



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

November 7, 1984

IN REPLY PLEASE
REFER TO OUR FILE

A. 00105185

Kevin R. McHale
R.D. #7, Box 428
Reading, PA 19606

Application of KEVIN R. McHALE, t/d/b/a McHALE DELIVERY SERVICE

Dear Sir:

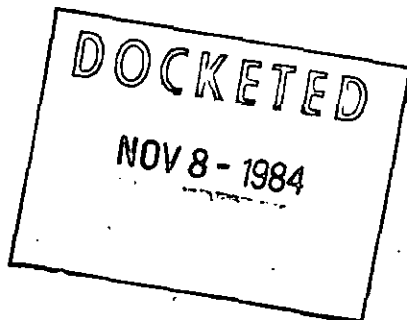
The records of the Commission show that applicant has complied with the necessary tariff and insurance requirements.

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 21, 1984.

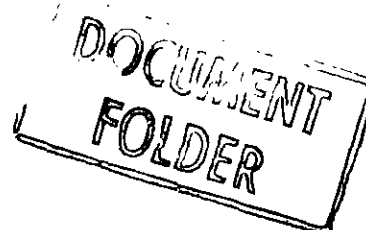
Very truly yours,

Jerry Rich
Secretary



EMD

Enclosures
Certified Mail



PENNSYLVANIA
PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF

KEVIN R. McHALE, trading and doing business
as McHALE DELIVERY SERVICE

CONTRACT CARRIER
PERMIT

A. 00105185
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 7th day of NOVEMBER 1984.

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

Attest:

DOCUMENT
FOLDER

John Lich
Secretary

DOCKETED
NOV 8 - 1984

PS Form 3811, 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.

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

2. Restricted Delivery *A-105185*

3. Article Addressed to:
Kevin R. McHale

4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	Article Number 44263
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

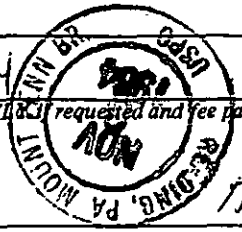
5. Signature - Addressee
Kevin R. McHale

6. Signature - Agent
X

7. Date of Delivery
11-8-84

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

DOMESTIC RETURN RECEIPT



HOR