



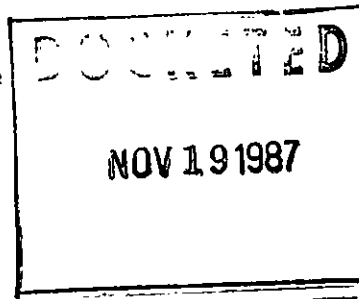
COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P. O. BOX 3265, HARRISBURG, Pa. 17120

November 10, 1987

IN REPLY PLEASE
REFER TO OUR FILE

A. 00107294
Folder 2

James D. Campbell, Jr., Esquire
130 State Street
P.O. Box 1000
Harrisburg, PA 17108



Application of BUCKS COUNTY TRANSPORT, INC., a corporation of the Commonwealth 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.

Very truly yours,

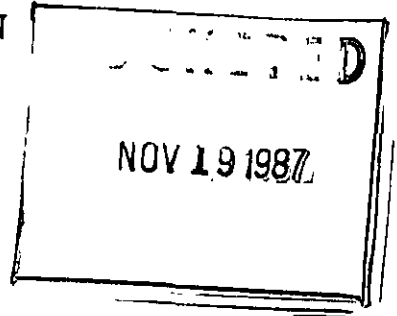
Jerry Rich, Secretary

EMD

Certified Mail

BUCKS COUNTY TRANSPORT, INC.
70 West Oakland Avenue
Doylestown, PA 18901

PENNSYLVANIA
PUBLIC UTILITY COMMISSION



IN THE MATTER OF THE APPLICATION OF

BUCKS COUNTY TRANSPORT, INC., a corporation of
the Commonwealth of PA

CERTIFICATE
OF
PUBLIC CONVENIENCE

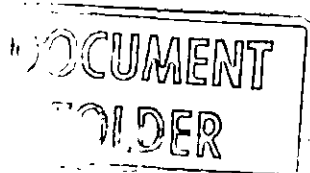
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The Pennsylvania Public Utility Commission hereby certifies that after an investigation and/or hearing had on the above entitled application, it has, by its report and order made and entered, a copy of which is attached hereto and made a part hereof, 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 10th day of NOVEMBER, 19 87.

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

Attest:



Secretary

PS Form 3811, Dec. 1980

SENDER: Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space
on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
- Show to whom and date delivered —c
 - Show to whom, date, and address of delivery.. —c
2. **RESTRICTED DELIVERY** —c
(The restricted delivery fee is charged in addition to the return receipt fee.)

A-117294 F2 TOTAL \$

3. ARTICLE ADDRESSED TO:

James D Campbell Jr Esq

TYPE OF SERVICE: <input type="checkbox"/> REGISTERED <input type="checkbox"/> INSURED <input type="checkbox"/> CERTIFIED <input type="checkbox"/> COD <input type="checkbox"/> EXPRESS MAIL	ARTICLE NUMBER 44264
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(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

C. Hayes

5. DATE OF DELIVERY NOV. 13 1987	POSTMARK
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6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:	7a. EMPLOYEE'S INITIALS
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RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL