

COMMONWEALTH OF PENNSYLVANIA
 PUBLIC UTILITY COMMISSION
 400 NORTH STREET
 HARRISBURG, PA 17120

REC'D PA PUC FISCAL
 APR 1 '26 AM 9:08

2025 ASSESSMENT REPORT-MOTOR CARRIERS

This Report **MUST BE FILED** no later than **March 31, 2026**. Failure to file may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301), revocation of your Certificate of Public Convenience, and PennDOT will place registration suspensions on your vehicles.

TRADE OR CORPORATE NAME OF UTILITY: KENA CARE HOME HEALTH AGENCY LLC	UTILITY CODE: 6427276 Original App # A-2024-3050062
CONTACT NAME: STELLA MUTHONI MWANGI	EMAIL: KENACAREAGENCY@GMAIL.COM
ADDRESS 1: 5915 PALMER DRIVE	ADDRESS 2 (Floor, Suite, etc.):
CITY, STATE, ZIP: HARRISBURG PA 17112	PHONE NO.: 717-319-7040

OPERATING REVENUE FOR CALENDAR YEAR 2025 (January 1, 2025-December 31, 2025)

(Enter **WHOLE** dollars only)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or More	All Other Passenger Transportation
1. PA INTRASTATE OPERATING REVENUE				8588.56
PA EXEMPT INTRASTATE REVENUE (verifying documentation required for all exempt revenue)				
Exemption #				
Exemption #				
Exemption #				
Exemption #				
2. TOTAL Exempt Revenue				/
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)				8588.56

UCR REGISTRATION INFORMATION

2026 UCR Registered: YES NO US DOT#: _____

Date 2026 Fee was Paid: _____

Internal Use Only

A-1 C-1 AB-1

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

In accordance with Sections 505 and 506 of the Public Utility Code, to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled regarding the below-listed utility and/or individual.

Kiera Care Home Health Agency LLC
Utility Name

Stella
Signature

Date 03/24/2026

Stella Mwangi
Name (Printed)

Owner
Title

AUTHORIZATION FOR ABANDONMENT

Approval of the abandonment is necessary or proper for the following reasons:

Reason(s) Following an internal operational and financial review, the company has determined that transportation services/business is no longer sustainable for the agency's business operations.

Stella
Signature

AFFIDAVIT

I affirm that the information reported herein is complete, true, and correct.

(Signature of individual or officer)

(Date)

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:

TELEPHONE NO.:

Office ()

Other ()

Other ()

NOTARIZATION

(Required)

Subscribed and sworn to before me this

24th day of MARCH 2026

Bennett F. Grant
NOTARY SIGNATURE

Notary
OFFICIAL TITLE

OFFICIAL SEAL
Commonwealth of Pennsylvania - Notary Seal
Bennett F. Grant, Notary Public
Dauphin County
My commission expires August 2, 2027
Commission number 1061572
Member, Pennsylvania Association of Notaries

(Date My Commission Expires)