

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
APRIL 24, 1990

IN REPLY PLEASE
REFER TO OUR FILE

A-00105933

MOLNAR ROBERT
T/D/B/A MOLNAR, ROBERT HAULING
R.D.1 BOX 38-A
SUTTERVILLE PA 15083

DOCU
FOLDER

DOCKETED
APR 26 1990

NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE APRIL 26, 1990

FOR EXPIRATION OR CANCELLATION OF

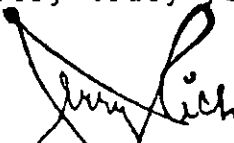
BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE

This is to notify you that as of the above effective date, the authority granted to you by the Pennsylvania Public Utility Commission is hereby suspended as more thoroughly described on the attached sheet.

Please be advised that you may not operate until we have received evidence of renewed insurance coverage.

Upon receipt and acceptance of the required certificate of Insurance, you will receive written notification that the suspension is lifted and that you may resume operations.

Very truly yours,


Jerry Rich
Secretary

cc: Enforcement Division

Certified Mail

● **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.

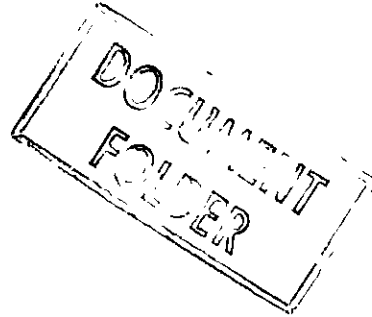
1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: A-00105933 MOLNAR, ROBERT	4. Article Number 044267 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 <u>DATE DELIVERED</u> .
5. Signature - Addressee X <i>Robert Molnar</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery <i>4-28-90</i>	

B

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
MAY 02, 1990

MOLNAR ROBERT
T/D/B/A MOLNAR, ROBERT HAULING
R.D.1 BOX 38-A
SUTTERVILLE PA 15083

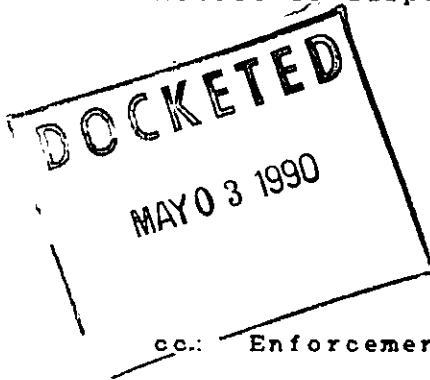


IN REPLY PLEASE
REFER TO OUR FILE

A-00105933

NOTICE TO LIFT SUSPENSION

This is to notify you that we have received proof of insurance coverage. Therefore, you may disregard the Notice of Suspension previously issued.



Very truly yours,

A handwritten signature in cursive script that reads "James J. McCarthy".

Insurance Section
(717) 787-1227

cc: Enforcement Division

KJR

Pennsylvania Public Utility Commission
BUREAU OF TRANSPORTATION
P.O. BOX 3265, Harrisburg, Pennsylvania 17105-3265

ANNUAL REPORT
CONTRACT CARRIER

CALENDAR YEAR +
1991

P.U.C. Permit
No. A. 00105933
I.C.C. Certificate
No. MC

Name and Address of Reporting Carrier
CC S A-00105933
MOLNAR ROBERT
R.D. 1 BOX 38-A
SUTTERVILLE PA 15083

Correct Name and Address if Different Than Shown
ROBERT MOLNAR
1670 CURRY RD.,
SUTERSVILLE, PA. 15083

DOCUMENT FOLDER

Out-of-State Carriers Please Provide Pennsylvania Address and Telephone Number For Contact Purposes.

Telephone No. ()
Address

File By March 31, 1992

- 1. This report covers period from: JANUARY 1, 1991 to DECEMBER 31 1991
2. If carrier is an individual or a partnership, list name or names below: ROBERT MOLNAR
3. If business is conducted under a trade name, give date or registration under Fictitious Names Act: 19
4. Date of incorporation:
5. In what state?
6. Directors at end of year:

FOR INCORPORATED CARRIERS

- 7. Principal Stockholders:
8. Officers at end of year:
President:
Vice-President:
Secretary:
Treasurer:
General Manager:
9. If carrier was controlled by another corporation at end of year, give name of such corporation and extent of control over carrier.

RECEIVED
PENNA. PUBLIC UTILITY COMM.
MAR 30 1992
Bureau of Transportation
Financial Document Section

INCOME STATEMENT

PA GROSS OPERATING REVENUES. \$401470.46
INTERSTATE OPERATING REVENUES. \$
GROSS OPERATING REVENUES . . . \$401470.46

AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA } SS
COUNTY OF

I, (or We), the undersigned ROBERT MOLNAR
trading as (or of the firm) ROBERT MOLNAR HAULING

on my (or our) oath do say that the following return has been prepared under my (or our) direction from the original books, papers and records of this carrier and that I (or we) have carefully examined same and declare it to be a complete and correct statement of the business and affairs of said carrier to the best of my (or our) knowledge, information and belief.

Robert Molnar A.
(Proprietor, Managing Partner or Chief Officer)
(Officer in Charge of Accounts) (Title)

Telephone No. (412) 872-4475
Area Code

Subscribed and sworn to before me this day of
MARCH 26, 1992

Signed Anthony D. Bazzo

My commission expires.
NOTARIAL SEAL
Anthony D. Bazzo, Notary Public
Sewickley Twp., Washington County
My Commission Expires Sept. 8, 1994

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
OCTOBER 04, 1991

IN REPLY PLEASE
REFER TO OUR FILE

A-00105933

MOLNAR ROBERT
T/D/B/A MOLNAR, ROBERT HAULING
R.D.1 BOX 38-A
SUTTERVILLE PA 15083

575

NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE OCTOBER 08, 1991

FOR EXPIRATION OR CANCELLATION OF


BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE

This is to notify you that as of the above effective date, the authority granted to you by the Pennsylvania Public Utility Commission is hereby suspended as more thoroughly described on the attached sheet.

Please be advised that you may not operate until we have received evidence of renewed insurance coverage.

Upon receipt and acceptance of the required certificate of Insurance, you will receive written notification that the suspension is lifted and that you may resume operations.

Very truly yours,



Jerry Rich
Secretary

cc: Enforcement Division

Certified Mail

DOCUMENT
FOLDER

DOCKETED
OCT 08 1991

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, a & 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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-00105933

MOLNAR, ROBERT

4a. Article Number
044697

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

7. Date of Delivery
10-11-91

5. Signature (Addressee)

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

6. Signature (Agent)

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
NOVEMBER 05, 1991

IN REPLY PLEASE
REFER TO OUR FILE

A-00105933

MOLNAR ROBERT
T/D/B/A MOLNAR, ROBERT HAULING
R.D.1 BOX 38-A
SUTTERVILLE PA 15083

NOTICE TO LIFT SUSPENSION

BTL

This is to notify you that we have received proof of insurance coverage. Therefore, you may disregard the Notice of Suspension previously issued.

Very truly yours,

James J. McCarthy

Insurance Section
(717) 787-1337

cc: Enforcement Division

DOCUMENT
FOLDER

DOCKETED
NOV 07 1991