



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

March 7, 1986

IN REPLY PLEASE
REFER TO OUR FILE

A. 00106317

Jeremiah J. Cardanone, Esquire
12 East Butler Avenue
P.O. box 119
Ambler, PA 19002

FOLDER

Application of MOONEY'S RELOCATION SPECIALISTS, INC.

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

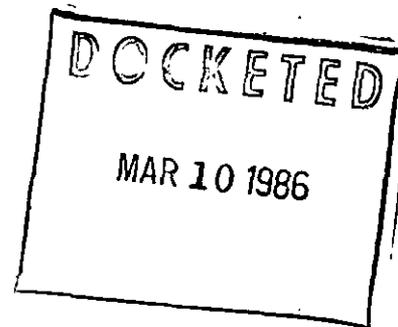
Kindly attach the enclosures to the compliance order previously issued and mailed to you on October 15, 1985.

Very truly yours,

Jerry Rich, Secretary

EMD
Certified Mail
Receipt Requested

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



PENNSYLVANIA
PUBLIC UTILITY COMMISSION

DOCKETED
MAR 10 1986

IN THE MATTER OF THE APPLICATION OF

MOONEY'S RELOCATION SPECIALISTS, INC., a
corporation of the Commonwealth of PA

CERTIFICATE
OF
PUBLIC CONVENIENCE

A. 00106317
Folder 1

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.

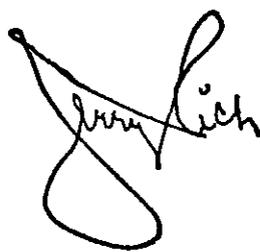
In Testimony Whereof, The PENNSYLVANIA PUBLIC UTILITY COMMISSION has caused these presents to be signed and sealed, and duly attested by its Secretary at its office in the city of Harrisburg this 7th day of MARCH, 19 86.

Attest:

EXHIBIT
FOLDER

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

Chairman



Secretary

PS Form 3817, July 1983 447-945

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. *Cert*

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

A. 106317

3. Article Addressed to:

Graviah J. Cardanore Esq

4. Type of Service:

- Registered
- Certified
- Express Mail
- Insured
- COD

Article Number

44120

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

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

