

PENNSYLVANIA PUBLIC UTILITY COMMISSION
Uniform Cover and Calendar Sheet

1. <u>REPORT DATE:</u> July 6, 2004	2. <u>BUREAU AGENDA NO.</u> JULY-2004-TSM-0137 *
3. <u>BUREAU:</u> Transportation & Safety	
4. <u>SECTION(S):</u> M. C. S. & E.	5. <u>PUBLIC MEETING DATE:</u> July 23, 2004
6. <u>APPROVED BY:</u> Director: Hoffman: 3-3846 Mgr/Spvr: Keezel: 3-5010 Legal Review:	
7. <u>PERSONS IN CHARGE:</u> Minder 7-1168	
8. <u>DOCKET NO.:</u> A-00082096 R-00049619	

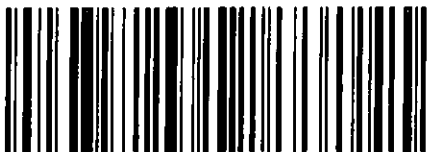
**DOCUMENT
FOLDER**

- 9. (a) CAPTION (abbreviate if more than 4 lines)**
(b) Short summary of history & facts, documents & briefs
(c) Recommendation
- (a) Motor Carrier rate increase in accordance with 52 PA Code §23.67. Tristate Household Goods Conference, Inc., on behalf of all participating members of Indiana County, McNaughton Brothers, Inc.
- (b) Tariff Freight Pa. PUC No. 50, 10th Revised Page 48 applies to all participating carriers furnishing household goods in use service originating in Indiana County and transported distances of forty (40) miles or less as more thoroughly described in the official tariff. Tristate Household Goods Conference, Inc is requesting an 8.2% increase in the hourly charges to cover projected increases in carrier's wage and fringe benefits expense, and insurance expense. One (1) carrier in Indiana County is subject to this tariff. The proposed rates are to become effective July 26, 2004.
- (c) The Bureau recommends that the Tariff Freight Pa. PUC No. 50, 10th Revised Page 48 as filed by Tristate Household Goods Conference, Inc. be permitted to become effective July 26, 2004.

10. MOTION BY: Commissioner Chm. Fitzpatrick Commissioner Thomas - Yes
Commissioner Pizzingrilli - Yes
SECONDED: Commissioner Bloom Commissioner Holland - Yes

CONTENT OF MOTION: Staff recommendation adopted.

2. Article Number



7160 3901 9843 0063 7238

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee) Yes

1. Article Addressed to:

*Missile Assault Gun
Tariff Conference Fee.
A-00052096*

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery 7/28/04
C. Signature X <i>Ronald S. ...</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	