



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

April 25, 1988

IN REPLY PLEASE
REFER TO OUR FILE

A. 00107854
Folder 1

Michael J. Cammarano, Esquire
P.O. Box 677
522 Court Street
Reading, PA 19603

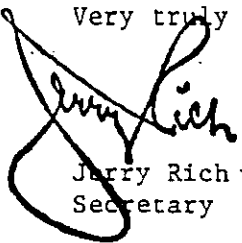
Application of WHITE STAR TOURS, INC., a corp of the Comm. of PA

Dear Sir:

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 you on

Very truly yours,


Jerry Rich
Secretary

Enclosures
Certified Mail

WHITE STAR TOURS, INC.
26 East Lancaster Avenue
Shillington, PA 19607

DOCKETS
FOLDER

DOCKETED
APR 26 1988

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

In the matter of the Application of

WHITE STAR TOURS, INC., a corporation of
the Commonwealth of PA

B R O K E R A G E

L I C E N S E

A. 00107854
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 25th day of APRIL, 1988.

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

DOCUMENT
FOLDER


Secretary

DOCKETED
APR 26 1988

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 so 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. 107854 F1*

4. Article Number *44950*

Michael Camarero Eg

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *[Signature]*

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

6. Signature - Agent
X

7. Date of Delivery *4-26-88*