

CHANGE OF MOTOR CARRIER'S ENTITY

A-00122880

NOTE: A change in the "entity" of a motor carrier, accompanied by a change of ownership or control of the company through a transfer, merger or addition/deletion of a partner - requires the filing of an application for new authority. If the Commission approves the application, a new certificate or permit will be issued under a new docket number, upon receipt of insurance and tariff filings reflecting the change in the entity of the motor carrier.

A change in the entity of a motor carrier, which is not accompanied by a change in the ownership or control of the business, but through incorporation or formation of a limited liability company of a sole proprietorship or partnership, requires ONLY the submission of a letter of notification to the Secretary containing the following information:

1. The docket number of the motor carrier and the name of the motor carrier as presently shown in Commission records.
2. A copy of the articles of incorporation or certificate of organization, if applicable.
3. The names of the owners of the stock (even if only one) and distribution of shares, if a corporation.
4. The names of the members (even if only one) for limited liability companies.
5. A statement that there has been no change in the ownership or control of the business.
6. The letter must also be accompanied by a signed and dated Verified Statement which can be found at the end of the instructions.
7. The letter and accompanying documents should be sent to:
SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET 2ND FLOOR, HARRISBURG PA 17120

No CHANGES OF OWNERSHIP OR CONTROL

YES

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

Upon notification, the Commission will send a letter approving the change upon compliance with insurance and tariff regulations.

Once the Applicant has complied with submitting new insurance and tariff filings (if applicable) with effective date of the change of entity. When compliance has been met, the Commission will issue a letter of approval which will advise the carrier that to obtain a new Certificate of Public Convenience, the old Certificate must be returned to the Secretary of the Commission showing the change has been made official. **Should the Applicant fail to meet compliance, this name change request will be dismissed.**

RECEIVED

APR 13 2026

NORMAN D. MARTIN

VERIFICATION

I, NORMAN O. MARTIN, hereby state that the facts above set forth are true and correct (or 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).

Norman O. Martin
Signature

4-10-2026
Date

AS OF JUNE 24TH OF YEAR 2024
MY WIFE MABEL F. MARTIN HAS
DECEASED, SO TO HAVE HEALING
AND MOVE FORWARD I REQUEST REMOVING
HER NAME OFF OF BUSINESS NAME.

New BUSINESS NAME
would BE
NORMAN O. MARTIN

Certificate No. A-00122880

Paratransit-PA P.U.C. No. 1

THIS IS HOW THE NAME OF BUSINESS
PRESENTLY
Norman O. and Mabel F. Martin

Rates and Rules Governing the Transportation Of

For the right to begin to transport, as a common carrier, by motor vehicle, persons, in paratransit service, limited to persons whose personal convictions prevent them from owning or operating motor vehicles, from points in the county of Lancaster, to points in Pennsylvania, and return.

Issued: September 28, 2006

Effective: September 29, 2006

Issued under authority of PA Code, Title 52, Section 23.42

Norman O. and Mabel F. Martin
85 N. Farmersville Road
Ephrata, PA 17522

Requested Changing Name To

Requesting to change name to

NORMAN O. MARTIN
85 N. FARMERSVILLE ROAD
EPHRATA PA. 17522



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 280901
HARRISBURG, PA 17128-0901

PENNSYLVANIA EXEMPTION CERTIFICATE

CHECK ONE:

- STATE OR LOCAL SALES AND USE TAX
- STATE OR LOCAL HOTEL OCCUPANCY TAX
- PUBLIC TRANSPORTATION ASSISTANCE TAXES AND FEES (PTA)
- VEHICLE RENTAL TAX (VRT)

(Please Print or Type)

This form cannot be used to obtain a Sales Tax License Number, PTA License Number or Exempt Status.

Read Instructions On Reverse Carefully

THIS FORM MAY BE PHOTOCOPIED - VOID UNLESS COMPLETE INFORMATION IS SUPPLIED

- CHECK ONE:**
- PENNSYLVANIA TAX UNIT EXEMPTION CERTIFICATE (USE FOR ONE TRANSACTION)
 - PENNSYLVANIA TAX BLANKET EXEMPTION CERTIFICATE (USE FOR MULTIPLE TRANSACTIONS)

Name of Seller, Vendor, or Lessor

Street City State ZIP Code

NOTE: Do not use this form for claiming an exemption on the registration of a vehicle. To claim an exemption from tax for a motor vehicle, trailer, semi-trailer or tractor with the PA Department of Transportation, Bureau of Motor Vehicles, use one of the following forms:

- FORM MV-1 Application for Certificate of Title (first time registrations)
- FORM MV-4ST Vehicle Sales and Use Tax Return/Application for Registration (other registrations)

Property and services purchased or leased using this certificate are exempt from tax because: (Select the appropriate paragraph from the back of this form, check the corresponding block below and insert information requested.)

- 1. Property or services will be used directly and predominately by purchaser in performing purchaser's operation of: _____
 - 2. Purchaser is a/an: _____
 - 3. Property will be resold under License Number _____ (If purchaser does not have a PA Sales Tax License Number, include a statement under Number 7 explaining why a number is not required.)
 - 4. Purchaser is a/an: _____ holding Exemption Number _____
 - 5. Property or services will be used directly and predominately by purchaser performing a public utility service.
 PA Public Utility Commission PUC Number _____ and/or US Department of Transportation MC/MX _____
 - 6. Exempt wrapping supplies, License Number _____ (If purchaser does not have a PA Sales Tax License Number, include a statement under Number 7 explaining why a number is not required.)
 - 7. Other _____
- (Explain in detail. Additional space on reverse side.)

A-00122880

I am authorized to execute this Certificate and claim this exemption. Misuse of this Certificate by seller, lessor, driver, lessee, or their representative is punishable by fine and imprisonment.

Name of Purchaser or Lessee NORMAN O. & MABEL F. MARTIN Signature Norman O. Martin EIN _____ Date _____
Street 85 North Farmersville Road City Ephrata State PA ZIP Code 17522

1. ACCEPTANCE AND VALIDITY:

For this certificate to be valid, the seller/lessor shall exercise good faith in accepting this certificate, which includes: (1) the certificate shall be completed properly; (2) the certificate shall be in the seller/lessor's possession within 60 days from the date of sale/lease; (3) the certificate does not contain information which is knowingly false; and (4) the property or service is consistent with the exemption to which the customer is entitled. For more information, refer to Exemption Certificates, Title 61 PA Code §32.2. An invalid certificate may subject the seller/lessor to the tax.

2. REPRODUCTION OF FORM:

This form may be reproduced but shall contain the same information as appears on this form.

3. RETENTION:

The seller or lessor must retain this certificate for at least four years from the date of the exempt sale to which the certificate applies.

DO NOT RETURN THIS FORM TO THE PA DEPARTMENT OF REVENUE.

4. EXEMPT ORGANIZATIONS:

This form may be used in conjunction with form REV-1715, Exempt Organization Declaration of Sales Tax Exemption, when a purchase of \$200 or more is made by an organization which is registered with the PA Department of Revenue as an exempt organization. These organizations are assigned an exemption number, beginning with the two digits 75 (example: 75-00000-0).

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Certification of Death

Disposition Permit Number: **E764583** State File Number: _____

Decedent's Legal Name: **Mabel F. Martin** Date of Death: **June 24, 2024**

Alias: _____ Sex: **Female**

Age: **67 Years** Date of Birth: _____ Birthplace: **Ephrata, Pennsylvania** Ever in US Armed Forces: **No** Marital status at time of Death: **Married**

Residence Address: **85 N Farmersville Road West Earl Township, Pennsylvania 17522** Surviving Spouse's Name: **Norman O. Martin**

Residence County: **Lancaster** Mother / Parent's Name: **Edith S. Bailey**

Father / Parent's Name: **Irvin H. Martin** Informant's Relationship to Decedent: **Spouse**

Informant's Name: **Norman O. Martin** Informant's Relationship to Decedent: **Spouse**

Place of Death: **Decedent's Residence** City or Town, State, and Zip Code: **West Earl Township, Pennsylvania 17522**

Place of Death Address: **85 N Farmersville Road** County of Death: **Lancaster**

Method of Disposition: **Burial** Place of Disposition: **Hahnstown United Zion Cemetery**

Location of Disposition: **Ephrata, Pennsylvania 17522** Date of Disposition: **July 01, 2024** Time of Death: **05:00 AM**

Name and Address of Funeral Facility: **Stradling Funeral Homes Inc (Ephrata) 201 Church Avenue Ephrata, Pennsylvania 17522** Funeral Director: **Arson D Westover (Electronically Signed)**

PART I. Cause of Death:

Immediate Cause: **→ a. Metastatic Cancer Unknown Primary** Approximate Interval: **1 month**

Secondary Cause: **b. <<<>**

Tertiary Cause: **c. <<<>**

Quaternary Cause: **d. <<<>**

PART II. Other Significant Conditions Contributing to Death: **<<<>** Was an Autopsy Performed? **No**

Were Autopsy Findings Available to Complete Cause of Death? **Unrecorded**

Date of Injury: _____ Time of Injury: _____ Place of Injury: _____ Injury at Work: _____

Location of Injury: _____ Describe How Injury Occurred: _____

If Transportation Injury, Specify: _____

Did Tobacco Use Contribute to Death? **No** Pregnant at Time of Death? **Not Applicable** Manner of Death: **Natural**

Hispanic Origin: **Not Spanish/Hispanic/Latino** Education: **8th grade or less** Decedent's Race: **White**

Usual Occupation: **Self-Employed** Kind of Business/Industry: **Transportation**

Certifier's Name & Title: **Traci M. Kohl MD (Signature on File)**

Address: **446 N Reading Road 301 Ephrata, Pennsylvania 17522**

Date Certified: **June 25, 2024**

Registrar's Name/District Number: **Roberta J Rabuck (Signature on File)** **36-339**

Date Filed: **June 28, 2024**

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

Lisa A. Hasselbrook
Lisa A. Hasselbrook
State Registrar



Roberta Rabuck 6/28/24
Local Registrar Date Issued

1105.805.1 REV (8/20)

WARNING: THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

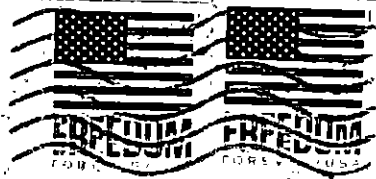
NORMAN O. MARTIN
717-354-5175



Norman Martin
 85 N. Farmersville Rd.
 Ephrata, PA 17522-8734

HARRISBURG PA 171

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PA Public Utility Commission
 400 NORTH STREET 2ND FLOOR
 HARRISBURG PA 17120

17120-007999



INSTRUCTIONS FOR CARRIER'S CHANGES IN NAME OR ENTITY

The regulations regarding the change in a carrier's name, entity, and/or fictitious name can be found at **52 Pa. Code §3.381**. These instructions have been prepared in order to summarize the requirements.

ADDITION OR CHANGE OF FICTITIOUS NAME

A fictitious name is an assumed or fictitious name, style or designation other than the proper name of the entity using the name. If a carrier desires to utilize a fictitious name or change the fictitious name recognized by the Commission, the requirements are as follows:

1. A letter notifying the Secretary of the Commission of the change or addition, identifying the name and docket number of the motor carrier.
2. The letter must be accompanied by a copy of the fictitious name registration form filed with the Department of State.
3. The letter must also be accompanied by a signed and dated Verified Statement which can be found at the end of the instructions.
4. The letter and accompanying documents should be sent to:
SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET 2ND FLOOR, HARRISBURG PA 17120

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NORMAN O. MARTIN

*DO NOT HAVE GIVEN CORRECT INFO
PLEASE CALL ME IF I*

717-354-5175