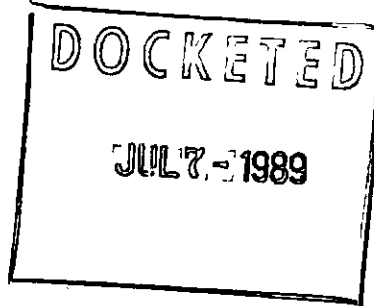


COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
JULY 06, 1989

20

CONSHOHOCKEN YELLOW CAB, INC.
41 BURNSIDE AVENUE
NORRISTOWN PA 19401



IN REPLY PLEASE
REFER TO OUR FILE

A-00100317

Fs. 1,2



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,

James J. McCarthy
Insurance Section
(717) 787-1227

cc: Enforcement Division

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
DECEMBER 27, 1989

CONSHOHOCKEN YELLOW CAB, INC.
41 BURNSIDE AVENUE
NORRISTOWN PA 19401

FOLDED

IN REPLY PLEASE
REFER TO OUR FILE

A-00100317

Fs. 1/2

DOCKETED
JAN 03 1990

NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE DECEMBER 31, 1989
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

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 boxes for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

<p>3. Article Addressed to:</p> <p>A-00100317 Fs. 1,2</p> <p>CONSHOHOCKEN YELLOW CAB, INC.</p>	<p>4. Article Number 084692</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature - Address</p> <p>X <i>[Signature]</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature - Agent</p> <p>X <i>[Signature]</i></p>	
<p>7. Date of Delivery</p> <p><i>12/29/89</i></p>	

B

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
MARCH 02, 1990

IN REPLY PLEASE
REFER TO OUR FILE

A-00100317

Fs. 1,2

CONSHOHOCKEN YELLOW CAB, INC.
41 BURNSIDE AVENUE
NORRISTOWN PA 19401

NOTICE TO LIFT SUSPENSION

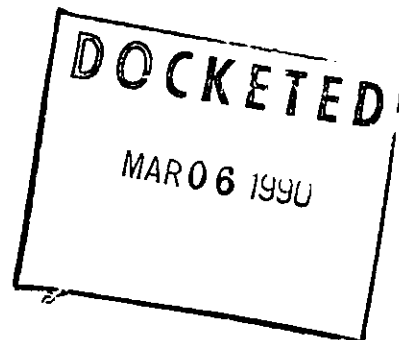
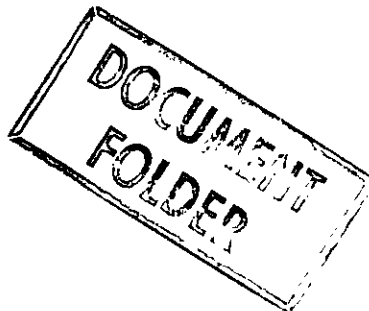
This is to notify you that we have received proof of insurance coverage. Therefore, you may disregard the Notice of Suspension previously issued.

Very truly yours,

James J. McCarthy

Insurance Section
(717) 787-1227

cc: Enforcement Division



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
JUNE 12, 1990

CONSHOHOCKEN YELLOW CAB, INC.
41 BURNSIDE AVENUE
NORRISTOWN PA 19403

SOCKETED
JUN 13 1990

IN REPLY PLEASE
REFER TO OUR FILE

A-00100317
FS. 1,2

NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE JUNE 16, 1990

FOR EXPIRATION OR CANCELLATION OF

BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE

FILED

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

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. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

<p>3. Article Addressed to:</p> <p>A-00100317 FS. 1,2</p> <p>CONSHOHOCKEN YELLOW CAB, INC.</p>	<p>4. Article Number 044256</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>
<p>5. Signature - Address</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p> <p style="text-align: right;">pk</p>
<p>6. Signature - Agent</p> <p>X</p>	
<p>7. Date of Delivery</p> <p>6/15/90</p>	

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
JULY 17, 1990

CONSHOHOCKEN YELLOW CAB, INC.
41 BURNSIDE AVENUE
NORRISTOWN PA 19403

RECEIVED
JUL 18 1990

IN REPLY PLEASE
REFER TO OUR FILE

A-00100317

FS. 1,2

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,

James J. McCarthy
Insurance Section *KB*
(717) 787-1227

cc: Enforcement Division

DO NOT
FILE

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
OCTOBER 11, 1990

CONSHOHOCKEN YELLOW CAB, INC.
41 BURNSIDE AVENUE
NORRISTOWN PA 19403

DOCKETED
OCT 12 1990

IN REPLY PLEASE
REFER TO OUR FILE

A-00100317
FS. 1,2

DOCUMENT
FOLDER

NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE OCTOBER 15, 1990

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

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
OCTOBER 19, 1990

BTL

DOCUMENT
FOLDER

IN REPLY PLEASE
REFER TO OUR FILE

A-00100317

FS. 1,2

CONSHOHOCKEN YELLOW CAB, INC.
41 BURNSIDE AVENUE
NORRISTOWN PA 19403

DOCKETED
OCT 19 1990

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,

James J. McCarthy

Insurance Section
(717) 787-1227

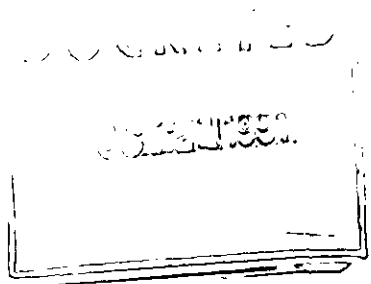
cc: Enforcement Division

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
OCTOBER 16, 1991

IN REPLY PLEASE
REFER TO OUR FILE

CONSHOHOCKEN YELLOW CAB, INC.
41 BURNSIDE AVENUE
NORRISTOWN PA 19403

A-00100317
FS. 1, 2



BTL

NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE OCTOBER 12, 1991

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

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

A-00100317 FS. 1,2

CONSHOCKEN YELLOW CAB, INC.

4a. Article Number

0-4654

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

10-18-91

5. Signature (Addressee)

6. Signature (Agent)

Man Smith

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

AMH