



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

AMH

September 5, 1990

IN REPLY PLEASE
REFER TO OUR FILE

A. 00108740
Folder 1

Mark S. Jennings, Esquire
303 Tenth Street
Honesdale, PA 18431

Application of BILL SNYDER TRUCKING, INC., a corp of the Comm. of PA

To Whom It May Concern:

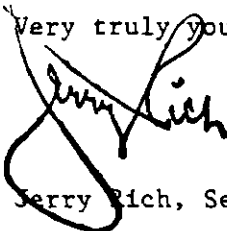
The records of the Commission show that applicant has complied with the necessary tariff and insurance requirements.

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.

**DOCUMENT
FOLDER**

**DOCKETED
OCT 02 1990**

Very truly yours,

Jerry Rich, Secretary

EMD

BILL SNYDER TRUCKING, INC.
R.D. #1, Box 283
Gouldsboro, PA 18424

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF

BILL SNYDER TRUCKING, INC., a corporation
of the Commonwealth of Pennsylvania

CERTIFICATE
OF
PUBLIC CONVENIENCE

A. 00108740
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 5th day of SEPTEMBER, 1990.

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

Attest:

DOCKETED
OCT 02 1990
DOCUMENT
FOLDER

Chairman

[Handwritten Signature]
Secretary

Return

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 boxes 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: *A-108740*

4. Article Number: *044362*

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Addressee
 X

6. Signature — Agent
 X *M. Coates*

7. Date of Delivery
9 6 90

8. Addressee's Address (ONLY if requested and fee paid)