

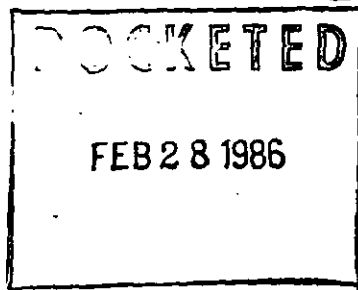


COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P. O. BOX 3265, HARRISBURG, Pa. 17120

February 27, 1986

IN REPLY PLEASE
REFER TO OUR FILE

A. 00106317



Jeramiah J. Cardanone, Esquire
12 East Butler Avenue
P.O. Box 119
Ambler, PA 19002

Application of MOONEY'S RELOCATION SPECIALISTS, INC.

Dear Sir:

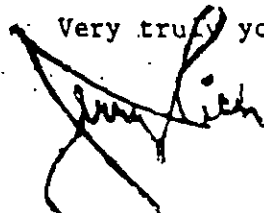
Your attention is directed to a letter from the Commission dated October 15, 1985 together with the compliance order of the Commission, notifying you of the Commission's approval of the application for a certificate of public convenience in the above entitled proceeding, limited and restricted to certain definite rights.

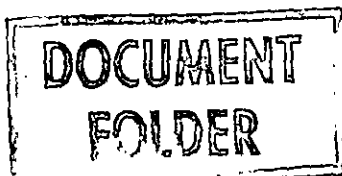
The letter states that the applicant would be required to file with the Commission within sixty days (60) of the date of the letter a certificate of insurance or other security and a tariff of its rates and charges that the certificate of public convenience authorizing actual operations would not be issued until the compliance with these requirements.

Motor carriers operating without complying with these requirements and hence without a certificate of public convenience are operating illegally and subject to the penalty provisions of the Public Utility Law.

Our records show that you have failed to comply with the insurance requirement(s). Unless the requirement(s) is complied with immediately, the Commission will rescind the action of October 10, 1985 approving the application and dismiss it without further proceeding.

Very truly yours,


Jerry Rich
Secretary



Certified Mail
Receipt Requested

Mooney's Relocation Specialists, Inc.
2262 Mt. Carmel Avenue
Glenside, PA 19038

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 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 service(s) requested.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

S. L. ...
A. 106317

3. Article Addressed to:

Moving Relocation Sgs.

4. Type of Service:

- Registered
- Certified
- Express Mail
- Insured
- COD

Article Number

44479

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee

X *[Signature]*

6. Signature - Agent

X *[Signature]*

7. Date of Delivery

MAR 03 1986

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

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by

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