safe operating condition at all times.

Statement of Financial Position (Balance Sheet)
As of (date) 3/24/2026

ASSETS

Current Assets	\$5,971
Cash	\$5,000.00
Other Current Assets (specify)	
Total Current Assets	10,971
Tangible Assets	\$5,000.00
Motor Vehicle Equipment	\$18,000.00
Property (buildings, land, etc.)	\$0.00
Office Equipment	\$5,000
TOTAL ASSETS	\$38,971

LIABILITIES

Current Liabilities (Due within one year of date)	\$0.00
Loans Credit cards/revolving credit	\$0.00
Other Liabilities (Attach schedule)	\$0.00
Total Current Liabilities	\$0.00
Long Term Liabilities (Due after one year of date)	\$0.00
Mortgage	\$0.00
Long term commercial loan	\$0.00
Other Liabilities (Attach Schedule)	\$0.00
Total Long-Term Liabilities	\$0.00

TOTAL LIABILITIES \$0.00

I, Taras Blazheichuk, 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).

Signature 

March 25, 2026

TARAS BLAZHEICHUK

CHASE BUSINESS COMPLETE CHECKING (...6159)

DATE OF DEPOSIT

Available balance
\$5,971⁰⁰

Present balance
\$5,971.00

Next statement closing date
MAR 31, 2026

MAR 25 2026

PA Public Utility Commission
 Secretary's Bureau

Posted	Description	Type	Amount	Balance
Pending transactions				
Pending	DEPOSIT	Other	\$4,647.00	\$5,971.00
Pending	ONLINE TRANSFER FROM CHK ...3316 TRANSACTION#: 28561791234	Account transfer	\$185.00	\$1,324.00
Pending	ONLINE TRANSFER FROM CHK ...5216 TRANSACTION#: 28561759329	Account transfer	\$1,137.00	\$1,139.00
Recent transactions				
MAR 5, 2026	Online Transfer from CHK ...5216 transaction#: 28322775040	Account transfer	\$5.00	\$2.00
MAR 4, 2026	NON-CHASE ATM FEE-WITH	Fee	-\$3.00	-\$3.00
MAR 4, 2026	NON-CHASE ATM WITHDRAW 328102 03/04380 JACKS (...1917)	ATM	-\$357.50	\$0.00
MAR 4, 2026	ODP TRANSFER FROM SAVINGS ...0193	Account transfer	\$2.22	\$357.50
FEB 27, 2026	MONTHLY SERVICE FEE	Fee	-\$15.00	\$355.28
JAN 30, 2026	MONTHLY SERVICE FEE	Fee	-\$15.00	\$370.28
JAN 15, 2026	Online Transfer from CHK ...5216 transaction#: 27702735596	Account transfer	\$400.00	\$385.28
DEC 31, 2025	MONTHLY SERVICE FEE	Fee	-\$15.00	-\$14.72
DEC 1, 2025	Online Transfer from CHK ...5216 transaction#: 27136429839	Account transfer	\$15.00	\$0.28
NOV 28, 2025	MONTHLY SERVICE FEE	Fee	-\$15.00	-\$14.72
NOV 10, 2025	Online Transfer from CHK ...5216 transaction#: 26916839824	Account transfer	\$15.00	\$0.28
OCT 31, 2025	MONTHLY SERVICE FEE	Fee	-\$15.00	-\$14.72
OCT 3, 2025	Online Transfer from CHK ...5216 transaction#: 26450139640	Account transfer	\$15.00	\$0.28
SEP 30, 2025	MONTHLY SERVICE FEE	Fee	-\$15.00	-\$14.72
SEP 25, 2025	Online Transfer to CHK ...5216 transaction#: 26352477078 09/25	Account transfer	-\$9.00	\$0.28
SEP 24, 2025	Zelle payment to Vadym 26340902433	Zelle	-\$46.00	\$9.28
SEP 24, 2025	Check # 141	Check	-\$959.00	\$55.28
SEP 24, 2025	Online Transfer from CHK ...5216 transaction#: 26332757418	Account transfer	\$30.00	\$1,014.28
SEP 22, 2025	WONDER FOODS WARMINSTER PA 163995 09/22 (...1917)	Debit card	-\$25.52	\$984.28
SEP 22, 2025	Online Transfer to CHK ...5216 transaction#: 26305950401 09/22	Account transfer	-\$15.00	\$1,009.80
SEP 22, 2025	FROZEN PHILADELPHIA PA 09/20 (...1917)	Debit card	-\$8.10	\$1,024.80
SEP 22, 2025	Online Transfer from CHK ...5216 transaction#: 26318936704	Account transfer	\$22.00	\$1,032.90
SEP 19, 2025	Online Transfer from CHK ...5216 transaction#: 26288834307	Account transfer	\$50.00	\$1,010.90
SEP 19, 2025	Online Transfer from CHK ...5216 transaction#: 26278829204	Account transfer	\$960.00	\$960.90
SEP 3, 2025	Online Transfer from CHK ...5216 transaction#: 26086705441	Account transfer	\$15.00	\$0.90
AUG 29, 2025	MONTHLY SERVICE FEE	Fee	-\$15.00	-\$14.10
AUG 11, 2025	Online Transfer from CHK ...5216 transaction#: 25810085532	Account transfer	\$13.00	\$0.90
JUL 31, 2025	MONTHLY SERVICE FEE	Fee	-\$15.00	-\$12.10

JUL 28, 2025	Online Transfer to CHK ...5216 transaction#: 25631376802 07/28	Account transfer	-\$50.00	\$2.90
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This is not your account statement and not the final record of your account activity or balance and should not be used as your sole basis for making financial decisions. This document may not include all transactions, fees, or interest. For a full review of transactions on your account, please reference your periodic statement(s).

Preliminary Vehicle Maintenance Agreement

This Preliminary Agreement is made on **January 15, 2026**, by and between:

PrimeCare Transport LLC (“Owner”), in the person of the owner, Taras Blazheichuk, with principal offices at 750 Henry Ave, Warminster, PA 18974, and

Success Europe Auto Inc.
400 Lincoln Ave., Unit 6
Hatboro, PA 19040

 (“Service Provider”), with principal offices at

DATE OF DEPOSIT

MAR 25 2026

PA Public Utility Commission
Secretary's Bureau

1. Purpose

This agreement confirms the intent of the Service Provider to provide routine and corrective maintenance services for Owner’s **Ford Transit vehicle(s)** used for paratransit operations. Services will ensure the vehicle(s) remain safe, reliable, and in compliance with all applicable Pennsylvania and federal regulations.

2. Scope of Services

The Service Provider agrees to provide the following services as requested by the Owner:

- Regular inspections of brakes, tires, lights, steering, suspension, and safety equipment.
- Oil and filter changes, fluid checks, and lubrication as recommended by the manufacturer.
- Tire rotation and replacement, brake adjustments, and inspection of exhaust, cooling, and electrical systems.
- Repairs required to correct any identified defects or malfunctions.
- Recordkeeping of all inspections, maintenance, and repairs performed.

3. Schedule

- Routine inspections and preventive maintenance will be performed on a schedule recommended by the vehicle manufacturer or as requested by the Owner.
- Emergency or corrective maintenance will be provided as needed to ensure safe operation.

4. Documentation

The Service Provider will maintain written records of all inspections, maintenance, and repairs, which will be made available to PrimeCare Transport LLC upon request.


5. Term and Termination


This preliminary agreement is effective upon execution by both parties and will remain in effect until a formal maintenance contract is executed or either party provides written notice of termination.

6. Acknowledgment

By signing below, both parties acknowledge their intention to move forward toward a formal maintenance agreement and confirm their understanding of the responsibilities outlined herein.

PrimeCare Transport LLC

By: 
Name: Taras Blazheichuk
Title: Owner
Date: 01/02/2026

By: 
Name: YEVGENY KHAYTINI
Title: OWNER
Date: 01/02/2026

Success Europe Auto Inc.
400 Lincoln Ave., Unit 6
Hatboro, PA 19040

NOTICE OF CERTIFICATION



Pennsylvania
Department of Health

TARAS BLAZHEICHUK

Pursuant to the Emergency Medical Services System Act., of August 18, 2009, P.L. 308, No. 37, as may be amended, 35 Pa.C.S. Section 8101, et seq., and duly promulgated rules and regulations, the Pennsylvania Department of Health hereby issues this Notice of Certification to the above individual.

TYPE OF CERTIFICATE	Emergency Medical Services Vehicle Operator
CERTIFICATION NUMBER	1080949
EXPIRES ON	3/31/2029

This CERTIFICATION shall expire on the above date, unless for good cause is suspended or revoked sooner.

Handwritten signature of Anthony Martin in black ink.

Anthony Martin
Director
Bureau of Emergency Medical Services

Handwritten signature of Debra L. Bogen in black ink.

Debra L. Bogen, MD, FAAP
Secretary of Health
Pennsylvania Department of Health

COMMONWEALTH OF PENNSYLVANIA

CERTIFICATE OF TITLE FOR A VEHICLE

744

FUEL: GAS

252670065001482-002

RECONSTRUCTED

RECONSTRUCTED

1PBAX2C9FKAD8299
VEHICLE IDENTIFICATION NUMBER

2015 FORD
YEAR MAKE OF VEHICLE

1 TITLE NUMBER

BUS
BODY TYPE

0 DUP

8 SEAT CAP

PA PRIOR TITLE STATE

10/10/25 ODOM. PROCD. DATE

162944 ODOM. MILES

0 ODOM. STATUS

8/01/25 DATE PA TITLED

10/10/25 DATE OF ISSUE

UNLADEN WEIGHT

GCWR

GCWR

R TITLE BRANDS

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
 G = ORIGINALLY MFGD. FOR NON-U.S. DISTRIBUTION
 H = AGRICULTURAL VEHICLE
 L = LOGGING 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)

PRIMECARE TRANSPORT LLC
 750 HENRY AVE
 WARMINSTER PA 18974

FIRST LIEN FAVOR OF:

SECOND LIEN FAVOR OF:

FIRST LIEN RELEASED _____ DATE

BY _____ AUTHORIZED REPRESENTATIVE

MAILING ADDRESS

PRIMECARE TRANSPORT LLC
 750 HENRY AVE
 WARMINSTER PA 18974

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



pennsylvania
 DEPARTMENT 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.

MICHAEL B. CARROLL

Secretary of Transportation

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: _____ MO _____ DAY _____ YEAR

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 . 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).

SIGNATURE OF PERSON ADMINISTERING OATH

IF NO LIEN, CHECK IS THIS AN ELT? (IF YES, FIN REQUIRED) YES NO

SIGN IN PRESENCE OF A NOTARY

1ST LIENHOLDER FINANCIAL INSTITUTION NUMBER: _____

1ST LIENHOLDER NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

The undersigned hereby makes application for Certificate of Title to the vehicle described above. Subject to the encumbrances and other legal claims set forth here

IF NO 2ND LIEN, CHECK IS THIS AN ELT? (IF YES, FIN REQUIRED) YES NO

2ND LIENHOLDER FINANCIAL INSTITUTION NUMBER: _____

2ND LIENHOLDER NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

SIGNATURE OF APPLICANT OR AUTHORIZED SIGNER

SIGNATURE OF CO-APPLICANT/TITLE OF AUTHORIZED SIGNER

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

DO NOT ACCEPT DOCUMENT WITHOUT VERIFYING THE PRESENCE OF THE LIBERTY BELL WATERMARK

95758549

STAMP OR SEAL

(TYPE OR PRINT) Certificate of Title must be submitted within 20 days, unless the purchaser is a registered dealer holding the vehicle for resale.

An employee of an issuing agent licensed as a vehicle dealer by the Pennsylvania State Board of Vehicle Manufacturers. Dealers and Salespersons may verify a person's signature in lieu of notarization.

WARNING - FEDERAL AND STATE LAWS REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES OR IMPRISONMENT.

A.	<p>ASSIGNMENT OF TITLE - Registered dealers must complete Form MV-27A or MV-27B as required by law. If purchaser is NOT a registered dealer, Section D on the front of this form must be completed.</p> <p>I/We certify, to the best of my/our knowledge that the odometer reading is _____ TENTHS <input checked="" type="checkbox"/> miles and reflects the actual mileage of the vehicle.</p> <p>unless one of the following boxes is checked: <input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits <input type="checkbox"/> is NOT the actual mileage WARNING: Odometer discrepancy</p> <p>I/We further certify that the vehicle is free of any encumbrance and that the ownership is hereby transferred to the person(s) or the dealer listed.</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME: _____ MO. DAY YEAR</p> <p>_____ SIGNATURE OF PERSON ADMINISTERING OATH</p>	<p style="text-align:right;">LAST FIRST MIDDLE NAME</p> <p>PURCHASER OR FULL BUSINESS NAME _____</p> <p>CO-PURCHASER _____</p> <p>STREET ADDRESS _____</p> <p>CITY _____</p> <p>STATE _____ ZIP _____ PURCHASE PRICE OR DN _____</p> <p>_____ PURCHASER SIGNATURE</p> <p>_____ CO-PURCHASER SIGNATURE</p> <p>PURCHASER AND/OR CO-PURCHASER MUST HANDPRINT NAME HERE _____</p> <p>_____ SIGNATURE OF SELLER</p> <p>_____ SIGNATURE OF CO-SELLER</p> <p>SELLER AND/OR CO-SELLER MUST HANDPRINT NAME HERE _____</p>
STAMP OR SEAL		
B.	<p>RE-ASSIGNMENT OF TITLE BY REGISTERED DEALER</p> <p>I/We certify, to the best of my/our knowledge that the odometer reading is _____ TENTHS <input checked="" type="checkbox"/> miles and reflects the actual mileage of the vehicle.</p> <p>unless one of the following boxes is checked: <input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits <input type="checkbox"/> is NOT the actual mileage WARNING: Odometer discrepancy</p> <p>I/We further certify that the vehicle is free of any encumbrance and that the ownership is hereby transferred to the person(s) or the dealer listed.</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME: _____ MO. DAY YEAR</p> <p>_____ SIGNATURE OF PERSON ADMINISTERING OATH</p>	<p>If purchaser listed in Block A is NOT a registered dealer Section D on the front of this form must be completed.</p> <p style="text-align:right;">LAST FIRST MIDDLE NAME</p> <p>PURCHASER OR FULL BUSINESS NAME _____</p> <p>CO-PURCHASER _____</p> <p>STREET ADDRESS _____</p> <p>CITY _____</p> <p>STATE _____ ZIP _____ PURCHASE PRICE OR DN _____</p> <p>_____ PURCHASER SIGNATURE</p> <p>_____ CO-PURCHASER SIGNATURE</p> <p>PURCHASER AND/OR CO-PURCHASER MUST HANDPRINT NAME HERE _____</p> <p>_____ SIGNATURE OF SELLER</p> <p>SELLER MUST HANDPRINT NAME HERE _____</p>
STAMP OR SEAL		
B.	<p>RE-ASSIGNMENT OF TITLE BY REGISTERED DEALER</p> <p>I/We certify, to the best of my/our knowledge that the odometer reading is _____ TENTHS <input checked="" type="checkbox"/> miles and reflects the actual mileage of the vehicle.</p> <p>unless one of the following boxes is checked: <input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits <input type="checkbox"/> is NOT the actual mileage WARNING: Odometer discrepancy</p> <p>I/We further certify that the vehicle is free of any encumbrance and that the ownership is hereby transferred to the person(s) or the dealer listed.</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME: _____ MO. DAY YEAR</p> <p>_____ SIGNATURE OF PERSON ADMINISTERING OATH</p>	<p>If purchaser is NOT a registered dealer Section D on the front of this form must be completed.</p> <p style="text-align:right;">LAST FIRST MIDDLE NAME</p> <p>PURCHASER OR FULL BUSINESS NAME _____</p> <p>CO-PURCHASER _____</p> <p>STREET ADDRESS _____</p> <p>CITY _____</p> <p>STATE _____ ZIP _____ PURCHASE PRICE OR DN _____</p> <p>_____ PURCHASER SIGNATURE</p> <p>_____ CO-PURCHASER SIGNATURE</p> <p>PURCHASER AND/OR CO-PURCHASER MUST HANDPRINT NAME HERE _____</p> <p>_____ SIGNATURE OF SELLER</p> <p>SELLER MUST HANDPRINT NAME HERE _____</p>
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STAMP OR SEAL		
C.	<p>RE-ASSIGNMENT OF TITLE BY REGISTERED DEALER</p> <p>I/We certify, to the best of my/our knowledge that the odometer reading is _____ TENTHS <input checked="" type="checkbox"/> miles and reflects the actual mileage of the vehicle.</p> <p>unless one of the following boxes is checked: <input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits <input type="checkbox"/> is NOT the actual mileage WARNING: Odometer discrepancy</p> <p>I/We further certify that the vehicle is free of any encumbrance and that the ownership is hereby transferred to the person(s) or the dealer listed.</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME: _____ MO. DAY YEAR</p> <p>_____ SIGNATURE OF PERSON ADMINISTERING OATH</p>	<p>If purchaser is NOT a registered dealer Section D on the front of this form must be completed.</p> <p style="text-align:right;">LAST FIRST MIDDLE NAME</p> <p>PURCHASER OR FULL BUSINESS NAME _____</p> <p>CO-PURCHASER _____</p> <p>STREET ADDRESS _____</p> <p>CITY _____</p> <p>STATE _____ ZIP _____ PURCHASE PRICE OR DN _____</p> <p>_____ PURCHASER SIGNATURE</p> <p>_____ CO-PURCHASER SIGNATURE</p> <p>PURCHASER AND/OR CO-PURCHASER MUST HANDPRINT NAME HERE _____</p> <p>_____ SIGNATURE OF SELLER</p> <p>SELLER MUST HANDPRINT NAME HERE _____</p>
STAMP OR SEAL		
C.	<p><input type="checkbox"/> CHECK HERE IF APPLYING FOR A DEALER TITLE AND COMPLETE SECTION D. TITLING FEES \$ _____</p>	



Payment History

Space #: P04 - 9' x 15'

Payment Amount

\$38.00

Payment Method

CC **** * 5709

Date Received

03/02/2026

Transaction Type

Payment

Transaction Number

#1600865048

Space Details

273 E County Line Rd

Space #P04

Space Size -9' x 15'

Parking



Home



Payments



Access



Account



Account Number



Billing Date

Jan 21, 2026

Services From

Jan 26, 2026 to Feb 25, 2026

Page

1 of 3

Hello Taras Blazheichuk,

Thanks for being a member since July 26, 2023. Learn more about your Gold benefits at xfinity.com/membership.

Your bill at a glance		
For 750 HENRY AVE, WARMINSTER, PA, 18974-4316		
Previous balance		\$65.00
Credit card payment - thank you	Dec 23	-\$65.00
Balance forward		\$0.00
Regular monthly charges	Page 3	\$65.00
Taxes, fees and other charges		\$0.00
New charges		\$65.00
Amount due, Feb 13, 2026		\$65.00

Your bill explained

- This page gives you a quick summary of your monthly bill. A detailed breakdown of your charges begins on page 3.
- Any payments received or account activity after Jan 21, 2026 will show up on your next bill. View your most up-to-date account balance at xfinity.com/myaccount.

Need help?

Visit xfinity.com/customersupport or see page 2 for other ways to contact us.

Detach the bottom portion of this bill and enclose with your payment

Please write your account number on your check or money order

Do not include correspondence with payment



676 ISLAND POND RD
MANCHESTER NH 03109

TARAS BLAZHEICHUK
750 HENRY AVE
WARMINSTER, PA 18974-4316

Account number



Payment due

Feb 13, 2026

Please pay

\$65.00

Amount enclosed

\$

Make checks payable to Comcast
Do not send cash

Send payment to
COMCAST
P.O. BOX 70219
PHILADELPHIA PA 19176-0219





Shipping Address Taras Blazheichuk
750 HENRY AVE
WARMINSTER, PA 18974 US

Apple - 13-inch iPad Air M3 chip Built for Apple Intelligence Wi-Fi + Cellular 512GB - Space Gray (Unlocked)



Serial: SHW1Q2QDVJC
Model: MCJ94LL/A
SKU: 6457179
Quantity: 1

Item Total:	\$1,323.94
Product Price:	\$1,249.00
Sales Tax, Fees & Surcharges:	\$74.94

Review for a chance to win a \$400 gift card. Write a Review

[Get Product Support](#)

AppleCare+ for iPad - 2 Year Plan

SKU: 6608677
Quantity: 1

Item Total:	\$104.94
Product Price:	\$99.00
Sales Tax, Fees & Surcharges:	\$5.94

Order Number: BBY01-807073038644



Total: \$1,428.88

[Payment Details](#) ^

Order Summary

Product Total: \$1,348.00

Charges

Shipping: FREE

Sales Tax, Fees & Surcharges: \$80.88

Order Total **\$1,428.88**

Credit -\$0.00

Payment Method



My Best Buy Credit Card
****8106

\$1,428.88

Taras Blazheichuk
750 HENRY AVE
WARMINSTER, PA 18974 US

[Hide Payment Details](#) ^

PRESS FIRMLY TO SEAL



PRESS FIRMLY TO SEAL

PRIORITY MAIL
FLAT RATE E
POSTAGE RI



CMPC

717-705-1952



US POSTAGE
\$33.25

Return
Address

PRIMECARE TRANSPORT LLC
750 HENRY AVENUE
WARMINSTER PA 18974

To: PUC MASTER

Agency: PUC

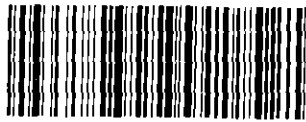
Floor:

External Carrier: US POSTAL

3/27/2026 7:42:03 AM

RECEIVED

PRIORITY MAIL EXPRE



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PA PUBLIC UTILITY COMMI
SECRETARY'S BURE

PRIMECARE TRANSPORT LLC
750 HENRY AVE
WARMINSTER PA 18974-4316

SCHEDULED DELIVERY DAY: 03/27/26 (

Delivery
Address

Matthew L. Homsher, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, Pennsylvania 17120

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SHIP
TO:



MATTHEW L HOMSHER
PA PUBLIC UTILITY COMMISSION BL
400 NORTH ST
HARRISBURG PA 17120-0211

USPS TRACKING® #



9570 1147 8627 6084 1525 82

