



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

July 27, 1989

IN REPLY PLEASE
REFER TO OUR FILE

A. 00108557

Thomas W. Minnett, Esquire
780 Longvue Drive
Ellwood City, PA 16117

Application of A. R. OLIASTRO, INC., a corp of the Commonwealth of PA

To Whom It May Concern:

In review of our records it has been found that you have still
not complied with the Commission's order dated May 11, 1989.

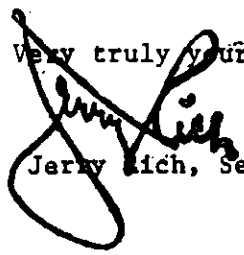
In order to process your approved application it is necessary to
file with the Commission tariff and insurance filings.

Motor carriers operating without complying with these requirements
and hence without a certificate of public convenience, contract carrier
permit or a brokerage license are operating illegally and are subject
to the penalty provisions of the Public Utility Law.

Please file the requirements needed within thirty (30) days of
receipt of this letter or the application will be dismissed for lack
of prosecution.

Thank you for your co-operation in this matter.

Very truly yours,


Jerry Rich, Secretary

EMD
Certified Mail

Tariff Section 717-787-5521
Insurance Section 717-787-1227
Assessment Section 717-787-5620
Annual Report Section 717-787-3964
Contracts 717-783-5945

A. R. OLIASTRO, INC.
1690 Windover Avenue
P.O. Box 148
Ellwood City, PA 16117

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>	4. Article Number <i>44425</i>
<i>A R Oliveira Inc</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.
	8. Addressee's Address (ONLY if requested and fee paid)
5. Signature - Address <i>X Norma McKenna</i>	
6. Signature - Agent <i>X</i>	
7. Date of Delivery <i>JUL 28 1989</i>	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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>	4. Article Number <i>44430</i>
<i>Thomas Minetti, Esq</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.
	8. Addressee's Address (ONLY if requested and fee paid)
5. Signature - Address <i>X</i>	
6. Signature - Agent <i>X Diana R. Marshall</i>	
7. Date of Delivery <i>7-28 RH</i>	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT