



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

October 14, 1986

IN REPLY PLEASE  
REFER TO OUR FILE

A. 00106218  
Folder 1

J. Bruce Walter, Esquire  
410 North Third Street  
P.O. Box 1166  
Harrisburgh, PA 17108

Application of DUTCH GOLD HONEY, INC., a corporation of the Comm. of PA

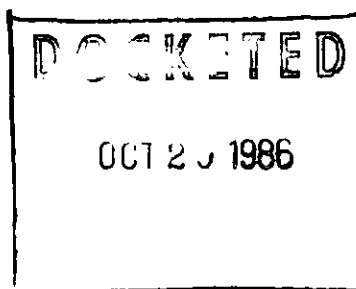
---

To Whom It May Concern:

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

Enclosed, is the contract carrier permit 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 July 8, 1986.

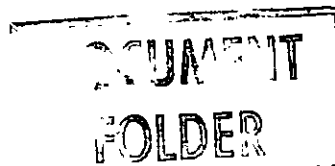


Very truly yours,

Jerry Rich, Secretary

EMD  
Certified Mail  
Receipt Requested

DUTCH GOLD HONEY, INC.  
2220 Dutch Gold Drive  
Lancaster, PA 16061





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

October 16, 1986

IN REPLY PLEASE  
REFER TO OUR FILE

A. 00106218

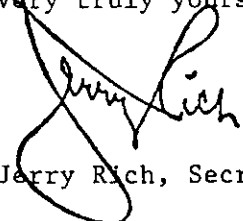
J. Bruce Walter, Esquire  
410 North Third Street  
P.O. Box 1166  
Harrisburg, PA 17108

Application of DUTCH GOLD HONEY, INC., a corporation of the Comm. of PA

Dear Sir:

Enclosed is a contract carrier permit which should have been issued in lieu of the certificate of public convenience which was sent to you on October 14, 1986. Please destroy the certificate for it is void and null.

Very truly yours,

  
Jerry Rich, Secretary

EMD  
Certified Mail

DOCUMENT  
FOLDER

DOCKETED  
OCT 20 1986

PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF

DUTCH GOLD HONEY, INC., a corporation of the  
Commonwealth of Pennsylvania

CONTRACT CARRIER  
PERMIT

A. 00106218  
Folder 1

The Pennsylvania Public Utility Commission hereby certifies that after an investigation had on the above entitled application, it has, by its order made and entered, a copy of which is attached hereto and made a part hereof, found and determined that the granting of said permit will be consistent with the public interest and the policy declared in Section 801 of the Public Utility Law, and this permit is issued evidencing its approval of the said application as set forth in said 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 14th day of OCTOBER, 19 86.

PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

Attest:

*James Lich*  
Secretary

POCKETED  
OCT 25 1986

DOCUMENT  
FOLDER

**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: <i>A-106218 F1 permit</i>	4. Article Number <b>44209</b>
<i>J Bruce Walter, Esq</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
5. Signature - Addressee <input checked="" type="checkbox"/> <i>Pat Anderson</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/> <i>Pat Anderson</i>	
7. Date of Delivery <b>OCT 15 1988</b>	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

**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: <i>A 106218</i>	4. Article Number <b>44327</b>
<i>J Bruce Walter, Esq</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
5. Signature - Addressee <input checked="" type="checkbox"/> <i>Pat Anderson</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/> <i>Pat Anderson</i>	
7. Date of Delivery <b>OCT 15 1988</b>	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT