



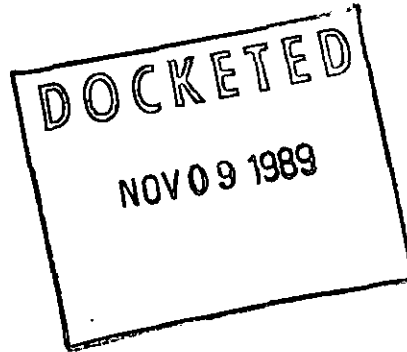
COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITIES COMMISSION  
P. O. BOX 3265, HARRISBURG, Pa. 17120

October 23, 1989

IN REPLY PLEASE  
REFER TO OUR FILE

A. 00108679

J. Bruce Walter, Esquire  
410 North Third Street  
P.O. Box 1146  
Harrisburg, PA 17108-1146



Application of FOX TRANSPORTATION, INC., a corporation of the Comm. 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 contract carrier permit evidencing the Commission's approval of the right to operate.

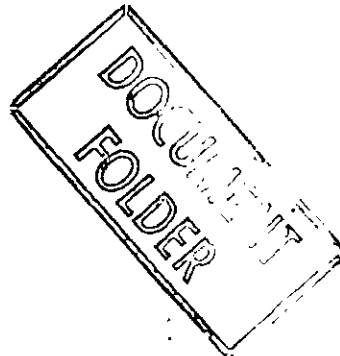
Kindly attach the enclosures to the compliance order previously issued and mailed to you.

Very truly yours,

  
Jerry Rich, Secretary

**Certified Mail**

Fox Transportation, Inc.  
P.O. Box 71  
Tamaqua, PA 18252



PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

DOCKETED

NOV 09 1989

IN THE MATTER OF THE APPLICATION OF

FOX TRANSPORTATION, INC., a corporation  
of the Commonwealth of Pennsylvania

CONTRACT CARRIER  
PERMIT

A. 00108679  
Folder 1

The Pennsylvania Public Utility Commission hereby certifies that after an investigation had on the above entitled application, it has, by its order made and entered, a copy of which is attached hereto and made a part hereof, found and determined that the granting of said permit will be consistent with the public interest and the policy declared in Section 801 of the Public Utility Law, and this permit is issued evidencing its approval of the said application as set forth in said 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 23rd day of OCTOBER, 1989.

PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

Attest:

  
Secretary

DOCUMENT  
FOLDER

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in "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-108679</i>  <i>J. Bruce Walter Egg</i>	4. Article Number <b>044658</b>  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 <b>DATE DELIVERED.</b>
5. Signature - Address <input checked="" type="checkbox"/>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/> <i>James Bluffe</i>	
7. Date of Delivery <i>6 4 1958</i>	

*N*