

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

December 2, 1988

IN REPLY PLEASE
REFER TO OUR FILE

A. 00108106

Raymond A. Thistle, Jr., Esquire
206B Benson East
100 Old York Road
Jenkintown, PA 19046

DOCKETED
DEC 1 2 1988

Application of MURPHY'S HAULING SERVICE, INC., a corporation of the Com. of PA

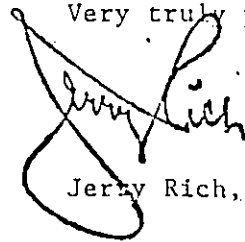
To Whom It May Concern:

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

Enclosed is the 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.

Very truly yours,



Jerry Rich, Secretary

DOCUMENT
FOLDER

EMD
Certified Mail

MURPHY'S HAULING SERVICE, INC.
20 Park Avenue
Rockledge, PA 19111

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF

MURPHY'S HAULING SERVICE, INC., a corporation of
the Commonwealth of Pennsylvania

CERTIFICATE
OF
PUBLIC CONVENIENCE

A. 00108106
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 2nd day of DECEMBER, 19 88.

Attest:

DOCKETED
DEC 12 1988

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

RECORDED
INDEXED



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 with 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. †(Extra charge)†
2. Restricted Delivery †(Extra charge)†

3. Article Addressed to: <i>A-10 8106</i>		4. Article Number: 44692	
<i>Raymond A. Shuttle Jr.</i> <i>Esq.</i>		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.	
5. Signature - Addressee <input checked="" type="checkbox"/> <i>[Signature]</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent <input checked="" type="checkbox"/>			
7. Date of Delivery <i>12/5/88 DEC 05</i>			

PS Form 3811, Mar. 1987

* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

[Handwritten signature]