



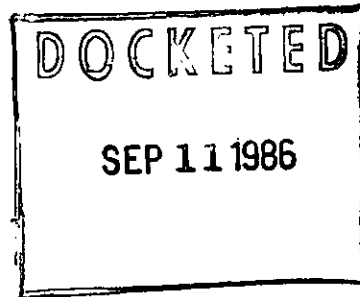
COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P. O. BOX 3265, HARRISBURG, Pa. 17120

September 10, 1986

IN REPLY PLEASE
REFER TO OUR FILE

A. 00106803
Folder 1

J. Bruce Walter, Esquire
P.O. Box 1146
Harrisburg, PA 17108



Application of KLEIN'S BUS SERVICE, INC., a corp of the Comm. of PA

To Whom It May Concern:

The records of the Commission show that the applicant has complied with the necessary tariff and insurance requirements.

Enclosed, is the certificate of public convenience evidencing the Commission's approval of the right to operate.

Kindly attach the enclosures to the compliance order previously issued and mailed to you on May 29, 1986.

Very truly yours,



Jerry Rich, Secretary

EMD
Certified Mail
Receipt Requested

Klein's Bus Service, Inc.
P.O. Box 334, Route 422
Douglassville, PA 19518

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

DOCKETED
SEP 11 1986

IN THE MATTER OF THE APPLICATION OF

KLEIN'S BUS SERVICE, INC., a corporation of the
Commonwealth of Pennsylvania

CERTIFICATE
OF
PUBLIC CONVENIENCE

A. 00106803
Folder 1

The Pennsylvania Public Utility Commission hereby certifies that after an investigation and/or hearing had on the above entitled application, it has, by its report and order made and entered, a copy of which is attached hereto and made a part hereof, found and determined that the granting of said application is necessary or proper for the service, accommodation, convenience and safety of the public, and this certificate is issued evidencing its approval of the said application as set forth in said report and order.

In Testimony Whereof, The PENNSYLVANIA PUBLIC UTILITY COMMISSION has caused these presents to be signed and sealed, and duly attested by its Secretary at its office in the city of Harrisburg this 10th day of SEPTEMBER, 1986.

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

Attest:

DOCUMENT
FOLDER

Chairman

Secretary

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 identity 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:

J. Bruce Walter Esq

4. Article Number
44067

Type of Service:
 Registered
 Certified
 Express Mail
 Insured
 COD

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

5. Signature - Addressee
 df

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

6. Signature - Agent
 Pat Anderson

7. Date of Delivery
SEP 15 1986

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