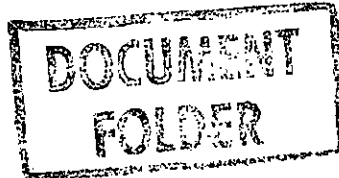


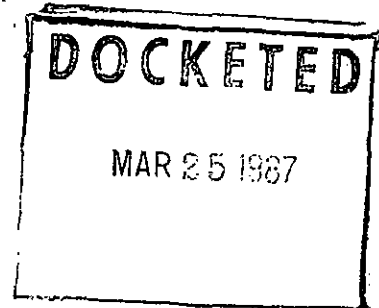
COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
MARCH 24, 1987



IN REPLY PLEASE
REFER TO OUR FILE

A-00105900

PHOENIX TRANSPORT, INC.
500 WEST ENGLEWOOD AVENUE
NEW CASTLE PA 16105



NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE MARCH 27, 1987

FOR EXPIRATION OR CANCELLATION OF
BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE

This is to notify you that as of the above effective date, the authority granted to you by the Pennsylvania Public Utility Commission is hereby suspended as more thoroughly described on the attached sheet.

Please be advised that you may not operate until we have received evidence of renewed insurance coverage.

Upon receipt and acceptance of the required certificate of Insurance, you will receive written notification that the suspension is lifted and that you may resume operations.

Very truly yours,

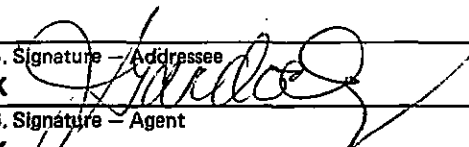
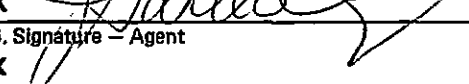
A handwritten signature in cursive script that reads "Jerry Rich".

Jerry Rich
Secretary

.cc: Enforcement Division

Certified Mail

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. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: A105900 Phoenix Transport Inc		4. Article Number 44482	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
5. Signature - Addressee X 		Always obtain signature of addressee or agent and DATE DELIVERED .	
6. Signature - Agent X 		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery 3-22-77			

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
MARCH 25, 1986

IN REPLY PLEASE
REFER TO OUR FILE

A-00105900

PHOENIX TRANSPORT, INC.
500 WEST ENGLEWOOD AVENUE
NEW CASTLE PA 16105

NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE MARCH 27, 1986

FOR EXPIRATION OR CANCELLATION OF

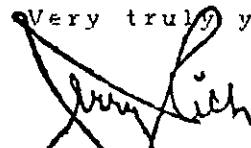
BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE

This is to notify you that as of the above effective date, the authority granted to you by the Pennsylvania Public Utility Commission is hereby suspended as more thoroughly described on the attached sheet.

Please be advised that you may not operate until we have received evidence of renewed insurance coverage.

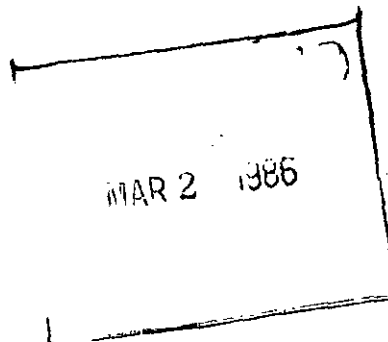
Upon receipt and acceptance of the required certificate of Insurance, you will receive written notification that the suspension is lifted and that you may resume operations.

Very truly yours,


Jerry Rich
Secretary

cc: Enforcement Division

Certified Mail



A105900

PS Form 3811, 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 for service(s) requested.

1. Show to whom, date and address of delivery.

2. Restricted Delivery.

3. Article Addressed to:
A105900
Phoenix Transport,
INC

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	44215

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

5. Signature - Addressee
X *Stanbeck*

6. Signature - Agent
X

7. Date of Delivery
MAR 27 1986

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

DOMESTIC RETURN RECEIPT

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
MARCH 27, 1986

IN REPLY PLEASE
REFER TO OUR FILE

A-00105900

PHOENIX TRANSPORT, INC.
500 WEST ENGLEWOOD AVENUE
NEW CASTLE PA 16105

NOTICE TO LIFT SUSPENSION

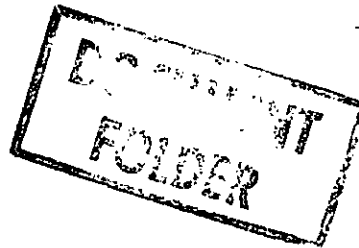
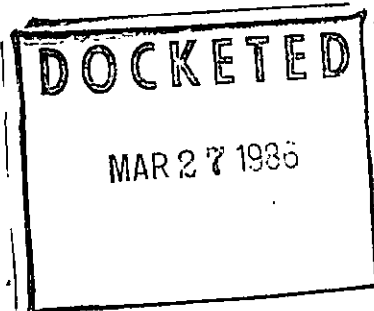
This is to notify you that we have received proof of insurance coverage. Therefore, you may disregard the Notice of Suspension previously issued.

Very truly yours,

Jackie Egan

Insurance Section
(717) 787-1227

cc: Enforcement Division.



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
MARCH 30, 1987

IN REPLY PLEASE
REFER TO OUR FILE

A-00105900

PHOENIX TRANSPORT, INC.
500 WEST ENGLEWOOD AVENUE
NEW CASTLE PA 16105

NOTICE TO LIFT SUSPENSION

This is to notify you that we have received proof of insurance coverage. Therefore, you may disregard the Notice of Suspension previously issued.

Very truly yours,

Jackie Egan

Insurance Section
(717) 787-1227

cc: Enforcement Division

