

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

January 4, 1989

IN REPLY PLEASE
REFER TO OUR FILE

A. 00108228

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

Application of F. AMBROSE MOVING, INC.

DOCUMENT
FOLDER

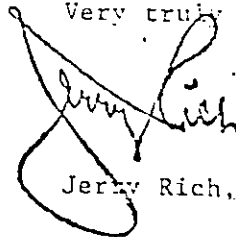
To Whom It May Concern:

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

F. AMBROSE MOVING, INC.
624 Wilhelmina Avenue
Horsham, PA 19044

DOCKETED
JAN 05 1989

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF

F. AMBROSE MOVING, INC.

**DOCUMENT
FOLDER**

CERTIFICATE
OF
PUBLIC CONVENIENCE

A. 00108228
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 4th day of JANUARY, 1989.

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

Attest:

DOCKETED
JAN 5 1989



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 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. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery ↑(Extra charge)↑			
3. Article Addressed to: <p style="text-align: center; font-size: 1.5em;">A-108228</p> <p style="font-size: 1.5em; font-family: cursive;">Barry Kleban Egg</p>		4. Article Number <p style="font-size: 1.5em; font-weight: bold;">44142</p>	
5. Signature/Address <p style="font-size: 1.5em; font-family: cursive;">Barry Kleban Egg</p>		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express-Mail	
6. Signature - Agent <p>X</p>		Always obtain signature of addressee or agent and DATE DELIVERED .	
7. Date of Delivery <p style="font-size: 1.5em;">1/6/89</p>		8. Addressee's Address (ONLY if requested and fee paid)	