

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

April 11, 1985

IN REPLY PLEASE
REFER TO OUR FILE

A. 00102306
F. 1, Am-E


John A. Pillar, Esquire
1500 Bank Tower
307 Fourth Avenue
Pittsburgh, PA 15222

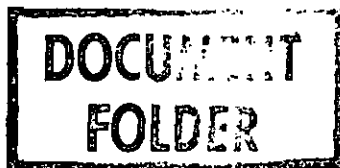
Application of KLAPEC TRUCKING COMPANY

Dear Sir:

Please be advised that the tariff requirement has been satisfied in the above entitled proceeding.

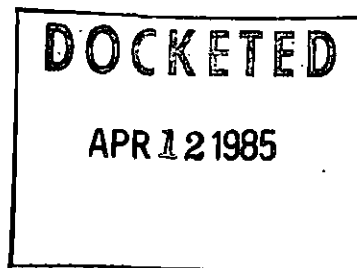
Very truly yours,


Jerry Rich
Secretary



EMD

KLAPEC TRUCKING COMPANY
R.D. #1
673 North Seneca Street
Oil City, PA 16301



PS Form 3871, July 1983

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.

2/11/85
 Show to whom, date and address of delivery.

2. Restricted Delivery. *A. 102306 FL Home*

3. Article Addressed to:
Klaper Trucking Company

4. Type of Service: Article Number
 Registered Insured
 Certified COD
 Express Mail **44687**

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

5. Signature - Addressee
 X

6. Signature - Agent
 X *R. Stahlman*

7. Date of Delivery
APR 12 1985

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

DOMESTIC RETURN RECEIPT

PS Form 3871, July 1983

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.

2/11/85
 Show to whom, date and address of delivery.

2. Restricted Delivery. *A. 102306 FL Home*

3. Article Addressed to:
John a Pillar Esq

4. Type of Service: Article Number
 Registered Insured
 Certified COD
 Express Mail **44703**

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

5. Signature - Addressee
 X

6. Signature - Agent
 X *John Matthews*

7. Date of Delivery
4-12-85

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

DOMESTIC RETURN RECEIPT