



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

March 7, 1986

IN REPLY PLEASE  
REFER TO OUR FILE

A. 00065936  
P. 3, Am-A

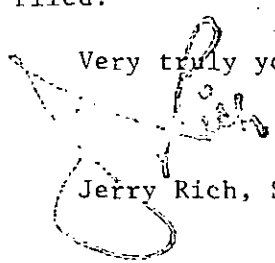
Application of NORMAN M. EARHART, t/d/b/a EARHART TRUCKING, for temporary  
authority

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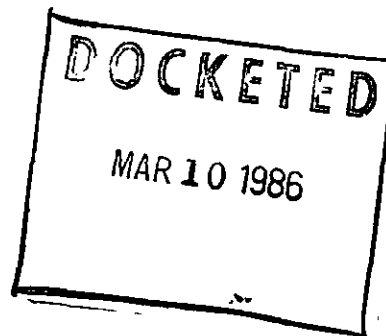
Dear Sir:

This is to inform you that the Tentative Decision adopted in  
public meeting held February 6, 1986 and entered on February 13, 1986  
became final since no exceptions were filed.

Very truly yours,

  
Jerry Rich, Secretary

END  
Certified Mail



Norman M. Earhart, t/a  
Earhart Trucking  
R. D. #1  
New Alexandria, PA 15670  
SELF

Arthur J. diskin, Esquire  
402 Law & Finance Building  
Pittsburgh, PA 15219  
APPLICANT

Kent Pope, Esquire  
Ten Grant Street  
Clarion, PA 16214  
THOMAS H. LOUGHRY

William J. Lavelle, Esquire  
2310 Grant Building  
Pittsburgh, PA 15219  
BULK TRANSPORTATION SERVICES

Thomas Mulroy, Esquire  
Suite 700  
312 Boulevard of the Allies  
Pittsburgh, PA 15222  
WAYNE W. SELL CORP. ET AL.

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, date and address of delivery. *Mail final*
- 2.  Restricted Delivery. *A. 105936 F3 AMT*

3. Article Addressed to:  
*Arthur J. Rushford Esq.*

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail	<b>44070</b>

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*X*

6. Signature - Agent  
*X* *C. Messing*

7. Date of Delivery  
*3-10-86*

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

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983 447-845

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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, date and address of delivery.
- 2.  Restricted Delivery. *Mail final*

3. Article Addressed to:  
*Norman Carhart Trucking*

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	<b>44071</b>

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*X* *N. Carhart*

6. Signature - Agent  
*X*

7. Date of Delivery  
*3-11-86*

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

DOMESTIC RETURN RECEIPT

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- 1.  Show to whom, date and address of delivery. *Mail final*
- 2.  Restricted Delivery. *A. 105936 F3 AMT*

3. Article Addressed to:  
*Kent Pope Esq.*

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	<b>44069</b>

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*X*

6. Signature - Agent  
*X* *Patricia Ingram*

7. Date of Delivery  
*3-12-86*

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

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, date and address of delivery. *Mail final*
- 2.  Restricted Delivery. *A. 105936 F3 AMT*

3. Article Addressed to:  
*Thomas Murray Esq.*

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail	<b>44067</b>

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*X*

6. Signature - Agent  
*X* *Karen Rogers*

7. Date of Delivery  
*MAR 10 1986*

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

DOMESTIC RETURN RECEIPT

7-3811, July 1983 447845

reverse side. Failure to do this will be returned to you. The return receipt you the name of the person delivered to and the 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, date and address of delivery.
- 2.  Restricted Delivery.

*Order Mailed*

*A. 105930 F3 AMH*

3. Article Addressed to:

*William Lavell Egg*

4. Type of Service:

- Registered
- Certified
- Express Mail
- Insured
- COD

Article Number

**44068**

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

*Dottie Zapp*

7. Date of Delivery

**MAR 10 1986**

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

DOMESTIC RETURN RECEIPT