



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

May 11, 1990

IN REPLY PLEASE
REFER TO OUR FILE

A. 00108292

Salvatore P. J. Vito, Esquire
45 North Seventh Street
Stroudsburg, PA 18360

DOCKETED
JUN 18 1990

DOCUMENT
FOLDER

Application of JAMES DANIELEWICZ, t/d/b/a LIMOUSINES FOR LESS

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

JAMES DANIELEWICZ, t/d/b/a/
LIMOUSINES FOR LESS
315 Glenmont Avenue
Stroudsburg, PA 18360

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF

James Danielewicz, trading and doing business
as LIMOUSINES FOR LESS

DOCUMENT
FOLDER

CERTIFICATE
OF
PUBLIC CONVENIENCE

A. 00108292
Folder 1

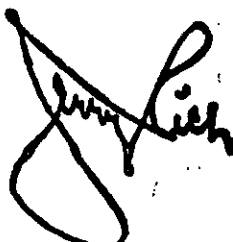
The Pennsylvania Public Utility Commission hereby certifies that after an investigation and/or hearing had on the above entitled application, it has, by its report and order made and entered, a copy of which is attached hereto and made a part hereof, found and determined that the granting of said application 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 11th day of MAY, 1990.

Attest:

SOCKETED
JUN 18 1990

PENNSYLVANIA
PUBLIC UTILITY COMMISSION


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. Additional fees for 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: *A-108292*

4. Article Number: *044283*

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 *Mr. Kane*

6. Signature — Agent
 X

7. Date of Delivery

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

A

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

