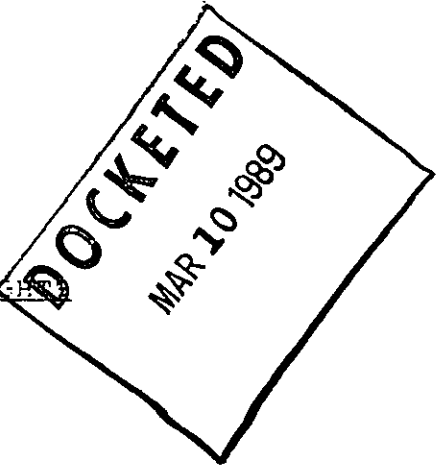


COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
MARCH 08, 1989

IN REPLY PLEASE
REFER TO OUR FILE

A-00108130

POPPLE, ANTHONY R.
90 PINE ROAD, TRAILWOOD
WILKES-BARRE PA 18702



NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE MARCH 12, 1989

FOR EXPIRATION OR CANCELLATION OF

BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE

This is to notify you that as of the above effective date, the authority granted to you by the Pennsylvania Public Utility Commission is hereby suspended as more thoroughly described on the attached sheet.

Please be advised that you may not operate until we have received evidence of renewed insurance coverage.

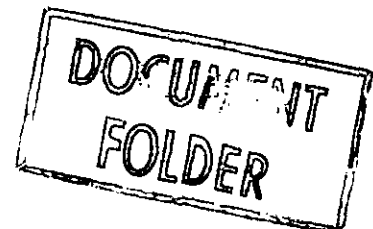
Upon receipt and acceptance of the required certificate of insurance, you will receive written notification that the suspension is lifted and that you may resume operations.

Very truly yours,

Jerry Rich
Secretary

cc: Enforcement Division

Certified Mail



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)

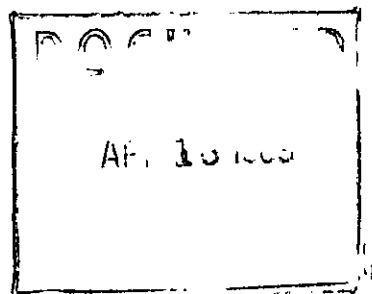
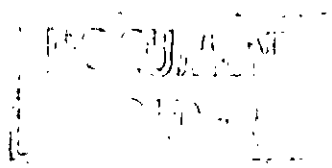
<p>3. Article Addressed to:</p> <p>A-00108130</p> <p>POPPEL, ANTHONY R.</p>	<p>4. Article Number</p> <p>44067</p>
<p>5. Signature - Address</p> <p>X <i>M. Reed</i> (P.O.)</p>	<p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>6. Signature - Agent</p> <p>X <i>A. Poppele</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p> <p>MAR - 9 1989</p>
<p>7. Date of Delivery</p> <p><i>3-9-89</i></p>	

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17120
APRIL 14, 1989

IN REPLY PLEASE
REFER TO OUR FILE

A-00108130

POPPLE, ANTHONY R.
90 PINE ROAD, TRAILWOOD
WILKES-BARRE PA 18702



NOTICE TO LIFT SUSPENSION

This is to notify you that we have received proof of insurance coverage. Therefore, you may disregard the Notice of Suspension previously issued.

Very truly yours,

James J. McCarthy

Insurance Section
(717) 787-1227

cc: Enforcement Division

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17105-3265

DECEMBER 01, 1994

RECEIVED

94 DEC -2 AM 9:27

PA. P. U. C.
INFO. CONTROL DIV.

IN REPLY PLEASE
REFER TO OUR FILE
A-00108130

POPPLE, ANTHONY R.
REAR 190 MUNDY STREET
WILKES-BARRE PA 18702

DOCKETED
DEC 06 1994
DMM

NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE DECEMBER 03, 1994

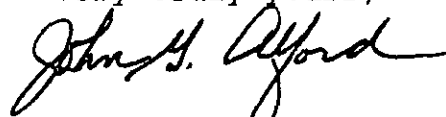
FOR EXPIRATION OR CANCELLATION OF
BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE

This is to notify you that as of the above effective date, the authority granted to you by the Pennsylvania Public Utility Commission is hereby suspended as more thoroughly described on the attached sheet.

Please be advised that you may not operate until we have received evidence of renewed insurance coverage.

Upon receipt and acceptance of the required certificate of Insurance, you will receive written notification that the suspension is lifted and that you may resume operations.

Very truly yours,



John G. Alford
Secretary

cc: Enforcement Division

Certified Mail

DOCUMENT
FOLDER

SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front or mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> A-00108130 ANTHONY R. POPPLE </div>		4a. Article Number P 922 877 638	
5. Signature - (Addressee) _____		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature - (Agent) <i>Cynthia A. Mitchell</i>		7. Date of Delivery, DEC 13 1990	
PS Form 3811, November 1990		8. Addressee's Address (ONLY if requested and fee paid.)	
DOMESTIC RETURN RECEIPT			

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265 HARRISBURG, PA. 17105-3265

DECEMBER 13 1994

94 DEC 14 AM 8:50

PA. P. U. C.
INFO. CONTROL DIV.

IN REPLY PLEASE
REFER TO OUR FILE
A-00108130

POPPLE, ANTHONY R.
REAR 190 MUNDY STREET
WILKES-BARRE PA 18702

DOCKETED

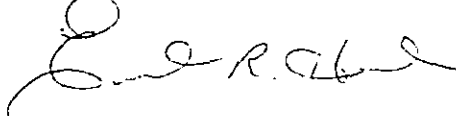
DEC 15 1994

DMM

NOTICE TO LIFT SUSPENSION

This is to notify you that we have received proof of insurance coverage. Therefore, you may disregard the Notice of Suspension previously issued.

Very truly yours,



Insurance Section
(717) 787-1227

cc: Enforcement Division

DOCUMENT
FOLDER

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17105-3265
JANUARY 10, 1995

95 JAN 11 AM 9:34

PA. P. U. C.
INFO. CONTROL DIV.

IN REPLY PLEASE
REFER TO OUR FILE
A-00108130

POPPLE, ANTHONY R.
REAR 190 MUNDY STREET
WILKES-BARRE PA 18702

DOCKETED
JAN 12 1995

NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE JANUARY 13, 1995

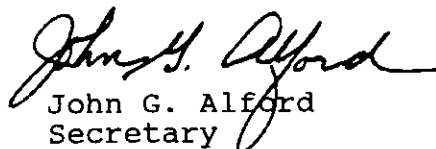
FOR EXPIRATION OR CANCELLATION OF
BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE

This is to notify you that as of the above effective date, the authority granted to you by the Pennsylvania Public Utility Commission is hereby suspended as more thoroughly described on the attached sheet.

Please be advised that you may not operate until we have received evidence of renewed insurance coverage.

Upon receipt and acceptance of the required certificate of Insurance, you will receive written notification that the suspension is lifted and that you may resume operations.

Very truly yours,


John G. Alford
Secretary

cc: Enforcement Division

Certified Mail

DOCUMENT
FOLDER

<p>SENDER:</p> <ul style="list-style-type: none"> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery. 	<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input checked="" type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
<p>3. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>A-00108130</p> <p>ANTHONY R. POPPLE</p> </div>	<p>4a. Article Number</p> <p>P 922 877 866</p> <hr/> <p>4b. Service Type</p> <p><input checked="" type="checkbox"/> CERTIFIED</p> <hr/> <p>7. Date of Delivery</p> <p>JAN 11 1995</p>
<p>5. Signature - (Addressee)</p> <hr/> <p>6. Signature - (Agent)</p> <p><i>Cindy Mitchell</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid.)</p>
<p>PS Form 3810, November 1990 DOMESTIC RETURN RECEIPT</p>	

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA. 17105-3265
MARCH 15, 1995

IN REPLY PLEASE
REFER TO OUR FILE
A-00108130

POPPLE, ANTHONY R.
REAR 190 MUNDY STREET
WILKES-BARRE PA 18702

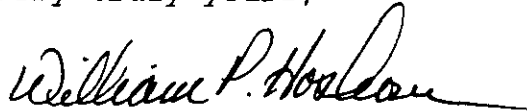
RECEIVED
95 MAR 16 AM 8:21
PA. P. U. C. DIV.
INFO. CONTROL.

LDA

NOTICE TO LIFT SUSPENSION

This is to notify you that we have received proof of insurance coverage. Therefore, you may disregard the Notice of Suspension previously issued.

Very truly yours,



Insurance Section
(717) 787-1227

cc: Enforcement Division

DOCKETED
MAR 20 1995

DOCUMENT
FOLDER

END