



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

December 9, 1992

KJR

IN REPLY PLEASE
REFER TO OUR FILE

A-00106803
F.1 Am-D

J BRUCE WALTER ESQUIRE
RHOADS & SINON
PO BOX 1146
HARRISBURG PA 17108-1146

Application of Klein's BUS SERVICE, INC., a corporation of the
Commonwealth of Pennsylvania

To Whom It May Concern:

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,

**DOCUMENT
FOLDER**

John G. Alford
Secretary

jz
cc:applicant
PO. Box 246
DOUGLASSVILLE PA 19518

ROCKETED

JAN 07 1993

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4b.
- 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 to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to: *Sec. L. A-106803 F.I.D.*

4a. Article Number *44653*

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

7. Date of Delivery *DEC 1 1992*

5. Signature (Addressee) *Bruce Walter Esq*

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

6. Signature (Agent) *Michael E. Shull*

Thank you for using Return Receipt Service.