

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
OCTOBER 27, 1992

IN REPLY PLEASE
REFER TO OUR FILE
A-00093048

TREGO, HAROLD E., INC.
BOX 204
LIONVILLE PA 19353

DOCKETED
OCT 30 1992

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,

Dawn D. Beason

Insurance Section
(717) 787-1227

cc: Enforcement Division

**DOCUMENT
FOLDER**

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
DECEMBER 14, 1992

IN REPLY PLEASE
REFER TO OUR FILE
A-00093048

TREGO, HAROLD E., INC.
BOX 204
LIONVILLE PA 19353



PLC

NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE DECEMBER 16, 1992

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.

DOCKETED
DEC 16 1992

Very truly yours,

A handwritten signature in cursive script that reads "John G. Alford".
John G. Alford
Secretary

cc: Enforcement Division

Certified Mail

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, a, b & c.
- 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.

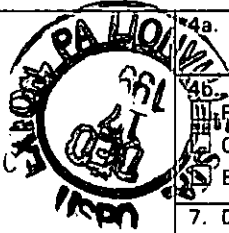
3. Article Addressed to:

A-00093048

HAROLD E. TREGO INC

5. Signature (Addressee)

6. Signature (Agent)



4a. Article Number

44839

4b. Service Type

- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

7. Date of Delivery

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT