

3. Any notice, process or order of the PUC should be served to:
(Please mark one)

- Mail to the address listed above.
- Email to: mnjwell888@gmail.com
- Mail to my new address as follows. (*Note, the Commission will not serve documents to consultants or insurance agents.*)

4. This application is for the discontinuance of ALL
the service now authorized. (All or Part, service type)

5. Approval of the application is necessary or proper for the following reasons:

Incorrect operational experience from state level side, PUC's (Kevin Morgan).

Wherefore, Applicant requests the Commission to cancel, or amend the certificate of public convenience, as now held, in conformance with the application.

Applicant sign here: _____

(If a partnership, each partner must sign; if a corporation, at least one officer must sign.)

VERIFICATION

Amgad Saeed _____ hereby states that the statements made in the
(Name of Person)
foregoing are true and correct to the best of his/her knowledge, information and
belief. The undersigned understands that the estimates therein are made subject
to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to
authorities.



Signature of Person

Date: 05/18/2026