



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

April 12, 1989

IN REPLY PLEASE
REFER TO OUR FILE

~~A-00107145~~
A-107645

Harold E. Miller, Esquire
Mellon Bank Building
Altoona, PA 16601

Application of JAMES M. SIMONDALE, t/d/b/a JAMES M. SIMONDALE TRUCKING
AND EXCAVATING

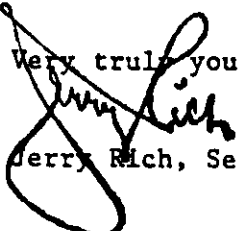
To Whom It May Concern:

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

Enclosed is the contract carrier permit 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

Very truly yours,

Jerry Rich, Secretary

EMD
Certified Mail

James M. Simondale, t/d/b/a
JAMES M. SIMONDALE TRUCKING & EXCAVATING
R.D. #4, Box 404D
Tyrone, PA 16686

DOCKETED
MAY 15 1989

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF

James M. Simondale, trading and doing business
as JAMES M. SIMONDALE TRUCKING AND EXCAVATING

CONTRACT CARRIER
PERMIT

A. 00107645
Folder 1

The Pennsylvania Public Utility Commission hereby certifies that after an investigation had on the above entitled application, it has, by its order made and entered, a copy of which is attached hereto and made a part hereof, found and determined that the granting of said permit will be consistent with the public interest and the policy declared in Section 801 of the Public Utility Law, and this permit is issued evidencing its approval of the said application as set forth in said 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 12th day of APRIL, 1989.

Attest:

DOCKETED
MAY 15 1989

DOCUMENT FOLDER
[Signature]
Secretary

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

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. (Extra charge)
 2. Restricted Delivery (Extra charge)

3. Article Addressed to: <i>A-107645 F1</i> <i>Harold Miller Esq</i>	4. Article Number <i>44921</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 <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address <i>Samy Dupont Peupp</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X</i>	
7. Date of Delivery <i>4-3-89</i> <i>W E/C</i>	