



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

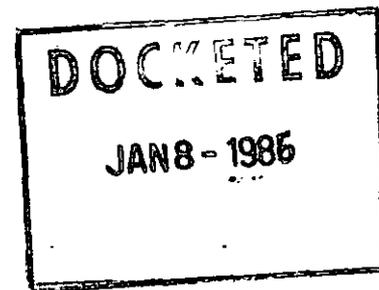
January 6, 1986

IN REPLY PLEASE  
REFER TO OUR FILE

A. 00106172  
Folder 1

Barry D. Kelban, Esquire  
1900 Two Penn Center Plaza  
Philadelphia, PA 19102

Application of THOMAS X. LIEBTAG, t/d/b/a LEE'S MOVING AND STORAGE



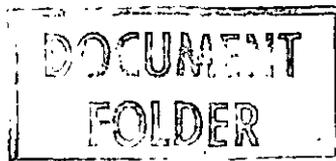
Dear Sir:

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 September 4, 1985.

Very truly yours,



Jerry Rich  
Secretary

Enclosures  
Certified Mail

THOMAS X. LIEBTAG, t/d/b/a  
LEE'S MOVING AND STORAGE  
1558 Ferndale Avenue  
Abington, PA 19101

PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF

THOMAS X. LIEBTAG, trading and doing business  
as LEE'S MOVING AND STORAGE

CERTIFICATE  
OF  
PUBLIC CONVENIENCE

A. 00106172  
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 6th day of JANUARY, 1986.

Attest:

DOCKETED  
JAN 8 - 1986

PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

Chairman

DOCUMENT  
FOLDER

Secretary

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, *cert* date and address of delivery.

2.  Restricted Delivery. *A. 106172 F1*

3. Article Addressed to:  
*Bary D. Klebari, Esq*

|  |                |
|--|----------------|
| 4. Type of Service:  | Article Number |
| <input type="checkbox"/> Registered <input type="checkbox"/> Insured | <i>44464</i>   |
| <input type="checkbox"/> Certified <input type="checkbox"/> COD      |                |
| <input type="checkbox"/> Express Mail                                |                |

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature of Addressee  
*[Signature]*

6. Signature - Agent  
*[Signature]*

7. Date of Delivery  
*1/4/86*

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

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