

## Application for Motor Common or Contract Carrier of Persons

Check only **one** service type:

- Airport Transfer                       Paratransit  
 Call or Demand                         Scheduled Route  
 Group and Party  
(15 passengers or less)

1. MILLENNIUM LIMOUSINE GROUP INC.  
Full Name of Applicant (Individual, Partnership or Corporation)

2. N/A  
Trade Name if Any

The trade name, if fictitious, \_\_\_\_\_ been registered with the  
(has or has not)  
Secretary of the Commonwealth on \_\_\_\_\_. Attach a date-  
stamped copy of the registration form.

3. 333 Lancaster Ave. #711 MALVERN, PA 19355 6104074000  
Physical Address (City, County, and Zip Code)                      Telephone Number (Required)

4. 490 Lancaster Ave. P.O. BX 2389 MALVERN PA 19355  
Mailing Address if Different from Physical Address

5. N/A  
Attorney's Name and Telephone Number for this Filing  
(Do not supply an Attorney's name if you want all correspondence and notice of process mailed directly to you)

Attorney's Address

6. Applicant does hold PA PUC Authority Under  
(does or does not)

Docket Number A-6412944, and operates as a Common carrier.  
(common or contract)

2012 OCT 19 AM 9:17  
PA P.U.C.  
SECRETARY'S BUREAU

RECEIVED

7. Applicant does not hold interstate operating authority at  
(does or does not)  
Docket Number \_\_\_\_\_.

8. Check **one** that applies to this application:

**Individual**

**Partnership**

Attach a copy of a Partnership Agreement and list the names and addresses of **ALL** partners.

**Corporation**

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the Foreign Corporation Registration. Include a list of corporate officers with titles, names of shareholders and number of shares held.

**LLC OR LLP**

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the Foreign Corporation Registration. Include a list of all members (even if there is only one member) and title of each member.

9. Attachment Checklist:

**For Corporations Only:**

Date-stamped copy of application for Certificate of Incorporation or Certificate of Authority.

List of corporate officers/titles and distribution of shares.

Statement of corporate charter purpose.

**For LLPs and LLCs Only:**

Copy of Certificate of Incorporation, Certificate of Authority, or Foreign Corporation Registration.

List of all members (even if there is only one member) and title of each member.

**For Partnerships Only:**

Copy of Partnership Agreement.

List the names and address of **ALL** partners.

**FOR ALL APPLICANTS:**

- Fictitious Trade Name Registration (if applicable).
- Map for scheduled route Service (if applicable).
- Proof of Insurance (See Item 6 on instruction sheet).
- Certified check, money order or attorney's check.

10. Describe the service proposed by this application. Common or contract? In what area of Pennsylvania will this proposed service be provided?

(Use the space below or attach additional sheet if space provided is not sufficient).

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*Millennium Limousine Group Inc. Intend to provide service to Groups or party upto 15 people from points in the Counties of Chester, Delaware and Montgomery to points in Pennsylvania and returns excluding that service which is under the jurisdiction of the PPA.*

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

### Verification of Application

I/We hereby state that the statements 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.

MILLENNIUM LIMOUSINE GROUP INC. (OWNER ASAD RAZA)  
(Print Name)

  
(Signature)

07/31/12  
(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 or by the President of Secretary (if a corporation).

Revised 4/09

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
CORPORATION BUREAU  
206 NORTH OFFICE BUILDING  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722  
WWW.CORPORATIONS.STATE.PA.US/CORP

*Millennium Limousine Group Inc*

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 3874741

Medallion Accounting, LLC  
1614 West Porter Street  
Philadelphia, PA 19145

Microfilm Number \_\_\_\_\_

Filed with the Department of State on

Entity Number \_\_\_\_\_

Secretary of the Commonwealth

ARTICLES OF INCORPORATION-FOR PROFIT  
OF

Millennium Limousine Group Inc

Name of Corporation

A TYPE OF CORPORATION INDICATED BELOW

Indicate type of domestic corporation:

\_\_\_\_\_ Business-stock (15 PA.C.S. \* 1306)

\_\_\_\_\_ Management (15 PA.c.s. \* 2702)

\_\_\_\_\_ Business-nonstock (15 PA.C.S. \* 2102)

\_\_\_\_\_ Professional (15 PA.C.S. \* 2903)

XX Business-statutory close (15 PA.C.S. \* 2303)

\_\_\_\_\_ Insurance (15 PA.C.S. \* 3101)

\_\_\_\_\_ Cooperative (15 PA.C.S. \* 702)

DSCB: 15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)

In compliance with the requirements of the applicable provisions of 15 PA.C.S. (Relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

The name of the corporation is: Millennium Limousine Group Inc

1. The address of this corporation's initial registered office in this Commonwealth the county of venue is:

111 Argyll Ct, Downingtown, PA 19335

Chester

Number and Street, City, State, Zip

County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

2. The corporation is incorporated under the provisions of the Business Corporation Law of 1988

3. The aggregate number of shares authorized is: 100

4. The name and address, including number and street, if any, of each incorporator is:

Name

Address

Medallion Accounting Group, Inc.

1614 W. Porter Street, Philadelphia, PA 19145

5. The specified effective date, if any, is: \_\_\_\_\_

Month/day/year ...

hour, if any

PA DEPT. OF STATE

Commonwealth of Pennsylvania  
ARTICLES OF INCORPORATION 4 Page(s)

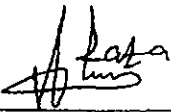
APR 10 2009



T0910064089

6. Additional provisions of the articles, if any, attach an 8 ½ x 11 sheet.
7. Statutory close corporation only: Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the securities Act of 1933 (15 U.S.C. \* 77a et seq.).
8. Cooperative corporations only: (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is:

IN TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of incorporation this Day of 4/7/2009.

 04/07/09  
\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)





Revenue Box Number

Filing Period \_\_\_\_\_ Date 3 4 5

SIC \_\_\_\_\_ Report Code

This form (file in triplicate) and all accompanying documents shall be mailed to:

**COMMONWEALTH OF PENNSYLVANIA**

**DEPARTMENT OF STATE**

**CORPORATION BUREAU**

**P.O. BOX 8722**

**HARRISBURG, PA 17105-8722**

Check proper box:

- PA. Business-stock       PA. Business-nonstock       PA. Business-management       PA. Professional  
 PA. Business-statutory close       PA. Business-cooperative       PA. Nonprofit-stock       PA. Nonprofit-nonstock  
 Foreign-business       Foreign-nonprofit       Motor Vehicle for Hire       Insurance  
 Foreign-certificate of authority to D/B/A  
 Business Trust  
 PA. Limited Liability Company       PA. Restricted Professional Limited Liability Company  
 Foreign Limited Liability Company       Foreign Restricted Professional Limited Liability Company

Association registering as a result of (check box) :

- Incorporation (PA.)       Domestication       Consolidation  
 Authorization of a foreign association       Division       Summary of Record  
 Organization (PA.)

1. Name of association: Millennium Limousine Group Inc

2. Location of initial registered office in Pennsylvania:

111 Argyll Ct. Downingtown, PA 19335

Chester

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Number and Street, City, State, Zip

County

3. State or County of Incorporation / Organization: PENNSYLVANIA

4. Specified effective date, if applicable: .

5. Federal Identification Number:

6. Describe principal Pennsylvania activity to be engaged in, within one year of this application date: Transportation

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

NAFTALI TALMONO  
Name of Supporter  
1050 WEST BRIDGE ST PHOENIXVILLE PA 19460  
Street Address City or Municipality State Zip Code  
MILLENNIUM LIMOUSINE GROUP INC.  
Name of Applicant

- Describe the type of transportation service needed.  
Limo service can hold 14 people app
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
FROM PHOENIXVILLE TO PHILADELPHIA, WESTCHESTER ETC
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
2-5 times a year
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?  
YES I TRIED LIKE KING LIMO, CELEBERT BUT THEY ARE EXPENSIVE COMPARE TO MILLENNIUM
- Have you supported similar applications in the past? If so, please supply name and docket number. NO

**VERIFICATION OF STATEMENT**

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Naftali Talmono  
(Signature) 7/31/2012  
(Date)  
NAFTALI TALMONO  
(Name, printed or typed)

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

NADEEM NABI  
Name of Supporter

653 E LINCOLN HWY COASTSWELL PA 19320  
Street Address City or Municipality State Zip Code

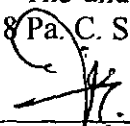
MILLENNIUM LIMOUSINE GROUP INC.  
Name of Applicant

- Describe the type of transportation service needed.  
*SEDAN, LIMO (HUMER, ETC). VAN SERVICE,*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
*FROM N TO COATESWELL, WEST CHESTER, ICING OF PENNSIA, PHILADELPHIA*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
*ON MONTHLY BASIS*
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?  
*YES, I HAVE USED CLASSIC LIMO SERVICE, BUT I DIDN'T STAISFAED WITH THEM, BECAUSE THEY WERE NOT TIME RELP ~ PUNZUAL.*
- Have you supported similar applications in the past? If so, please supply name and docket number.  
*N/A.*

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(Signature)  
NO. NABI  
(Name, printed or typed)

08/07/12.  
(Date)

## VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Stephen David

Name of Supporter

509 E LINCOLN HWY

Street Address

Coatesville PA

City or Municipality

PA

State

19320

Zip Code

MILLENNIUM LIMOUSINE GROUP INC.

Name of Applicant

- Describe the type of transportation service needed.

VAN SERVICES FOR GROUP

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

From Thorndale to West Chester

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Once a month

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

Yes I am using other services but still looking  
some other.

- Have you supported similar applications in the past? If so, please supply name and docket number.

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Stephen David

(Signature)

Stephen David

(Name, printed or typed)

08-10-12

(Date)

## VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Khalid Muniq  
Name of Supporter

111- ARBYII Ct,      Downingtown PA      19335  
Street Address      City or Municipality      State      Zip Code

MILLENNIUM LIMOUSINE GROUP INC.  
Name of Applicant

- Describe the type of transportation service needed.

Limo and van Service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

FROM Downingtown to Philadelphia ETC

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

4 TO 6 TIME In a year

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

I tried some other services also, but could not find them committed.

- Have you supported similar applications in the past? If so, please supply name and docket number.

NO

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(Signature)

Khalid Muniq

(Name, printed or typed)

(Date)

08-08-12

## VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

SALMAN SIDDIQUI  
Name of Supporter

416 - Bianca Circle      Downingtown      PA      19335  
Street Address      City or Municipality      State      Zip Code

MILLENNIUM LIMOUSINE GROUP INC.  
Name of Applicant

- Describe the type of transportation service needed.

VAN SERVICE FOR GROUP

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

FROM DOWNINGTOWN, PA TO PARKS (HERSHEY, DORNEY ETC)

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

quarterly in year.

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

YES I did, but I prefer Millennium, because it is local own bussiness.

- Have you supported similar applications in the past? If so, please supply name and docket number.

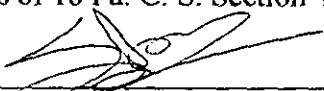
NO.

## **VERIFICATION OF STATEMENT**

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(Signature)



SALMAN SIDDIQUI

(Name, printed or typed)

(Date)

8/1/12

## VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

*[Handwritten Signature]*

Name of Supporter  
1711 Saginaw Drive Coatesville PA 19320  
Street Address City or Municipality State Zip Code

MILLENNIUM LIMOUSINE GROUP INC.  
Name of Applicant

- Describe the type of transportation service needed. *Van*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
*Shoemaker Hotel to West Chester, Exton, Philadelphia*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
*regularly*
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?  
*yes, but need more service*
- Have you supported similar applications in the past? If so, please supply name and docket number.  
*yes, No*

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*[Handwritten Signature]*

(Signature)

(Name, printed or typed)

*Eric M. Bell*

*8/8/12*

(Date)

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Jonny SINGH  
Name of Supporter  
500 - Lancaster Ave FRAZER  
Street Address City or Municipality State Zip Code PA 19355  
MILLENNIUM LIMOUSINE GROUP INC.  
Name of Applicant

- Describe the type of transportation service needed.  
Stretch Limo service like HUMMER
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
From MALVERN to Westchester and Philadelphia
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
Once month
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?  
yes I tried but I prefer Millennium Limo
- Have you supported similar applications in the past? If so, please supply name and docket number.  
no

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[Signature]  
(Signature)  
Jonny Singh  
(Name, printed or typed)

08-08-12  
(Date)



**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Muhammad Mansha  
Name of Supporter  
1610 Norwood House Rd Downingtown PA 19335  
Street Address City or Municipality State Zip Code  
MILLENNIUM LIMOUSINE GROUP INC.  
Name of Applicant

- Describe the type of transportation service needed.  
Party groups transportation
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
Downingtown & West Chester
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
Weekly
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?  
yes Tried but not optimum level of service
- Have you supported similar applications in the past? If so, please supply name and docket number.  
No.

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Mansha (Signature) 09/12/2012 (Date)  
Muhammad Mansha (Name, printed or typed)

## VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

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ESTEPHEN DAVID

Name of Supporter

652 WEST LINCOLN HIGHWAY

Street Address

COATESVILLE

City or Municipality

PA

State

19320

Zip Code

MILLENNIUM LIMOUSINE GROUP INC.

Name of Applicant

- Describe the type of transportation service needed.  
*I NEED LIMOUSINE FOR MY PERSONAL TRAVELLING FOR CHURCH RELATED EVENTS.*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
*MAINLY I TRAVEL FROM COATESVILLE TO PHILDYLPHIA AND SOME TIMES NEW YORK AND LYNCASTER.*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
*I NEED THIS SERVICE FORTNIGHTLY AND SOME TIME WEEKLY DEPENDS ON NATURE OF EVENTS.*
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?  
*I TRIED BUT NOT SATISFIED WITH THEIR SERVICE.*
- Have you supported similar applications in the past? If so, please supply name and docket number.  
*ME FIRST TIME SUPPORTING THIS TYPE OF APPLICATION BECAUSE ME SATISFIED THE WAY THEY SERVE ME WHEN I CALLED THEM*

## **VERIFICATION OF STATEMENT**

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(Signature)

10-10-12  
(Date)

ESTEPHEN DAVID  
(Name, printed or typed)

## VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Rockas Adeel  
Name of Supporter

1518, Glendale Ave, Apartment 5 Philadelphia PA  
Street Address City or Municipality State Zip Code

MILLENNIUM LIMOUSINE GROUP INC.  
Name of Applicant

- Describe the type of transportation service needed.  
*I will have to take our visitors from New York for different cities for site visits using limousine.*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
*Cities of King of Prussia, Philadelphia, Coatesville.*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
*Naturally on monthly basis*
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?  
*Earlier we tried but now have regular contact with this group. Earlier party was not punctual regarding time.*
- Have you supported similar applications in the past? If so, please supply name and docket number.  
*I am supporting this type of application first time. They are really a professional team.*

## VERIFICATION OF STATEMENT

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Rockas Adeel  
(Signature)

\_\_\_\_\_  
(Date)

ROCKAS ADEEL  
(Name, printed or typed)

**VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION**

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Nadia Asad  
Name of Supporter

300 Lancaster Ave. Malvern PA 19355  
Street Address City or Municipality State Zip Code

MILLENNIUM LIMOUSINE GROUP INC.  
Name of Applicant

- Describe the type of transportation service needed.  
*Party Van Described by Company*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
*From and To Philadelphia, Malvern, West Chester.*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
*once in a month.*
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?  
*Yes <sup>but</sup> we usually frequently use ~~the~~ Millennium for other service like Airport etc. so we will happy*
- Have you supported similar applications in the past? If so, please supply name and docket number.  
*to be with them*

*No.*

**VERIFICATION OF STATEMENT**

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

*Nadia Asad*  
(Signature)  
Nadia Asad.  
(Name, printed or typed)

10/11/12  
(Date)

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