

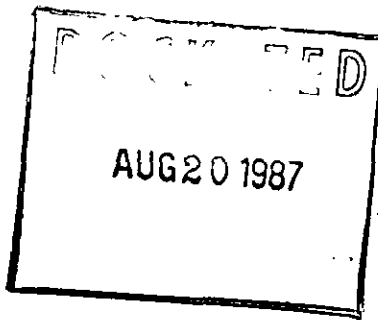
COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P. O. BOX 3265, HARRISBURG, Pa. 17120

August 19, 1987

IN REPLY PLEASE
REFER TO OUR FILE

A. 00107300

Robert D. George, Esquire
632 First National Bank Building
New Castle, PA 16101



Application of FRED B. WIKE, t/d/b/a FRED B. WIKE TRUCKING

To Whom It May Concern:

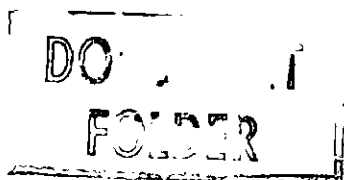
The records of the Commission show that applicant has complied with the necessary tariff and insurance requirements.

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 on July 6, 1987.

Very truly yours,
Jerry Rich
Jerry Rich, Secretary

EMD
Certified Mail

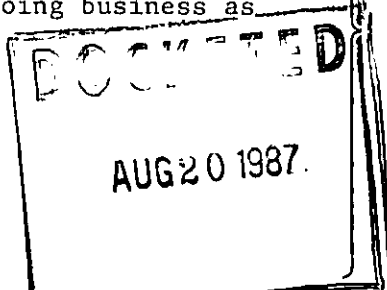


FRED B. WIKE, t/d/b/a
FRED B. WIKE TRUCKING
R.D. #1
Harrisville, PA 16038

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF

FRED B. WIKE, trading and doing business as
FRED B. WIKE TRUCKING



CERTIFICATE
OF
PUBLIC CONVENIENCE

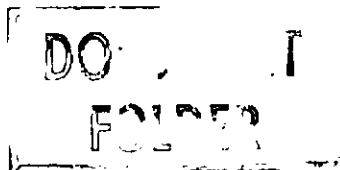
A. 00107300
Folder 1

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 19th day of AUGUST, 19 87.

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

Attest:



Secretary

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 so 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. 2. Restricted Delivery.

3. Article Addressed to: <i>A. 107300 FI</i> <i>Robert D. George Esq</i>	4. Article Number: <i>44760</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 Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee <input checked="" type="checkbox"/>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/> <i>R. D. George</i>	
7. Date of Delivery <i>8-21-87</i>	