

December 16, 2013

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg PA 17105-3265

RE: Keith D Snyder T/A Punxsutawney Bus Company
Docket No. C-2013-2388656
Certificate of Public Convenience # A-00089003

Dear Rosemary,

This letter is written to advise that we, Keith D. Snyder, Jr. and Jacque D. Perry are Executors of our father's, Keith D. Snyder, Estate. Keith deceased on August 31st, 2013. The vehicles that had authority to operate under the above Certificate of Public Convenience have not been operating as of that date.

We did not intentionally mean for the Pennsylvania Public Utility Commission, Bureau of Investigation & Enforcement file a complaint against this authority. We are just unfamiliar with the workings of this authority.

We have been discussing our concerns and possible resolutions with Chad Horner of State Representative Samuel Smith's office with much satisfaction.

That being said we would like to ask for a voluntary suspension of the Scheduled Route Authority and ask that the Scheduled Route Authority be put in Escrow for a 1 year period.

We also understand that the Pennsylvania Public Utility Commission will be considerate in not assessing the \$500.00 fine for illegal activity as described in the complaint.

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2013 DEC 23 AM 11:28
PA P.U.C.
SECRETARY'S BUREAU

Thanking you for your consideration. We would appreciate any correspondence to be sent to the address below.

Keith D. Snyder, Jr., Executor
Keith D. Snyder, Jr., Executor
65 Pheasant Hollow Road
Punxsutawney PA 15767

Jacque D. Perry, Executor
Jacque D. Perry, EXECUTOR

Before me, this 16th day of December 2013, a Notary Public, personally appeared, Keith D. Snyder Jr.

Before me, this 16th day of December 2013, a Notary Public, personally appeared, Jacque D. Perry

Paula J. Daugherty
Notary Public
COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Paula J. Daugherty, Notary Public
Young Twp., Jefferson County
My Commission Expires April 25, 2017
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

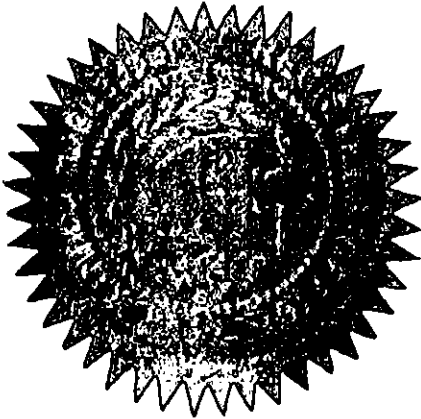
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My Commission Expires April 25, 2017
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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SECRETARY



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF JEFFERSON

SHORT CERTIFICATE



I, DIANE MAIHLE KIEHL
Register for the Probate of Wills and Granting
Letters of Administration &c. in and for said
County of JEFFERSON do hereby certify that on
the 18th day of September A.D.,
Two Thousand and Thirteen,
Letters TESTAMENTARY
in common form were granted by the Register of
said County, on the

estate of SNYDER KEITH DUANE SR, late of RINGGOLD TOWNSHIP
(LAST, FIRST, MIDDLE)

a/k/a SNYDER KEITH D SR SNYDER KEITH D

in said county, deceased, to SNYDER KEITH D JR and
(LAST, FIRST, MIDDLE)
PERRY JACQUE D
(LAST, FIRST, MIDDLE)

and that same has not since been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal
of said office at BROOKVILLE, PENNSYLVANIA, this 18th day of September
A.D., Two Thousand and Thirteen.

File No. 2013-00259
PA File No. 33-13-0259
Date of Death 8/31/2013
S.S. # 159-22-0814

Diane Maihle Kiehl Register

RECEIVED
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PA PROBATE BUREAU
SECRETARY'S OFFICE

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, \$6.00



This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

P 19934343

Certification Number

Rose Landgraf 9/4/13
Local Registrar Date Issued

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, Middle, Last, Suffix) **Keith Duane Snyder, Sr.** 2. Sex **M** 3. Social Security Number **029256E** 4. Date of Death (Mo/Day/Yr) (Spell Mo) **August 31, 2013**

5a. Age-Last Birthday (Yrs) **86** 5b. Under 1 Year **0** 5c. Under 1 Day **0** 6. Date of Birth (Mo/Day/Year) **January 06, 1927** 7a. City and State or Foreign Country **Pittsburgh, Pennsylvania** 7b. Birthplace (County) **Jefferson**

8a. Residence (State or Foreign Country) **Pennsylvania** 8b. Residence (Street and Number - include Apt No.) **72 Kips Lane Punxsutawney** 8c. Did Decedent Live in a Township? **Yes, decedent lived in Ringgold**

9. Ever in US Armed Forces? **No** 10. Marital Status at Time of Death **Married** 11. Surviving Spouse's Name (If wife, give name prior to first marriage) **N/A**

12. Father's Name (First, Middle, Last, Suffix) **Elvin Snyder, Sr.** 13. Mother's Name Prior to First Marriage (First, Middle, Last) **Agnes Mae Engle**

14a. Informant's Name **Keith Duane Snyder, Jr.** 14b. Relationship to Decedent **Son** 14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) **65 Phœnant Hollow Rd Punxsutawney, PA**

15a. Place of Death (Check only one) **Decedent's Home** 15b. Facility Name (if not institution, give street and number) **UPMC Shadyside** 15c. City or Town, State, and Zip Code **Pittsburgh, Pennsylvania 15232** 15d. County of Death **Allegheny**

16a. Method of Disposition **Burial** 16b. Date of Disposition **Sept 5, 2013** 16c. Place of Disposition (Name of cemetery, crematory, or other place) **St. James Lutheran Cemetery**

17a. Name and Complete Address of Funeral Facility **Shumaker Funeral Home, Inc 115 East Union Street Punxsutawney, PA 15767** 17b. License Number **FD014901**

18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. **High school graduate or GED completed**

19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. **No, not Spanish/Hispanic/Latino**

20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. **White**

21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. **White**

22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. **Business Owner**

22b. Kind of Business/Industry **Bus Company / Insurance Agent**

23a. Date Pronounced Dead (Mo/Day/Yr) **08-31-2013** 23b. Signature of Person Pronouncing Death (Only when applicable) *Rose Landgraf* 23c. License Number **029256E**

24. Date Signed (Mo/Day/Yr) **08-21-2013** 24. Time of Death **6:20 AM** 25. Was Medical Examiner or Coroner Contacted? **Yes**

CAUSE OF DEATH

26. Part I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **ischemic cardiomyopathy**

26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

27. Was an autopsy performed? **No**

28. Were autopsy findings available to complete the cause of death? **No**

29. If female: **Not pregnant within past year**

30. Did Tobacco Use Contribute to Death? **Probably**

31. Manner of Death **Natural**

32. Date of Injury (Mo/Day/Yr) (Spell Month)

33. Time of injury

34. Place of injury (e.g. home, construction site, farm, school)

35. Location of injury (Street and Number, City, County, State, Zip Code)

36. Injury at Work? **No**

37. If Transportation Injury, Specify **Driver/Operator**

38. Describe How Injury Occurred:

39. Certifier - physician, registered nurse practitioner, medical examiner/coroner (Check only one): **Physician only - to the best of my knowledge, death occurred due to the cause(s) and manner stated.**

Signature of certifier: *Rose Landgraf* Title of certifier: **Local Registrar** License Number: **029256E**

40. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) **Rose Landgraf MD, UPMC-Shadyside, 5730 Central Ave, Pgh, PA 15232**

41. Registrar's District Number **33-303** 42. Registrar File Date (Mo/Day/Yr) **08-31-2013**

43. Amendments

NAME OF DECEASED: Keith D Snyder

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HOUSE OF REPRESENTATIVES
PO BOX 202066
HARRISBURG, PA 17120-2066
(717) 787-3845



BROOKVILLE OFFICE
(814) 849-8008
PUNXSUTAWNEY OFFICE
(814) 938-4225

DATE: 12.13 - 13

SAM SMITH
THE SPEAKER
HOUSE OF REPRESENTATIVES
COMMONWEALTH OF PENNSYLVANIA

- For Your Information
- As Per Your Request
- Other: _____

PA PUBLIC UTILITY COMMISSION
SECRETARY'S OFFICE

DEC 23 2013

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DEC 23 2013

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

ROSEMARY CHIAVETTA SECRETARY
PENNSYLVANIA PUBLIC UTILITY COMMISSION
PO BOX 3265
HARRISBURG PA 17105

KEITH D. SYDOR
PO BOX 102
PUNXSATANNEY PA 15767