



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

April 25, 1989

DOCKETED  
JUN 12 1989

IN REPLY PLEASE  
REFER TO OUR FILE

A. 00106830  
F. 1, Am-A

Herbert R. Nurick, Esquire  
P.O. Box 1166  
Harrisburg, PA 17108-1166

Application of CLOUSE TRUCKING, INC., a corp of the Comm. of PA

To Whom It May Concern:

In review of our records it has been found that you have still not complied with the tariff requirements as set forth in the Commission's order dated December 22, 1988.

In order to process your approved application it is necessary to file with the Commission the necessary tariff.

Motor carriers operating without complying with the requirements are operating illegally and are subject to the penalty provisions of the Public Utility Law.

Please file the requirements needed within thirty (30) days of receipt of this letter or the application will be dismissed for lack of prosecution.

Thank you for your co-operation in this matter.

Very truly yours,

  
Jerry Rich, Secretary

EMD  
CERTIFIED MAIL

Tariff Section 717-787-5521

CLOUSE TRUCKING, INC.  
R.D. #35, Box 112  
Carlisle, PA 17013

EXTENSION OF TIME UNTIL May 15, 1989.

DOCUMENT  
FOLDER

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in "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. (Extra charge)      2.  Restricted Delivery (Extra charge)

3. Article Addressed to: <i>A-106830</i> <i>F. 1A m A</i>  <i>CLOSE TRUCKING</i>  <i>2nd fl.</i>	4. Article Number <i>44810</i>  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise  Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
5. Signature - Address <input checked="" type="checkbox"/> <i>H. Kuch</i>	B. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/>	
7. Date of Delivery <i>4-26-89</i> <i>Per</i>	

*N*