



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

KJR

June 17, 1991

IN REPLY PLEASE
REFER TO OUR FILE

A. 00108408
F. 1, Am-A
(T/A)

All Parties

DOCKETED
JUL - 8 1991

Application of C.T.HERTZSCH, INC.

**DOCUMENT
FOLDER**

Dear Sir:

This is to inform you that the Tentative Decision adopted in public meeting held April 5, 1991 and entered on April 12, 1991 has become final.

Very truly yours,

Jerry Rich, Secretary

EMD
Certified Mail

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in "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: *A-108408 F1 Am A*

4. Article Number: *044390*

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
 Paul Lusch Di

6. Signature - Agent
 Lawrence Bradshaw

7. Date of Delivery

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

1991
USPO
KJR

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in "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: *A-108408 F1 Am A*

4. Article Number: *044390*

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
 M. Ziegler

6. Signature - Agent

7. Date of Delivery: *6/19/91*

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

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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in "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: *A-108408 F1 Am A*

4. Article Number: *044395*

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
 Christian V. Graf Esq.

6. Signature - Agent

7. Date of Delivery: *6-18-91*

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

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