



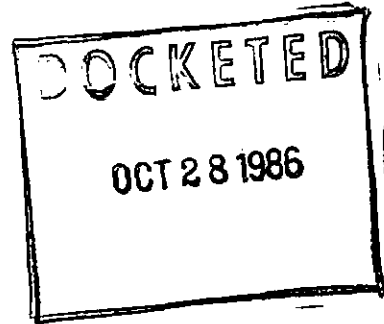
COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P. O. BOX 3265, HARRISBURG, Pa. 17120

October 27, 1986

IN REPLY PLEASE  
REFER TO OUR FILE

A. 00105101

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



Application of J. F. Looma, Inc.

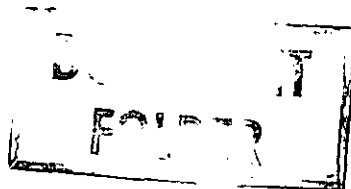
To Whom It May Concern:

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 October 8, 1986.

Very truly yours,



Jerry Rich, Secretary

EMD  
Certified Mail

J. F. LOMMA, INC.  
286 Central Avenue  
South Kearny, NJ 07032

PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

DOCKETED  
OCT 28 1986

IN THE MATTER OF THE APPLICATION OF

J. F. LOMMA, INC.

CERTIFICATE  
OF  
PUBLIC CONVENIENCE

A. 00105101  
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 27th day of OCTOBER, 19 86.

PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

Attest:

Chairman

Secretary

**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. *A105101*

3. Article Addressed to:  
*J. J. Lomma, Inc*

4. Type of Service:  Registered  Insured  Certified  COD  Express Mail  
 Article Number: **44027**

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

5. Signature - Addressee  
 *J. Patton*

6. Signature - Agent

7. Date of Delivery: **OCT 27 1986**

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

PS Form 3811, JULY 1983 447-845

DOMESTIC RETURN RECEIPT

**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. *A105101*

3. Article Addressed to:  
*James W. Patterson, Esq*

4. Type of Service:  Registered  Insured  Certified  COD  Express Mail  
 Article Number: **44028**

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

5. Signature - Addressee

6. Signature - Agent  
 *Erin Weiss*

7. Date of Delivery: **10/25/86**

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

PS Form 3811, JULY 1983 447-845

DOMESTIC RETURN RECEIPT

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address.  
 2.  Restricted Delivery.

3. Article Addressed to: *A-105101 cat*

4. Article Number: *98292*

Type of Service:  Registered  Insured  Certified  COD  Express Mail

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

5. Signature - Addressee  
 *James Patterson, Esq*

6. Signature - Agent  
 *Erin Weiss*

7. Date of Delivery: **10/29/86**

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

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

*2.2. #647*