



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

October 20, 1989

DOCKETED
OCT 27 1989

IN REPLY PLEASE
 REFER TO OUR FILE

A. 00108557

Thomas W. Minett, Esquire
 780 Longue Drive
 Ellwood City, PA 16117

Application of A.R. OLIASTRO, INC., a corporation of the Comm. of PA

To Whom It May Concern:

The Commission's records indicate that you have failed to comply within sixty(60) days, the necessary requirements of the Commission's order and cover letter which was sent to you on May 18, 1989. The grant of your certificate was expressly subject to the fulfilling of the requirements of the order. Specifically, you have failed to satisfy the requirements marked below:

- File a certificate of public liability and property damage insurance (Form E).
- File a cargo insurance certificate in the amount of \$5,000 per vehicle (Form H) or a cargo waiver.
- File an acceptable tariff.

**DOCUMENT
 FOLDER**

Since you have not complied with the marked requirement(s), your application for a certificate of public convenience is hereby dismissed.

Since you do not have a certificate of public convenience, any operation as a motor carrier in intrastate commerce is a violation of the Public Utility Code, 66 Pa. C.S. §101 et seq, and will subject you to the penalties contained therein.

Very truly yours,

Jerry Rich
 Jerry Rich, Secretary

EMD
 Certified Mail
 cc:

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

John D. Aiken
 R.D. #2
 Portersville, PA 16051

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>044404</i>
5. Signature - Address <i>John Aiken</i> <i>e</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" 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) <i>25</i>
6. Signature - Agent <i>X</i>	
7. Date of Delivery <i>10-27-89</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>044480</i>
5. Signature - Address <i>Thomas W Minnett 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)
6. Signature - Agent <i>X</i>	
7. Date of Delivery <i>10/24/89</i>	

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

A108557 0

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: <i>A. R. Olearo, Inc.</i>	4. Article Number: <i>044442</i>
5. Signature - Address <i>X Adam Kenna</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" 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)
6. Signature - Agent <i>X</i>	
7. Date of Delivery	

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