



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

September 29, 1988

IN REPLY PLEASE  
REFER TO OUR FILE

A. 00108185

Barry Kleban, Esquire  
1900 Two Penn Center Plaza  
Philadelphia, PA 19102

Application of HERITAGE MOVING SYSTEMS, INC., t/d/b/a WINTERS MOVERS, a  
corporation of the Commonwealth 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



EMD  
Certified Mail

HERITAGE MOVING SYSTEMS, INC.  
t/d/b/a/ WINTERS MOVERS  
Route 202, 1/4 mile South of Route 1  
Concordville, PA 19331



PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF

HERITAGE MOVING SYSTEMS, INC., trading and doing  
business as WINTERS MOVERS, a corporation of the  
Commonwealth of PA

CERTIFICATE  
OF  
PUBLIC CONVENIENCE

A. 00108185  
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 29th day of SEPTEMBER, 19 88.

Attest:

DOCKETED  
SEP 30 1988

RECEIVED  
FOLDER

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 the name of the person delivering to and 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  
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: <p style="text-align: center; font-size: 1.5em;"><i>A-108/85</i></p> <p style="text-align: center; font-size: 1.5em;"><i>Benny Kleban, Esq.</i></p>	4. Article Number <p style="text-align: center; font-size: 1.5em;"><b>14008</b></p> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
5. Signature of 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 <p style="text-align: center; font-size: 1.5em;"><i>10/3/89</i></p>	

*[Handwritten Signature]*