

COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P.O. BOX 3265, HARRISBURG, PA. 17120  
DECEMBER 09, 1991

BTL

BROADWAY MOVING & STORAGE, INC.  
130 DURAND AVENUE  
TRENTON NJ 08611

DOCUMENT  
FOLDER

IN REPLY PLEASE  
REFER TO OUR FILE

A-00106599

NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE DECEMBER 11, 1991

FOR EXPIRATION OR CANCELLATION OF

BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE

DOCKETED  
DEC 09 1991

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 correct insurance coverage.

Upon receipt and acceptance of the required certificate of insurability, you will receive written notification that the suspension is lifted and that you may resume operations.

Very truly yours,

Teedy Dick  
Secretary

Enclosed for you are:

1. Notice of Suspension

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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-00106599

BROADWAY MOVING & STORAGE, INC.

4a. Article Number

044358

4b. Service Type

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

7. Date of Delivery

12-11-90

5. Signature (Addressee)

*Ben C. Meyer*

6. Signature (Agent)

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

*AVL*

COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P.O. BOX 3265, HARRISBURG, PA. 17120  
JANUARY 23, 1992

KJR

IN REPLY PLEASE  
REFER TO OUR FILE

A-00106599

BROADWAY MOVING & STORAGE, INC.  
130 DURAND AVENUE  
TRENTON NJ 08611

NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE JANUARY 27, 1992

FOR EXPIRATION OR CANCELLATION OF

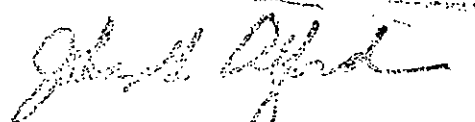
BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE

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.

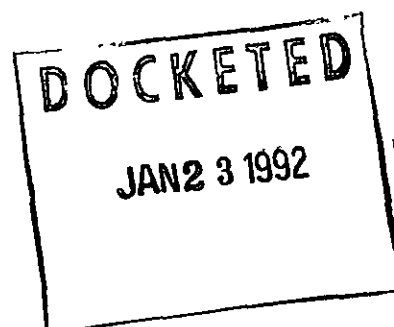
Very truly yours,



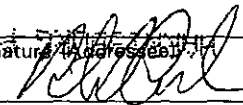
John G. Afford  
Acting Secretary

cc: Enforcement Division

Certified Mail



112

<b>SENDER:</b> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li> </ul>		I also wish to receive the following services (for an extra fee): <ol style="list-style-type: none"> <li><input type="checkbox"/> Addressee's Address</li> <li><input type="checkbox"/> Restricted Delivery</li> </ol> Consult postmaster for fee.	
3. Article Addressed to: A-00106599  BROADWAY MOVING & STORAGE, INC.		4a. Article Number <b>044904</b>	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery <b>1-27-92</b>	
5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent)			
PS Form <b>3811</b> , November 1990 *U.S. GPO: 1991-287-066 <b>DOMESTIC RETURN RECEIPT</b>			