

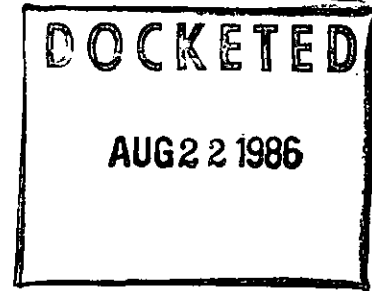


COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P. O. BOX 3265, HARRISBURG, Pa. 17120
August 21, 1986

IN REPLY PLEASE
REFER TO OUR FILE

A-00106208

Herbert R. Nurick, Esquire
P.O. Box 1166
100 Pine Street
Harrisburg, PA 17108-1166



Application of Towaway Express, Inc., a corporation of the
Commonwealth of Pennsylvania



Dear Sir:

The records of the Commission show that applicant has
complied with the necessary tariff and insurance requirements.

Enclosed is the certificate of public convenience evidencing
the Commission's approval of the right to operate.

Kindly attach the enclosures to the compliance order
previously issued and mailed to you on August 1, 1986.

Very truly yours,=

Jerry Rich, Secretary

JZ
Encls.
Certified Mail
Receipt Requested
cc:applicant
6780 Carlisle Pike
Mechanicsburg, PA 17055

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

DOCKETED
AUG 2 1986

IN THE MATTER OF THE APPLICATION OF

Towaway Express, Inc., a corporation of
the Commonwealth of Pennsylvania

CERTIFICATE
OF
PUBLIC CONVENIENCE
A-00106208

The Pennsylvania Public Utility Commission hereby certifies that after an investigation and/or hearing had on the above entitled application, it has, by its report and order made and entered, a copy of which is attached hereto and made a part hereof, found and determined that the granting of said application is necessary or proper for the service, accommodation, convenience and safety of the public, and this certificate is issued evidencing its approval of the said application as set forth in said report and order.

In Testimony Whereof, The PENNSYLVANIA PUBLIC UTILITY COMMISSION has caused these presents to be signed and sealed, and duly attested by its Secretary at its office in the city of Harrisburg this 21st day of August, 1986.

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

Attest:

DOCUMENT
FOLDER

Secretary

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: *A-106208*
Et.

4. Article Number: *AA066*

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

Herbert R. Musick

5. Signature — Addressee

6. Signature — Agent

7. Date of Delivery

AUG 25 1986

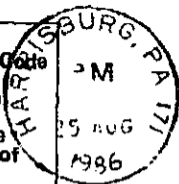
8. Addressee's Address (*ONLY if requested and fee paid*)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE, \$300

**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

Pa. Public Utility Commission

P.O. Box 3265 - Rm B-17

Harrisburg, Pa 17120