

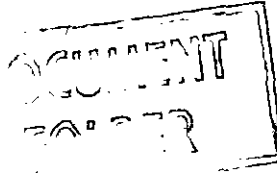
COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P. O. BOX 3265, HARRISBURG, Pa. 17120

April 11, 1986

IN REPLY PLEASE  
REFER TO OUR FILE

A. 00106548  
Folder 1

Paul W. Burlingame, Jr., Esquire  
109 Dillon Street  
Beaver Falls, PA 15010



Application of DEBO MOVING AND STORAGE, INC., a corp of PA

To Whom It May Concern:

The records of the Commission show that the 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.

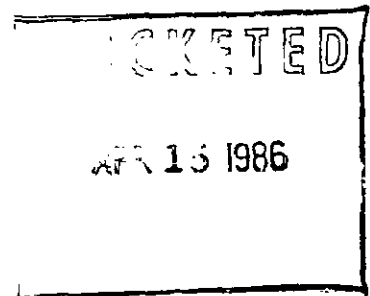
Kindly attach the enclosures to the compliance order previously issued and mailed to you on January 15, 1986.

Very truly yours,

Jerry Rich, Secretary

EMD  
Certified Mail  
Receipt Requested

DEBO MOVING AND STORAGE, INC.  
1301 Allegheny Street  
New Brighton, PA 15066



PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

DOCUMENT  
FOLDER

IN THE MATTER OF THE APPLICATION OF

DEBO MOVING AND STORAGE, INC., a corporation  
of the Commonwealth of Pennsylvania

CERTIFICATE  
OF  
PUBLIC CONVENIENCE

A. 00106548  
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 11th day of APRIL, 19 86.

Attest:

DOCKETED  
APR 15 1986

PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

Chairman



Secretary

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.

- 1.  Show to whom, date and address of delivery.
- 2.  Restricted Delivery. *A. 106548*

3. Article Addressed to:  
*Paul W Benington J. Esq.*

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	<i>44249</i>

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

5. Signature of Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)  
*APR 15 1984* *CN*

DOMESTIC RETURN RECEIPT