

COMONWEALTH OF PENNSYLVANIA PENNS ZVANIA PUBLIC UTILITY COMO SION P. O. BOX 3265, HARRISBURG, Pa. 17120

August 2, 1988

IN REPLY PLEASE REFER TO OUR FILE

A. 00107838 Folder 1

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

Application of JAMES BRODERICK

To Whom It May Concern:

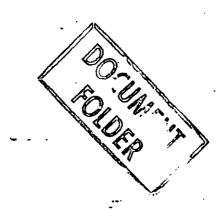
The records of the Commission show that applicant has complied with the necessary tariff and insurance requirements.

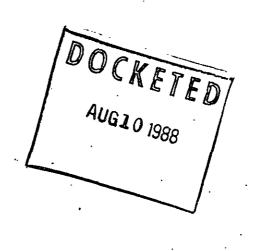
Enclosed is the certificate of public convenience evidencing the Commission's approval of the right to operate.

Kindly attach the enclosures to the compliance order previously issued and mailed to you.

EMD Certified Mail

JAMES BRODERICK 525 Lawler Street Philadelphia, PA 19116





PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF

JAMES BRODERICK

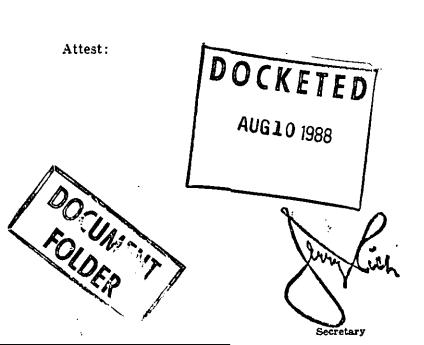
CERTIFICATE
OF
PUBLIC CONVENIENCE

A. 00107838 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 AUGUST, 19 88.

PENNSYLVANIA
PUBLIC UTILITY COMMISSION



SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address the "RETURN TO" Space on the reverse side. Fall, and do this will prevent this card from being urned to you. The return receipt fee will provide you the name of the person delivered to and true date of delivery. For additional fees the following services are available. Consult postmester for fees and check box(ss) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery f(Extra charge)1	
3. Article Addressed to: A-107838F/	4. Article Number 44253
Raymond a Thistle Je	Type of Service: Registered Insured Certified COD Express Mail ::.
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee X 6. Signature – Agent X	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery	
PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268	DOMESTIC RETURN RECEIPT