



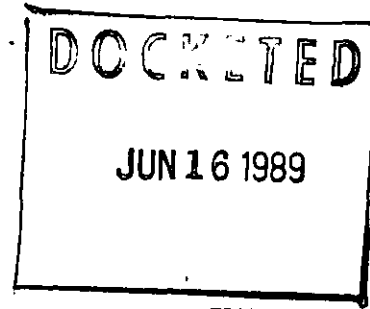
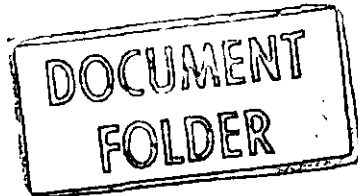
COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P. O. BOX 3265, HARRISBURG, Pa. 17120

May 11, 1989

IN REPLY PLEASE  
REFER TO OUR FILE

A. 00108516

Raymond A. Thistle, Jr., Esquire  
206B Benson East  
100 Old York Road  
Jenkintown, PA 19046



Application of SLOANE MOVING AND STORAGE CO. INC., a corporation 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

END  
Certified Mail

SLOANE MOVING AND STORAGE CO. INC.  
855 Township Line Road  
Elkins Park, PA 19117

PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

DOCKETED  
JUN 16 1989

IN THE MATTER OF THE APPLICATION OF

SLOANE MOVING AND STORAGE CO. INC., a corporation  
of the Commonwealth of Pennsylvania

CERTIFICATE  
OF  
PUBLIC CONVENIENCE

A. 00108516  
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 11th day of MAY, 1989.

PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

Attest:

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 108516</i><br><br><i>Raymond A. Thiele Jr.</i><br><i>Esquire</i>   | 4. Article Number <b>44619</b>                          |
| Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input type="checkbox"/> Certified <input type="checkbox"/> COD<br><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<br><input checked="" type="checkbox"/> <i>M. Thiele</i>   | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent<br><input checked="" type="checkbox"/>  |   |
| 7. Date of Delivery<br><i>5-25-89</i>  |   |

B