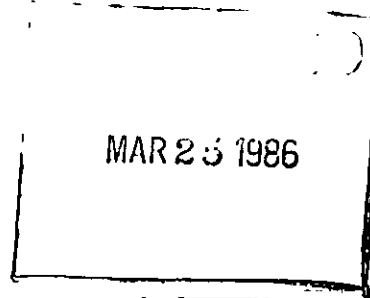


COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P.O. BOX 3265, HARRISBURG, PA. 17120  
MARCH 25, 1986

IN REPLY PLEASE  
REFER TO OUR FILE

A-00093048

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



COLL  
FOLETT

NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE MARCH 27, 1986

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,

A handwritten signature in cursive script that reads "Jerry Rich".

Jerry Rich  
Secretary

cc: Enforcement Division

Certified Mail

A93048

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.

Article Addressed to: **A93048**  
**Harold E. Trepo, Inc**

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	<b>44216</b>

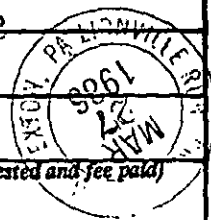
Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
 X *[Signature]*

6. Signature - Agent  
 X

7. Date of Delivery  
 3-27-86

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



DOMESTIC RETURN RECEIPT



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

May 15, 1986

IN REPLY PLEASE  
REFER TO OUR FILE

A. 93048

Harold E. Trego, Inc.  
P.O. Box 204  
Lionville, PA 19353

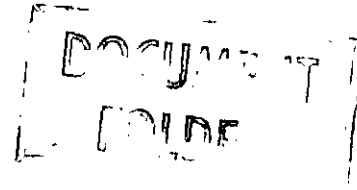
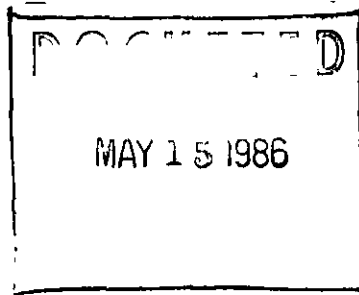
Gentlemen:

This is to notify you that if we do not receive within ten (10) days a certificate of bodily injury and property damage liability insurance (Form E), which was to be issued to the Commission to renew the insurance which expired on March 27, 1986, a complaint proceeding will be instituted against you for failure to comply with insurance requirements of the Commission. This complaint will also impose a \$50 fine to be paid within twenty (20) days from the date of the complaint.

Please give this matter your immediate attention, as your certificate of public convenience could be cancelled.

Very truly yours,

Jacqueline G. Ege  
Insurance Section  
(717) 787-1227





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

May 22, 1986

IN REPLY PLEASE  
REFER TO OUR FILE

Our Docket # A-00093048

Liberty Mutual Insurance Company  
2501 Wilmington Road  
New Castle, PA 16105

Ins. Policy # AS1-381-038096-01

Subject: Form E

The enclosed insurance filing is being returned to you for the following reason(s):

Incorrect name: Insurance should be in the name of: Harold E. Trego, Inc.

Please submit the correct and proper insurance filing to our office as soon as possible. Failure to do so may result in suspension and/or cancellation of authorized PUC rights.

If you have any questions concerning the above, please contact the Insurance Section at (717) 787-1227.

Very truly yours,

Terri A. Marquis  
Insurance Section

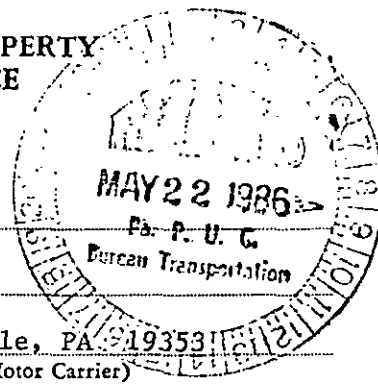
Enclosure

cc: Certificate holder

DOCUMENT  
FOLDER

POCKETED  
MAY 28 1986

Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE  
(Executed in Triplicate)



Filed with PA Public Utility Commission (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the Liberty Mutual Insurance Company  
(Name of Company)

(hereinafter called Company) of 175 Berkeley St., Boston, MA 02117  
Lionville Concrete & Transportation (Home Office Address of Company)

has issued to Inc. & Harold E. Trego of PO Box 204, Lionville, PA 19353  
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 4-29-86 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 2501 Wilmington Road, New Castle, PA 16105  
(Street Address) (City) (State) (Zip Code)

this 20th day of May 1986.

Insurance Company File No. AS1-381-038096-01  
(Policy Number)

*F. R. Wilson*

Authorized Company Representative



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

July 18, 1986

IN REPLY PLEASE  
REFER TO OUR FILE

A. 93048

Harold E. Trego, Inc.  
P.O. Box 204  
Lionville, PA 19352

Gentlemen:

This is to notify you that if we do not receive within ten (10) days a certificate of bodily injury and property damage liability insurance (Form E) to replace the one that was cancelled on March 27, 1986, a complaint proceeding will be instituted against you for failure to comply with the insurance requirements of the Commission.

Please give this matter your immediate attention.

Very truly yours,

Jacqueline G. Ege  
Insurance Section  
(717) 787-1227

**DOCUMENT  
FOLDER**

**INDEXED**  
**JUL 25 1986**

COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P.O. BOX 3265, HARRISBURG, PA. 17120  
AUGUST 04, 1986

IN REPLY PLEASE  
REFER TO OUR FILE

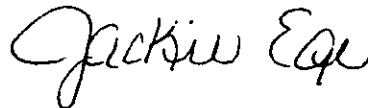
A-00093048

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

NOTICE TO LIFT SUSPENSION

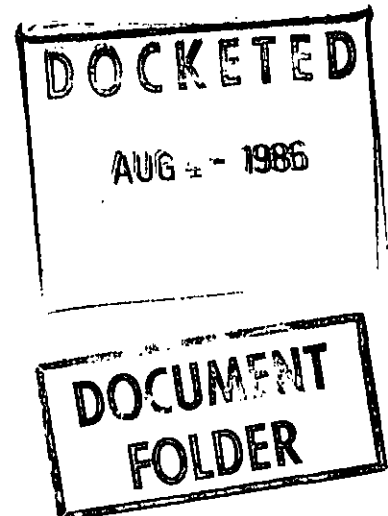
This is to notify you that we have received proof of insurance coverage. Therefore, you may disregard the Notice of Suspension previously issued.

Very truly yours,



Insurance Section  
(717) 787-1227

cc: Enforcement Division



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P.O. BOX 3265, HARRISBURG, PA. 17120  
OCTOBER 28, 1986

IN REPLY PLEASE  
REFER TO OUR FILE

A-00093048

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

NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE OCTOBER 30, 1986

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

DOCUMENT  
FOLDER

cc: Enforcement Division

Certified Mail

DOCKETED  
OCT 29 1986

857080

**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 so 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.      2.  Restricted Delivery.

3. Article Addressed to: *A9304P*  
*Narold E. Gray Inc*

4. Article Number **44205**

Type of Service:  
 Registered       Insured  
 Certified       COD  
 Express Mail

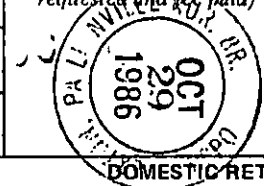
Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
**X** *C. Gray*

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

6. Signature - Agent  
**X**

7. Date of Delivery  
*10-29-86*



PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**

COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P.O. BOX 3265, HARRISBURG, PA. 17120  
NOVEMBER 18, 1986

IN REPLY PLEASE  
REFER TO OUR FILE

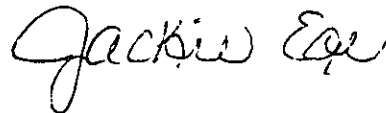
A-00093048

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

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,



Insurance Section  
(717) 787-1227

cc: Enforcement Division

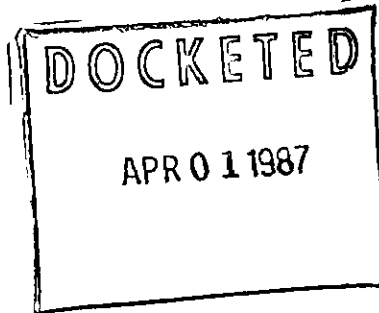
DOCUMENT  
FOLDER

DOCKETED  
NOV 18 1986

COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P.O. BOX 3265, HARRISBURG, PA. 17120  
MARCH 31, 1987

IN REPLY PLEASE  
REFER TO OUR FILE

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



A-00093048

NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE APRIL 03, 1987

FOR EXPIRATION OR CANCELLATION OF

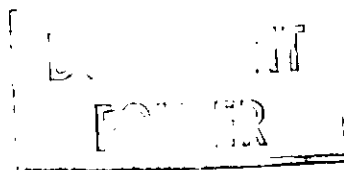
BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE

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*  
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.      2.  Restricted Delivery.

3. Article Addressed to: *A93048*  
*Narold E. Trego, Inc*

4. Article Number **44913**

Type of Service:

- Registered       Insured  
 Certified       COD  
 Express Mail

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

5. Signature - Addressee

X

*Narold E. Trego*

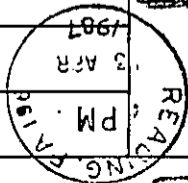
6. Signature - Agent

USE ZIP CODE

7. Date of Delivery

*ALWAYS*  
*8-1*

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



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P.O. BOX 3265, HARRISBURG, PA. 171  
MAY 04, 1987

IN REPLY PLEASE  
REFER TO OUR FILE

A-00093048

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

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,



Insurance Section  
(717) 787-1227

cc: Enforcement Division

**DOCKETED**

MAY 4 - 1987

**DOCUMENT  
FOLDER**