

September 17, 2015

To: Mr. Michael L. Swindler, Deputy Chief Prosecutor

Pennsylvania Public Utility Commission

P. O. Box 3265

Harrisburg, Pa. 17105-3205

RECEIVED

SEP 17 2015

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

From: Anna K. McCloskey

McCloskey Trucking

194 Jersey Dr.

Duncansville, Pa. 16635

Re: Docket No. C-2015-2501164

Mr. Swindler,

I am very sorry to have this confusion concerning our PUC. We ceased operations under our own authority on 6/23/2015.

Our last DOT load was delivered on 6/3/2015. It was a load through the broker Coyote Logistics, LLC. Load number was 5681305. Please see copy enclosed.

Our last PUC load was delivered on 6/11/2015. It was a load through the broker Choptank Transport. Load number was 0845687. Please see copy enclosed.

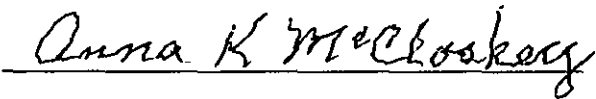
Our rented reefer trailer was returned to Utility Trailer on 6/11/2015. Please see copy of return receipt enclosed.

On 6/18/2015 I verbally requested that our trailer and cargo insurances be cancelled.

On 6/23/2015 our truck was signed on with Trans American Trucking Service, Inc. as an owner operator. Trans American provides the cargo insurance under their authority. The first load for this company was picked up that day.

On 6/24/2015 I signed a written request from the insurance company for the trailer and cargo insurances to be cancelled. Please see copy enclosed. The insurance company informed me that our PUC would be cancelled when the cargo insurance was cancelled. They did not tell me that I should do any closing of PUC myself and I am not very good with that type of business details. At this time we are just trying to survive as a business and get our heads back above water. We have never broken any PUC rules as far as I know.

Thank you for your consideration in this matter. Please inform me if I must do anything else to correct the situation.

A handwritten signature in black ink that reads "Anna K. McCloskey". The signature is written in a cursive style and is positioned above a horizontal line.

Anna K. McCloskey, Office Manager



Rate Confirmation Load 5681305

Send invoices to:
CarrierInvoices@coyote.com
960 Northpoint Parkway
Suite 150
Alpharetta, GA 30005

877-6COYOTE
(877-626-9683)

Cust Requirements

Equipment Reefer, 53'
Pre Cooled Temp 34° *
Tarps None
Value \$100,000

* See BOL for Final Temp

Booked By

Grace Heiser
Grace.Heiser@coyote.com
Phone: (773) 799-2073 x2073
Fax: (773) 365-7873



Get CoyoteGO Today!

- Dispatch
- Send updates
- Check in
- Submit paperwork

Available for An-
droid or iPhone,
at App Store or
Google Play

Notes

All Van/Container loads MUST be sealed at origin either by shipper or driver with a seal number noted on bill of lading. In the event a shipment that was sealed at origin arrives at the destination with a tampered seal or without the seal intact then (i) the Carrier shall be liable for any shortage or damage claims with respect to such shipment and (ii) the shipper shall have the right, in its sole discretion, to deem the entire shipment damaged, contaminated and unsalvageable, without the need for any inspection and the Carrier shall be liable for the full value of the shipment.

See attached operational requirements.

Thank you!

Route Directions

Carrier acknowledges that any routing instructions from the shipper herein are being provided for convenience only, and the Carrier may choose the route except as otherwise set forth herein.

Stop 1: Pick Up

Stop Nums 2016334650

Facility Kraft

Address 8600 Main st
Campbell, NY 14821

Contact LOAD PLANNER
CONTACT

Phone None

Appointment Scheduled For
Wed 06/03/2015
at 10:00

Facility Notes

- Must confirm temperature with shipper and BOL.
- If a Reefer is used, the trailer must be 2007 or newer and be able to get a temp download.
- No roll doors.
- Trailer must be precooled
- Food grade trailer.

Commodity	Packaging	Load On	Weight	Pieces
Food Product	Case	Pallets	42,389 lbs	1,784



Rate Confirmation

Load 5681305

Stop 2: Delivery

Stop Nums 3860554546

Facility Lehigh Valley Kraft

Address 7352 Industrial Blvd
Allentown, PA 18106

Contact Jimmy

Phone (484) 223-2648

Appointment Scheduled For
Wed 06/03/2015
at 18:30

Facility Notes

- Lumpers can ONLY be paid via cash or T-check
- Must report all damages, shortages and overages to Coyote immediately
- Lumper must be reported to a Coyote rep within 3 days of delivery. All other ppw must be submitted to Coyote within 30 days for accessorial reimbursement.
- Driver AND receiver MUST sign POD confirming in and out times. If receiver will not sign driver must note that on POD.

Commodity	Packaging	Load On	Weight	Pieces
Food Product	Case	Pallets	42,389 lbs	1,784

Directions are provided for convenience only. The Carrier may choose the route.

From Allentown, PA:

100 South off of 78 but can call for directions 484-223-2648

Carriers may also call (614) 491-6305 for directions if needed.

Charges

Description	Units	Per	Amount
Fuel Surcharge	194.80	\$0.300	\$58.44
Flat Rate	1.00	\$691.560	\$691.56
Total			\$750.00

Contact

Send invoices to:
**960 Northpoint Parkway
Suite 150
Alpharetta, GA 30005**

Please contact Coyote
at 877-626-9683 if the
charges are incorrect.



Rate Confirmation

Load 5681305

Agreement

Carrier **McCloskey Trucking**
 Phone (814) 932-2923
 Email **jrmakm@hotmail.com**
 Fax None

Broker **Coyote Logistics, LLC**
 Rep **Grace Heiser**
 Title **Sales Rep**
 Phone (773) 799-2073 x2073
 Fax (773) 365-7873
 Date 6/1/2015

By signing below, McCloskey Trucking agrees to the terms and conditions set forth below and provided herewith, if any.

RECEIVED

SEP 17 2015

Anna K McCloskey Office Mgr
 Name and Title (Print)

PA PUBLIC UTILITY COMMISSION
 SECRETARY'S BUREAU

Anna K McCloskey
 Signature

6/1/15
 Date

PLEASE SIGN THIS AGREEMENT AND FAX TO (773) 365-7873

Coyote Logistics, LLC is an Equal Opportunity Employer

Terms and Conditions

The Broker-Carrier Agreement between Coyote Logistics, LLC, a Licenced Property Broker - MC #561135-B, and McCloskey Trucking is amended by the verbal agreement between Grace Heiser of Coyote Logistics, LLC hereafter referred to as BROKER, and Jim of McCloskey Trucking hereafter referred to as CARRIER, dated 06/01/2015.

This confirmation is subject to the terms of the master Broker-Carrier agreement and this document constitutes an amendment to the master agreement. If the carrier has not signed a master agreement, then the rate shown above is the agreed individually negotiated rate and no other rate shall apply including any carrier tariff rate or terms.

THIS LOAD SHALL NOT BE DOUBLE BROKERED. No additional charges not listed above may be added by the carrier. Any additional charges must appear on a revised confirmation sheet signed by the broker. Carrier must include signed copy of the shipper's bill of lading and any other proof of delivery with invoice to Broker. Rates, except as specifically designated above, are inclusive of any fuel surcharge. Carrier certifies that any transport refrigeration unit will comply with the in-use requirements of California's TRU regulations. Carrier shall be responsible for any fines imposed on Broker and/or shipper resulting from noncompliance.

CARRIER hereby confirms that it maintains applicable and valid insurance without exclusions that would prevent coverage for the items listed above. CARRIER has at least \$100,000.00 in cargo insurance and \$1,000,000.00 in automotive liability coverage. Carrier further confirms that in transporting the shipment described hereinabove, it will comply with all U.S. DOT regulations applicable to its operations while transporting said shipment, including, but not limited to drivers' hours of service. Carrier agrees to the attached requirements from the shipper, if any.

ALL LOADS ARE SUBJECT TO ELECTRONIC MONITORING

ATTN: MASTER B/L NO. MUST SHOW ON FRF GHT BILL.

BILL OF LADING
Not Negotiable

SHIP DATE:	06/03/15
VEHICLE NO.	531309
SEAL NO.	79864
FREIGHT TERMS	** PREPAID

MASTER B/L	2016334650	SCAC #:	CLLQ	CARRIER:	
SHIPMENT B/L	PAGE 1 OF 1	SCAC NAME:	COYOTE LOGISTICS LLC		
STD. PT. LOC. CODE					

FROM	188211000 KRAFT FOODS GROUP, INC. AT CAMPBELL NY
TO STOP 1	1 204370000 LEHIGH VALLEY PA BW 000-000-0000
	202144 7352 INDUSTRIAL BLVD ALLENTOWN PA 18106
TO STOP 2	
TO STOP 3	
MATRICS SHIPMENT # 347-153265	

FOR FREIGHT COLLECT SHIPMENTS:
 If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor must sign the following statement.

 The carrier may decline to make delivery of the shipment without payment of freight and all other lawful charges
KFG
 Signature of Consignor

KEEP TEMPERATURE

34 DEGREES

SEAL#79864

CONTINUOUS MOVE	CC	CARRIER LOAD & COUNT	SC	SHIPPER L&C, CONSIGNEE TO	SR	SHIPPER LOAD & COUNT
					X	

DESCRIPTION OF ARTICLE/STCC NO (PRECEDES DESCRIPTION)	STOP 1		STOP 2		STOP 3	
	PKGS.	GROSS WEIGHT	PKGS.	GROSS WEIGHT	PKGS.	GROSS WEIGHT
CALL DISPATCHER IF SHIPMENT DELAYED OR REFUSED						
0010006						
PECO PALLET WEIGHT	32	2176.0				
2022030						
REFRIGERATED PRODUCTS	1224	31023.0				
TOTALS FOR EACH STOP	1224	33199.0				
TOTAL WGT FOR ALL STOPS		33199.0				
DELIVERY TIMES: 06/03/15 APPT IF UNABLE TO ARRIVE ON TIME, PHONE THE CONSIGNEE REPORT DISCREPANCIES/REFUSED TO NATIONAL CLAIMS CENTER AT 1-800-238-6374 SEQ 1 COMMENTS: SEQ COMMENTS STOP 1 COMMENTS: STOP COMMENTS *USE PECO PALLET* ***DRIVER PLEASE NOTE: RECORDED TIME AM TIME TURNAROUND TIME REQUIRED** IN: PM OUT: SCHEDULED DELIVERY APPOINTMENT DATE: 7/7 TIME: AM PM						

DELIVERY RECORD	SEAL NUMBERS:	SEAL INTACT: YES/NO	DATE	ACCEPTED	REFUSED
	PRODUCT OVER:	CASES	PROD. NO.		
	SHORT:	CASES	PROD. NO.		
	DAMAGES:	CASES	PROD. NO.		
	WRONG PROD.:	CASES	PROD. NO.		
	TOTAL CASES RECVD	1224	DRIVER SIGNATURE:	RECEIVER SIGNATURE: <i>Amos P. Robinson</i>	

Driver: 1.) This shipment MUST move following all Department of Transportation (D.O.T.) rules and regulations. 2.) If unable to deliver as scheduled, notify Consignor, Consignee, and your Dispatcher to reschedule delivery.

** MAIL PREPAID KFG
 FREIGHT BILLS TO: EL PASO, TX 79998-2141

By signing below, you, acting on behalf of the Carrier stated on this bill of lading, and the carrier whom you represent, are accepting responsibility for the safe and timely transportation of the goods, described herein, to their final destination (as detailed by this Bill of Lading). Carrier is to deliver the goods in the same condition which they were made available to, and lawfully received by, Carrier, for transportation. Unless otherwise noted, Consignor certifies the weight(s) of the goods provided for transportation herein to be true and correct for all applicable modes of transportation. Carrier agrees that in the absence of a fully executed Contract for transportation service between by Carrier for Consignors, the Consignor's Bill of Lading is the sole transportation agreement for this particular shipment's

Carrier's Agent

PALLET RECORD	IN	OUT
EXCHANGEABLE		
PALLETS TO BE RETAINED BY CONSIGNEE		
CHEP		



3601 Choptank Road
Preston, MD 21655

*** Load Confirmation ***

Load # 0845687

Choptank Contact
Katie Wheatley
Katie.Wheatley@choptanktransport.com
Phone: (800) 568-2240 X 293
Fax: (410) 673-2705

Carrier: MCCLOSKEY TRUCKING	Contact: James	Driver: JAMES
ALTOONA PA 16601	Phone: (814) 935-0778	Cell: (814) 935-0778
Date: 06/10/2015	Fax: (814) 696-1658	Tractor: 911
		Trailer: 531309

Order	Commodity: Frozen foods	Weight: 40000.0
	Miles: 229.0	Trailer: 53 reefer
	Temp: -10.0	Reference:
	Pallets:	Cases/Pieces:

PU 1	Name: Hanover Foods	Date: 06/10/2015 1600
	Address: 3008 Penns Valley Pike / RT. 45	
	CENTRE HALL PA 16828	Contact: SHIPPER
	Phone: (814) 364-1482	Driver Load: N
	Reference number: PO 8080	
	Reference number: SI 14741	

SO 2	Name: RLS Cold Storage	Date: 06/11/2015 1000
	Address: 1075 Oak St	
	PITTSTON PA 18640	Contact: Nicole
	Phone: (570) 654-6971	Driver Load: N
	Reference number: PO 8080	
	Reference number: SI 10611105	

SO 3	Name: Hanover Cold Storage	Date: 06/11/2015 1430
	Address: 52 Industrial Road	
	ELIZABETHTOWN PA 17022	Contact: Receiving
	Phone: (717) 361-7359	Driver Load: N
	Reference number: CG R08404	
	Reference number: PO 8080	

Payment	Carrier Freight Pay:	\$723.00
	Total Carrier Pay:	\$723.00

Instructions

Hanover Foods - CAMBHAPA: If Drivers are not allowed on the dock during loading to verify condition of freight please contact your Choptank Representative right away. Driver must sign BOLs "Shipper Load and Count" behind his/her name.

Agreement

Please sign and fax back to Katie Wheatley

CARRIER REP SIGNATURE: Anna K Macloskey

Quickpay and advance fees have changed as of 10/1/13, please consult your Choptank rep or visit www.choptanktransport.com/quick-pay

THIS RATE CONFIRMATION WILL CONFIRM THE RATE & CONTRACT TERMS AGREED TO IN THE MASTER CARRIER CONTRACT BY CARRIER AND CHOPTANK.

***DRIVER MUST CALL CHOPTANK WHEN LOADED AND EMPTY AND DAILY IF APPLICABLE.

DRIVERS ARE RESPONSIBLE FOR CASE COUNT AND CONDITION OF THE FREIGHT.

IF SHORTAGE, DAMAGE, DELAY OR ACCIDENT, CONTACT CHOPTANK FOR IMMEDIATE INSTRUCTION.

FAILURE TO DO SO CONSTITUTES A BREACH OF RESPONSIBILITY AND WILL RESULT IN A CLAIM.

UNLOADING CHARGES MUST BE AUTHORIZED AND ORIGINAL UNLOADING RECEIPT MUST BE PRESENTED TO BE PAID.

ALL EQUIPMENT MUST BE 102" WIDE UNLESS OTHERWISE NOTED AND FOR EXCLUSIVE USE ONLY.

FACTORING COMPANIES DIRECT ALL INQUIRIES TO FACTOR@CHOPTANKTRANSPORT.COM

SEND FREIGHT BILLS TO:

MAIL:

CHOPTANK TRANSPORT
P.O. BOX 99
PRESTON, MD 21655

OVERNIGHT:

CHOPTANK TRANSPORT
3601 CHOPTANK RD
PRESTON, MD 21655

AVAILABLE LOADS AVAILABLE ONLINE AT WWW.CHOPTANKTRANSPORT.COM

**** PLEASE REFERENCE LOAD NUMBER ON BILLING INVOICE****

Load #
0845687

RECEIVED

SEP 17 2015

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

DATE NAME OF CARRIER

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading.

The person receiving this bill of lading must sign and return to the carrier a copy of this bill of lading, and retain a copy of the bill of lading for his own use. The carrier shall not be liable for any loss or damage to the goods unless the bill of lading is signed by the carrier or its agent.

Mail or street address of consignee-for purposes of notification only.

14741 B/L NO.

LOAD NO.

Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

If charges are to be prepaid, write or check here, "Prepaid"

Received \$ to apply in prepayment of the charges on the property described hereon:

Per Agent or Cashier

(The signature here acknowledged only the amount prepaid)

Charges Advanced:

RLS LOGISTICS 1075 OAK STREET

PETTYSTON, PA 19640

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature (of Consignor)

Table with columns: REQUESTED DELIVERY DATE, CARRIER, PLANT, DATE SHIPPED, FREIGHT, and a note about charges.

Table with columns: CUSTOMER NO, BUYER'S ORDER NO, and PALLET CD.

Table with columns: CODES, QUANTITY ORDERED, QUANTITY SHIPPED, U.P.C. CASE CODE, PACK SIZE, BRAND DESCRIPTION, and UNIT WEIGHT.

Table with handwritten entries: RLS -> 20,000, Not RLS -> 20,000, 6-11-15, HCS.

Received 23 totes in & out Gabriel V

LOAD SPAGHETTI IN THE TAIL... PRODUCTION CODES: GB-SLAG GRI; 14248387- 3705 LBS...

RLS LOGISTICS RECEIVING SEAL INTACT YES/NO, REFER SET POINT 10, NAME Mike/Frank/Jeff, DATE 6-11-15, CASES RECEIVED Subject to Carrier, PALLETS 20,046#

X 6/11 recu spaghetti only 20,046# Per Robin @ RLS. Cambridge Farms

Table with columns: TOTAL CASES, TOTAL LBS, APT TIME, WRITE IN, G OUT, SS RES.

Support printed in lieu of stamp not a part of bill of lading approved by Interstate Commerce Commission.

SEAL# NRC-023294

I CERTIFY THAT I HAVE RECEIVED THE QUANTITY AND TYPE OF GOODS STATED IN THIS BILL OF LADING IN GOOD CONDITION.

SPECIAL INSTRUCTIONS RECEIVED CASES CARRIER CARRIER REPRESENTATIVE

ITEMS PRICED MANUALLY

When the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.

MAINTAIN INTERIOR TRUCK TEMPERATURE 120 HIGHER THAN 0° F AT ALL TIMES ON FROZEN ITEMS.

McCloskey Trucking

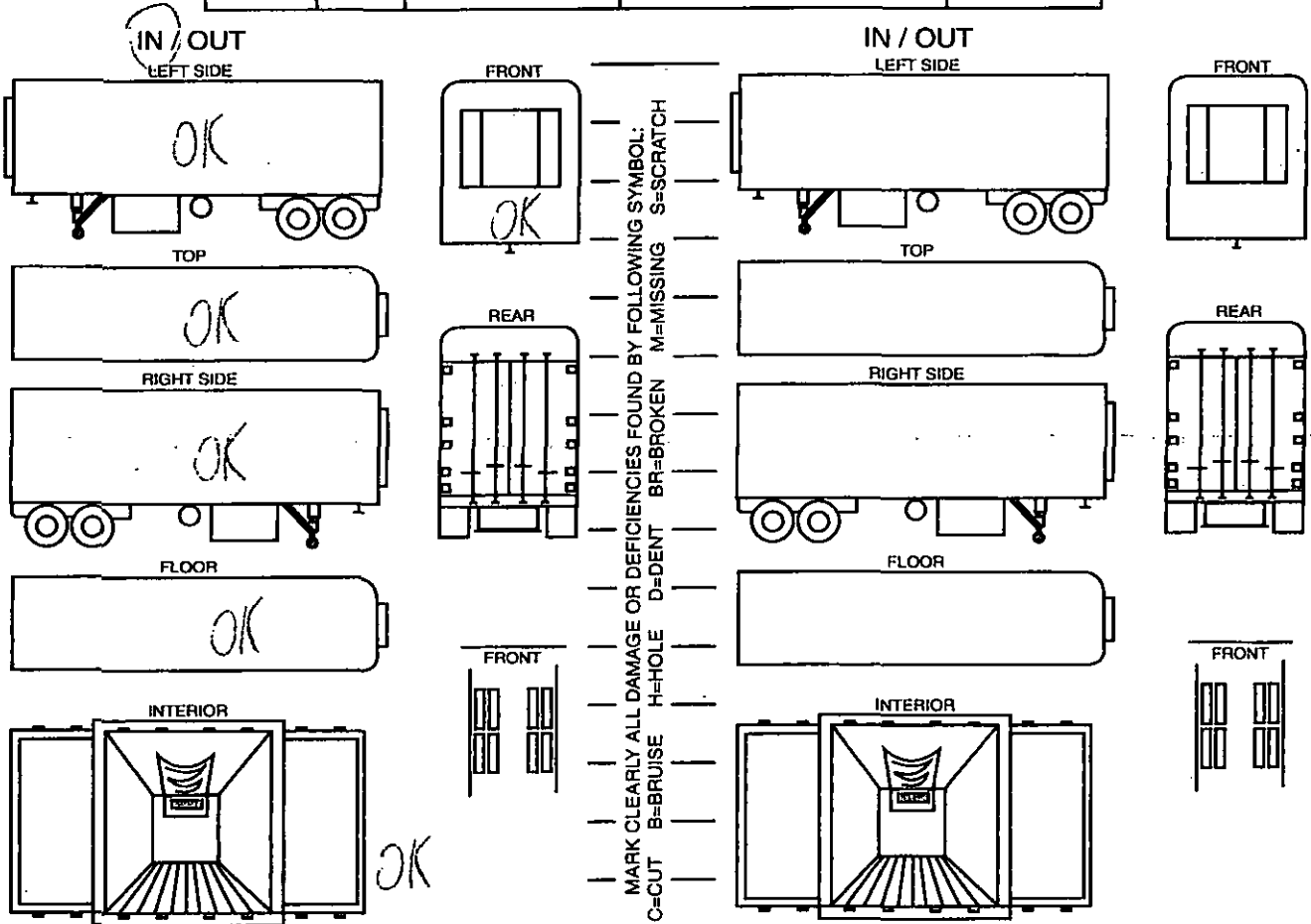


UTILITY/KEYSTONE TRAILER SALES INC.
1976 AUCTION RD. / P.O. BOX 156
MANHEIM, PA 17545-0156

TRAILER INSPECTION REPORT

TRAILER #	YEAR	MAKE	MODEL	VIN
531309	12	Utility	Keeler	CM36941G

T/K	C	MODEL	UNIT SERIAL NUMBER	HOURS



NOTES * Tank 3/4 Full

NOTES

DRIVER X [Signature] SIGN PRINT

UKTS INSPECTOR [Signature]

DATE 6/11/2015

TIME

DRIVER X _____ SIGN PRINT

UKTS INSPECTOR _____

DATE _____

TIME _____



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
06/22/2015

PRODUCER Salame Insurance Services Inc 1409 Eleventh Avenue Altoona, PA 16601		PHONE (A/C. No. Ext): (814)948-5471	COMPANY NAME AND ADDRESS Tuscano Agency PO Box 1027 Greensburg, PA 15601		NAIC CODE:
CODE: AGENCY CUSTOMER ID:	SUB CODE:	POLICY TYPE Cargo			
INSURED NAME AND ADDRESS McCloskey Trucking 194 Jersey Drive Duncansville, PA 16635		CANCELLED POLICY INFORMATION POLICY NUMBER 73 MTS 013370			
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 2/22/2015	TIME 12:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM	EFFECTIVE DATE 2/19/2015	EXPIRATION DATE 2/19/2016	

CANCELLATION REQUEST (Policy attached) POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.
 No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above.
 Any premium adjustment will be made in accordance with the terms and conditions of the policy.

<i>[Signature]</i>	6/24/15	<i>[Signature]</i>	6/24/15
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
_____	_____	_____	_____
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)
_____	_____	_____	TITLE
_____	_____	_____	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)
_____	_____	_____	TITLE
_____	_____	_____	DATE

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) COMPANY: _____ POLICY NUMBER: _____ EFFECTIVE DATE: _____		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
<input type="checkbox"/> OTHER (Identify) _____		FULL TERM PREMIUM \$ _____	UNEARNED FACTOR _____
		RETURN PREMIUM \$ _____	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS

REQUEST / RELEASE DISTRIBUTION

_____ _____ _____		<input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input checked="" type="checkbox"/> COMPANY	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE <i>[Signature]</i>		DATE 06/22/2015	



Mailing Envelope

For Domestic and International Use

**CPU**PB 1P 000
3660827
EXML
0007

U.S. POSTAGE

\$ 16.95⁰MAILED SEP 17 2015
16602

CMPC

To: **CHIAVETA, R. PUC**

Agency PUC

Floor:

External Carrier: EXPRESS

9/18/2015 10:38:02 AM



EK729491469US

EXTREMELY URGENT

Please Rush To Addressee

Visit us at usps.com

EK729491469US

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE: (Bk) 934-1113

McCloskey Trucking
Anna McCloskey
184 Jersey Dr
Duncansville, Pa 16835

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)

Sunday/Holiday Delivery Required (additional fee, where available*)

10:30 AM Delivery Required (additional fee, where available*)

*Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT) PHONE: ()

Rosemary R. Chiavetta Secretary
Pennsylvania PUC
PO Box 3265
Harrisburg, Pa

ZIP + 4* (U.S. ADDRESSES ONLY)

17105-3265

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.

■ \$100.00 Insurance Included.

UNITED STATES
POSTAL SERVICE®PRIORITY
★ MAIL ★
EXPRESS™

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO ZIP Code 16602 Scheduled Delivery Date (MM/DD/YY) 09/17/15 Postage \$ 16.95

Date Accepted (MM/DD/YY) 09/17/15 Scheduled Delivery Time 10:30 AM 3:00 PM 12 NOON Insurance Fee \$ COD Fee \$

Time Accepted 1:47 AM PM 10:30 AM Delivery Fee \$ Return Receipt Fee \$ Live Animal Transportation Fee \$

Weight Flat Rate SUNDAY/HOLIDAY PREMIUM FEE \$ Total Postage & Fees \$ 16.95

Acceptance Employee Initials BK

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) Time AM PM Employee Signature

Delivery Attempt (MM/DD/YY) Time AM PM Employee Signature

LABEL 11-B, JANUARY 2014

PSN 7690-02-000-9996

3-ADDRESSEE COPY



Please Recycle

EP-13C

