



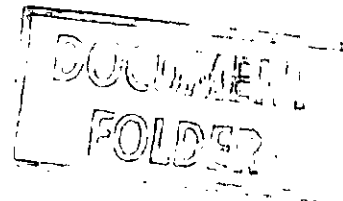
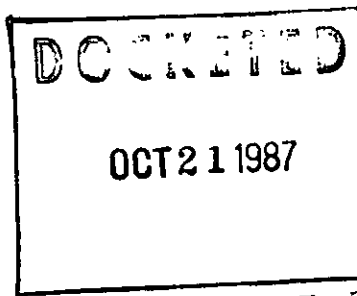
COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P. O. BOX 3265, HARRISBURG, Pa. 17120

October 16, 1987

IN REPLY PLEASE  
REFER TO OUR FILE

A. 00107365

J. Bruce Walter, Esquire  
410 North Third Street  
P.O. Box 1146  
Harrisburg, PA 17108



Application of H. FRED BAREFOOT TRUCKING, INC., a corporation of the Comm. of PA

To Whom It May Concern:

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

Enclosed is the contract carrier permit 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 July 23, 1987.

Very truly yours,

Jerry Rich, Secretary

EMD  
Certified Mail

H. FRED BAREFOOT TRUCKING, INC.  
Box 25  
Alum Bank, PA 15521

PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

DOCKETED  
OCT 21 1987

IN THE MATTER OF THE APPLICATION OF

H. FRED BAREFOOT TRUCKING, INC., a corporation  
of the Commonwealth of PA

CONTRACT CARRIER

PERMIT

A. 00107365  
Folder 1

DOCKETED  
FOLDER

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 determined that the granting of said permit will be consistent with the public interest and the policy declared in Section 801 of the Public Utility Law, and this permit 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 16th day of OCTOBER, 1987.

PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

Attest:

  
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: *A-107365*  
*J Bruce Walter Esq*

4. Article Number *44951*

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail

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

5. Signature - Addressee  
*X*

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

6. Signature - Agent  
*X* *John M. Dawled*

7. Date of Delivery  
*1987*