



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

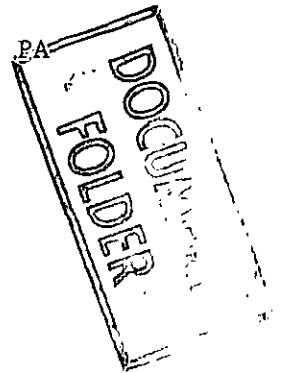
May 24, 1989

IN REPLY PLEASE
REFER TO OUR FILE

A. 00108351

Barry D. Kleban, Esquire
Two Penn Center Plaza
Suite 1900
Philadelphia, PA 19102-1799

Application of WAYNE STROAGE CO., a corp 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.

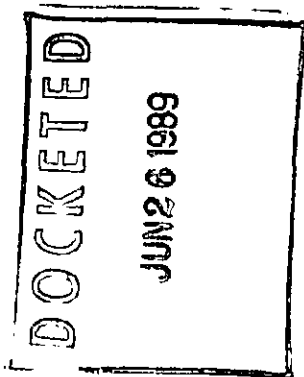
Enclosed is the certificate of public convenience evidencing the Commission's approval of the right to operate.

Kindly attach the enclosures to the compliance order previously issued and mailed to you.

Very truly yours,

Jerry Rich, Secretary

EMD
Certified Mail



WAYNE STORAGE CO.
1237 Wright's Lane
West Chester, PA 19380

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF

WAYNE STORAGE CO., a corporation of the
Commonwealth of Pennsylvania

CERTIFICATE
OF
PUBLIC CONVENIENCE

A. 00108351
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 24th day of MAY, 19 89.

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

Attest:

DOCKETED
JUN 26 1989

DOCUMENT
FOLDER

Chairman

[Handwritten Signature]
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 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 108351</i> <i>Gary D. Kleban Esq</i>	4. Article Number <i>44474</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 of Addressee <input checked="" type="checkbox"/> <i>Carol D. Dolan</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/>	
7. Date of Delivery <i>5/25/89</i>	

PS Form 3811, Mar. 1988

* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

[Handwritten scribble]

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