



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

August 30, 1985

IN REPLY PLEASE  
REFER TO OUR FILE

A. 00105992  
Folder 1

William A. Gray, Esquire  
2310 Grant Building  
Pittsburgh, PA 15219

Application of THOMAS S. ZIMMERMAN, t/d/b/a PILE'S CONCRETE PRODUCTS COMPANY

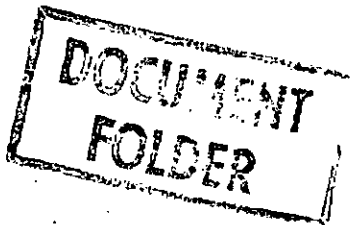
Dear Sir:

The records of the Commission show that applicant has complied with the necessary tariff and insurance requirements.

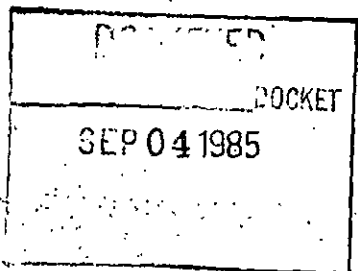
Enclosed is the contract carrier permit evidencing the Commission's approval of the right to operate.

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

Very truly yours,



Jerry Rich  
Secretary



Enclosures  
Certified Mail

THOMAS S. ZIMMERMAN, t/d/b/a  
PILE'S CONCRETE PRODUCTS COMPANY  
R.D. #1  
Fridens, PA 15541

PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF

THOMAS S. ZIMMERMAN, trading and doing business  
PILE'S CONCRETE PRODUCTS COMPANY

CONTRACT CARRIER  
PERMIT

A. 00105992  
Folder 1

The Pennsylvania Public Utility Commission hereby certifies that after an investigation had on the above entitled application, it has, by its order made and entered, a copy of which is attached hereto and made a part hereof, found and determined that the granting of said permit will be consistent with the public interest and the policy declared in Section 801 of the Public Utility Law, and this permit is issued evidencing its approval of the said application as set forth in said 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 30th day of AUGUST, 19 85.

PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

Attest: DOCUMENT  
FOLDER

*John Lich*  
Secretary

SECRET  
SEP 04 1985

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) service(s) requested.

- 1.  Show to whom, date and address of delivery.
- 2.  Restricted Delivery. *A105992F1*

3. Article Addressed to:  
*William Gray Log*

|  |                |
|--|----------------|
| 4. Type of Service:  | Article Number |
| <input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input type="checkbox"/> Certified <input type="checkbox"/> COD<br><input type="checkbox"/> Express Mail | <i>44029</i>   |

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

5. Signature - Addressee  
*X*

6. Signature - Agent  
*X M. Danahay*

7. Date of Delivery  
*9-3-85*

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

DOMESTIC RETURN RECEIPT