



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

September 4, 1986

IN REPLY PLEASE
REFER TO OUR FILE

A. 00106960

Anastasius Efstratiades, Esquire
1822 Spruce Street
Philadelphia, PA 19103

Application of DELAWARE COUNTY TRANSPORTATION SERVICES, INC., for emergency
temporary authority

Dear Sir:

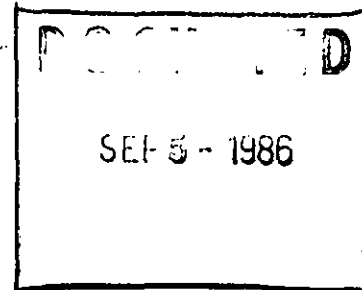
Since no exceptions were filed to the Tentative Decision adopted
July 24, 1986 and entered August 7, 1986 the order is now final.

Very truly yours,

Jerry Rich, Secretary

EMD
Certified Mail

Delaware County Transportation Services, Inc.
1344 Chester Pike
Sharon Hill, pA 19079



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: <i>A-106960</i>	4. Article Number <i>44854</i>
<i>Delaware County Transporters Services Inc.</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 X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Constantine Planonas</i>	
7. Date of Delivery <i>9-8-86</i>	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

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: <i>A-106960</i>	4. Article Number <i>44855</i>
<i>Anastasios Efstratiadis 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 X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>R. Willis</i>	
7. Date of Delivery <i>9/9/86</i>	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT