



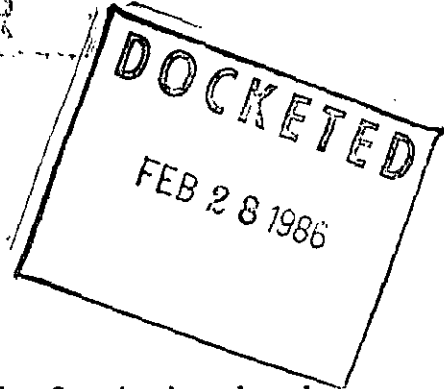
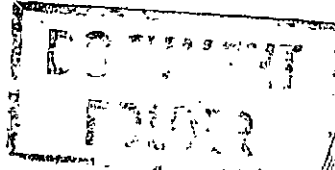
COMMONWEALTH OF PENNSYLVANIA
 PENNSYLVANIA PUBLIC UTILITY COMMISSION
 P. O. BOX 3265, HARRISBURG, Pa. 17120

February 27, 1986

IN REPLY PLEASE
 REFER TO OUR FILE

A. 00105101

James W. Patterson, Esquire
 1800 Penn Mutual Tower
 510 Walnut Street
 Philadelphia, PA 19106



Application of J. F. LOMMA, INC.

Dear Sir:

Your attention is directed to a letter from the Commission dated October 8, 1985 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 October 3, 1985 approving the application and dismiss it without further proceeding.

Very truly yours,

Jerry Rich
 Secretary

EMD

Certified Mail
 Receipt Requested
 J. F. LOMMA, INC.
 286 Central Avenue
 South Kearny, NJ 07032

PS Form 3811, July 1983 447-845

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.

Show to whom, date and address of delivery. *2 dlt*

2. Restricted Delivery. *A. 105101*

3. Article Addressed to:
James Patterson Esq

4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number <input type="checkbox"/> Insured <input type="checkbox"/> COD <i>44388</i>
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 Carol A. Rossi

6. Signature - Agent

7. Date of Delivery
3/1/88

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

DOMESTIC RETURN RECEIPT

2.2. #649

PS Form 3811, July 1983 447-845

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.

Show to whom, date and address of delivery. *2 dlt*

2. Restricted Delivery. *A. 105101*

3. Article Addressed to:
Gr Loma Pk

4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number <input type="checkbox"/> Insured <input type="checkbox"/> COD <i>44428</i>
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 C. Wichter

6. Signature - Agent

7. Date of Delivery
 MAR 3 1988

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

DOMESTIC RETURN RECEIPT