



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. 00108519
F. 2

David H. Radcliff, Esquire
407 North Front Street
Harrisburg, PA 17101

SEP 10

Application of ACE MOVING AND STORAGE CORPORATION, a corp of the Comm. 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 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 717-787-5945

ACE MOVING AND STORAGE CORPORATION
830 East Main Street
Larksville, PA 18651

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-108519 F2 David Radcliffe, Esq</i>	4. Article Number 44433
	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 <u>DATE DELIVERED</u> .
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>K. Fiedel</i>	
7. Date of Delivery <i>7-28-89</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>A108519 F2 Ace Mover & Storage</i>	4. Article Number 44436
	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 <u>DATE DELIVERED</u> .
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>E Moore</i>	
7. Date of Delivery <i>7-27-89</i>	

PS Form 3811, Mar. 1988

* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT