



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

February 7, 1990

IN REPLY PLEASE
REFER TO OUR FILE

A. 00108557

A. R. Oliastro, Inc.
1690 Windover Avenue
P.O. Box 148
Ellwood City, PA 16117



RECEIVED

MAR 14 1990

SECRETARY'S OFFICE
Public Utility Commission

Application of A. R. OLIASTRO, INC.

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

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

RECEIVED

MAR 14 1990

IN THE MATTER OF THE APPLICATION OF

DOCUMENT
FOLDER

SECRETARY'S OFFICE
Public Utility Commission

A. R. OLIASTRO, INC., a corporation of the
Commonwealth of Pennsylvania

CERTIFICATE
OF
PUBLIC CONVENIENCE

A. 00108557
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 7th day of FEBRUARY, 1990.

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

Attest:

Chairman



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-108557</i> <i>A.R. Plastics Inc.</i>	4. Article Number 044631
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 - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Norma J. McKenna</i>	
7. Date of Delivery FEB 9 1990	

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