



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

January 22, 1985

IN REPLY PLEASE
 REFER TO OUR FILE

A. 00105335

Christian V. Graf, Esquire
 407 North Front Street
 Harrisburg, PA 17101

Application of JAY FULKROAD & SONS, INC., a corp of the Commonwealth of PA

Dear Sir:

Your attention is directed to a letter from the Commission dated July 26, 1984 together with the compliance order of the Commission, notifying you of the Commission's approval of the application for a certificate of public convenience in the above entitled proceeding, limited and restricted to certain definite rights.

The letter states that the applicant would be required to file with the Commission within sixty days (60) of the date of the letter a certificate of insurance or other security and a tariff of its rates and charges that the certificate of public convenience authorizing actual operations would not be issued until the compliance with these requirements.

Motor carriers operating without complying with these requirements and hence without a certificate of public convenience are operating illegally and subject to the penalty provisions of the Public Utility Law.

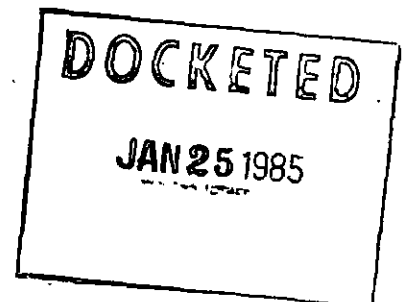
Our records show that you have failed to comply with the insurance requirement(s). Unless the requirement(s) is complied with immediately, the Commission will rescind the action of July 20, 1984 approving the application and dismiss it without further proceeding.

Very truly yours,

Jerry Rich
 Secretary

cc: Applicant
 R.D. #2
 McAllisterville, PA 17049

Certified Mail
 Receipt Requested



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 105335*

3. Article Addressed to:
Christian Gray Esq

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	<i>44312</i>

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

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X

6. Signature - Agent
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7. Date of Delivery
1-23-85

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

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