



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P. O. BOX 3268, HARRISBURG, Pa. 17120

March 8, 1985

IN REPLY PLEASE
REFER TO OUR FILE

A. 00105335
Folder 1

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:

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

Enclosed is the certificate of public convenience 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 July 26, 1984.

Very truly yours,

DOCKETED
MAR 12 1985

Jerry Rich
Secretary

DOCUMENT
FOLDER

EMD
Enclosures
Certified Mail

JAY FULKROAD & SONS, INC.
R.D. #2
McAllisterville, PA 17049

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF

JAY FULKROAD & SONS, INC., a corporation of the
Commonwealth of Pennsylvania

CERTIFICATE
OF
PUBLIC CONVENIENCE

A. 00105335
Folder 1

The Pennsylvania Public Utility Commission hereby certifies that after an investigation and/or hearing had on the above entitled application, it has, by its report and order made and entered, a copy of which is attached hereto and made a part hereof, found and determined that the granting of said application is necessary or proper for the service, accommodation, convenience and safety of the public, and this certificate is issued evidencing its approval of the said application as set forth in said report and 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 8th day of MARCH 19 85.

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

Attest:

DOCKETED
MAR 12 1985

DOCUMENT
FOLDER

Chairman

Secretary

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 with 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. *Cert.*

2. Restricted Delivery. *A105335 FI*

3. Article Addressed to:
Christian V Gray 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	44463

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

5. Signature - Addressee
X *Christian V Gray*

6. Signature - Agent
X

7. Date of Delivery
3/9/85

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

DOMESTIC RETURN RECEIPT