



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P.O. BOX 3265, HARRISBURG, PA 17105-3265

KJR

January 4, 1993

IN REPLY PLEASE  
REFER TO OUR FILE

A-00107087  
F.1Am-C

LLOYD R. PERSUN ESQUIRE  
METTEE EVANS & WOODSIDE  
PO BOX 729  
HARRISBURG PA 17108-0729

Application of Independent Freightway Inc., a corporation of the State of Delaware

Dear Sir:

Please be advised that the tariff requirement has been satisfied in the above entitled proceeding and you may now utilize those rights.

Very truly yours,

John G. Alford, Secretary

JZ  
Encls.  
cc:applicant  
PO Box 7013  
ROCKFORD IL 61125

DOCUMENT  
FOLDER

INDEXED

JAN 22 1993

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, a, and b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: **A-107087**  
*Short F.I.C*  
*Tariff*  
*Letter*

4a. Article Number  
*164231*

- 4b. Service Type
- Registered  Insured
  - Certified  COD
  - Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
**JAN - 6 1993**

5. Signature (Addressee)  
*Lloyd R. Persing Esq.*

6. Signature (Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)  
*KJR*

Thank you for using Return Receipt Service.