



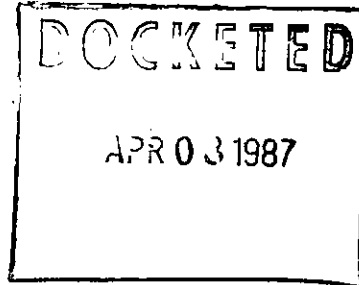
COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P. O. BOX 3265, HARRISBURG, Pa. 17120

April 6, 1987

IN REPLY PLEASE
REFER TO OUR FILE

A. 00106805

Herbert R. Nurick, Esquire
P.O. Box 1166
Harrisburg, PA 17108



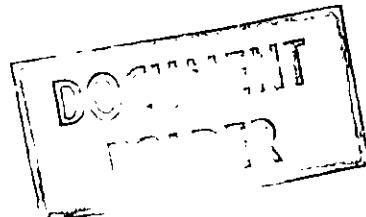
Application of ALLIED COORDINATED TRANSPORTATION SERVICES, INC., a corp
of Comm. of PA

To Whom It May Concern:

Enclosed is the brokerage license evidencing the Commission's approval of the right to operate.

Kindly attach the enclosures to the compliance order previously issued and mailed to to you on November 13, 1986.

Very truly yours,

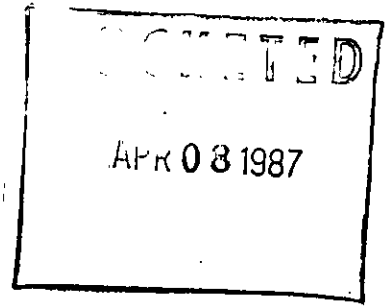


Jerry Rich, Secretary

EMD
Certified Mail

ALLIED COORDINATED TRANSPORTATION SERVICES, INC.
Suite 2, Colonial Building
44 South Beaver Street
New Castle, PA 16101

PENNSYLVANIA
PUBLIC UTILITY COMMISSION



In the matter of the Application of

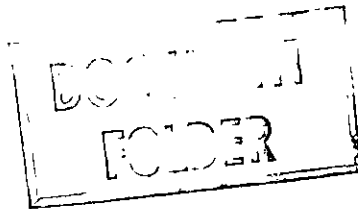
ALLIED COORDINATED TRANSPORTATION SERVICES,
INC., a corporation of the Commonwealth
of Pennsylvania

B R O K E R A G E
L I C E N S E

A. 00106805
Folder 1

The Pennsylvania Public Utility Commission hereby certifies that after an investigation had on the above entitled application, it has, by its order made and entered, a copy of which is attached hereto and made a part hereof, found and determines that the granting of said license will be consistent with the public interest and the policy declared in Section 801 of the Public Utility Law, and this license is issued evidencing its approval of the said application as set forth in said 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 6th day of APRIL, 1987.



PENNSYLVANIA
PUBLIC UTILITY COMMISSION


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 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: <p style="text-align: center;">A-106805</p> <p style="text-align: center;">□</p> <p style="text-align: center;"><i>Herbert Munk Egg</i></p>	4. Article Number 44499
5. Signature — Addressee X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature — Agent X <i>S. M. ...</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <p style="text-align: center;">APR 3 1987</p>	<p style="text-align: center;">PM 3</p>

Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

