

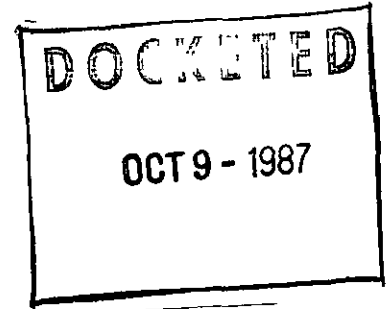


P. O. BOX 444
1-800-FOR-TRUX

NEW KINGSTOWN, PA 17072
(717) 766-7061

October 1, 1987

Frances Jones
Pennsylvania Public Utility Commission
Bureau of Transportation
P. O. Box 3265
Harrisburg, Pa. 17120



Dear Frances

Please be advised that our Company, Towaway Express, Inc. has a change of address. Our new address is 500 Mulberry Drive, Mechanicsburg, Pa. 17055. Our Post Office is still the same P. O. Box 444, New Kingstown, Pa. 17072.

Our P. U. C. Certificate No. is A00106208.

Thank you.

Sincerely,

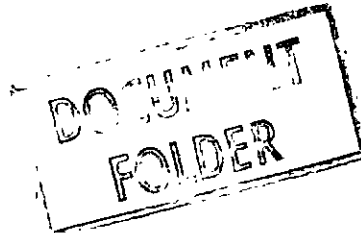
Mary F. Miller
Mary F. Miller
Legalization Dept.

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
MARCH 27, 1990

IN REPLY PLEASE
REFER TO OUR FILE

A-00106208

TOWAWAY EXPRESS, INC.
500 MULBERRY DRIVE
MECHANICSBURG PA 17055



NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE MARCH 31, 1990

FOR EXPIRATION OR CANCELLATION OF

BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE

This is to notify you that as of the above effective date, the authority granted to you by the Pennsylvania Public Utility Commission is hereby suspended as more thoroughly described on the attached sheet.

Please be advised that you may not operate until we have received evidence of renewed insurance coverage.

Upon receipt and acceptance of the required certificate of Insurance, you will receive written notification that the suspension is lifted and that you may resume operations.

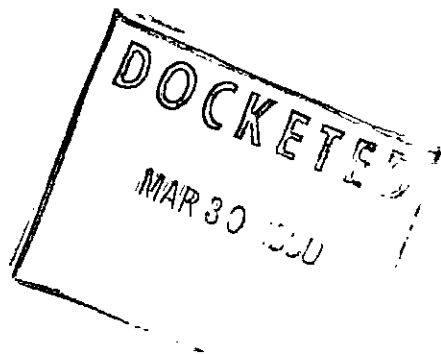
Very truly yours,

POOR ORIGINAL

Jerry Rich
Secretary

cc: Enforcement Division

Certified Mail



SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in "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. (Extra charge)
2. Restricted Delivery (Extra charge)

3. Article Addressed to:

A-00106208

TOWAWAY EXPRESS, INC.

4. Article Number

044163

Type of Service:

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address

X *Mary Miller*

6. Signature - Agent

X

7. Date of Delivery

3-28-90

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



UNITED STATES POST SERVICE

OFFICIAL BUSINESS



PENALTY FOR PRIVATE
USE, \$300

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.

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

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
APRIL 10, 1990

TOWAWAY EXPRESS, INC.
500 MULBERRY DRIVE
MECHANICSBURG PA 17055

DOCKETED
APR 11 1990

IN REPLY PLEASE
REFER TO OUR FILE

A-00106208

DOCUMENT
FOLDER

NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE APRIL 13, 1990
FOR EXPIRATION OR CANCELLATION OF
CARGO LIABILITY INSURANCE

This is to notify you that as of the above effective date, the authority granted to you by the Pennsylvania Public Utility Commission is hereby suspended as more thoroughly described on the attached sheet.

Please be advised that you may not operate until we have received evidence of renewed insurance coverage.

Upon receipt and acceptance of the required certificate of Insurance, you will receive written notification that the suspension is lifted and that you may resume operations.

Very truly yours,


Jerry Rich
Secretary

cc: Enforcement Division

Certified Mail

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 so 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:

A-00106208

TOWAWAY EXPRESS, INC.

4. Article Number

044186

Type of Service:

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X *Mary F. Miller*

6. Signature of Agent

X

7. Date of Delivery

4-10-90

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

[Signature]

M

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
