

# PENNSYLVANIA PUBLIC UTILITY COMMISSION BUREAU OF TRANSPORTATION

See Instructions before Completing Application

Application For:

*A-114984, F.6000*

**EMERGENCY TEMPORARY AUTHORITY (ETA):** when emergency conditions exist for a shipper/passenger which do not permit sufficient time to afford notice to the public. ETA's will be granted for an initial period not to exceed 60 days.

**TEMPORARY AUTHORITY (TA):** when emergency conditions exist or continue to exist for a shipper/passenger which require a grant of authority prior to the processing of an application for Permanent Authority (PA). All applications for TA must be accompanied by or correspond to a previously filed application for PA. TA applications are published in the Pennsylvania Bulletin and are subject to protest.

**EXTENSION OF EMERGENCY TEMPORARY AUTHORITY:** when an emergency continues beyond the initial 60-day period and corresponding TA and PA applications were not filed simultaneously with or within 15 days of the date of filing the ETA.

1. LOIS L FEISTER FEISTER'S TAXI SERVICE  
(Name of Applicant) (Trade name, if any)

2202 MINE ROAD, PARADISE PA 17562-9509  
(Street Address) (State & Zip code)

(717) 786-2715  
(Applicant's Telephone Number)

2. \_\_\_\_\_  
(Name & Address of Applicant's Attorney, if any)

\_\_\_\_\_  
(Telephone Number of Applicant's Attorney)

**DOCKETED  
APPLICATION DOCKET**

MAY 28 1998

ENTRY No. *gt*

3. Applicant is an X individual \_\_\_\_\_ partnership \_\_\_\_\_ corporation.

4. Applicant does not hold Pa. PUC authority under Docket No. \_\_\_\_\_

**DOCUMENT  
FOLDER**

3. Applicant is an X individual \_\_\_\_\_ partnership \_\_\_\_\_ corporation.
4. Applicant does not hold Pa. PUC authority under Docket No. \_\_\_\_\_  
(does or does not)  
\_\_\_\_\_ and operates as a \_\_\_\_\_ carrier,  
(common or contract)  
broker \_\_\_\_\_ or freight forwarder \_\_\_\_\_.
5. Applicant does not hold Interstate Commerce Commission authority at Docket No. \_\_\_\_\_
6. Applicant requests authority to provide service as a \_\_\_\_\_ common or \_\_\_\_\_ contract household goods carrier X passenger carrier, \_\_\_\_\_ broker or \_\_\_\_\_ freight forwarder in intrastate commerce; or is proposing to acquire authority \_\_\_\_\_ by transfer.
7. If you previously filed a corresponding Permanent Authority application, provide docket number and filing date: N/A
8. If this application is for emergency temporary authority, and not accompanied by applications for corresponding temporary and permanent authority, state when the applications for temporary and permanent will be filed.

9. Give a description of type of service and service area (when describing the service area use the actual geographic locations of cities, borough, township and counties, not the mailing address, of all locations you will serve).

Household goods (as defined by U.S.C. §10102) - You should state in the description what you intend to transport.

Persons - The description should show which of the following types of service you will provide:

- Airport Transfer - service is limited to specific airports.
- Scheduled Route - include a map which outlines route(s).
- Group and Party
- Limousine
- Call or Demand
- Paratransit

NOTE: The scope of authority (commodities/type of service and/or area) requested in this application may not exceed the scope of authority requested in the permanent authority application.

Description:

On demand in Local Area For taxi SERVICE to the Amish community.

To transport, as a common carrier, persons in paratransit service, between ~~POINTS~~ POINTS in the trip of Bart, and within an airline radius of 50 Statute miles of the limits thereof, and from points in said area, to points in PA, and Return.

Don't Jester

Limited to transportation of persons whose personal convictions prohibit them from owning or operating a motor vehicle.

**Applicant further declares that:**

- It is aware that a grant of the requested authority will create no presumption that corresponding permanent authority will be granted.
- If the requested authority is granted, applicant will comply with the tariff and insurance requirements of the Public Utility Law before beginning operation.
- The application has not been filed as a result of the threat or existence of a labor dispute.
- Completed Appendix A, Appendix B and Financial Statements (when applicable) are included.

# VERIFICATION OF APPLICATION

I/We hereby state that the statements made in the application are true and correct to the best of my/our knowledge, information and belief.

The undersigned understand(s) that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

LOIS L FEISTER                      Lois L. Feister                      05/13/98  
(Print Name)                                      (Signature)                                      (Date)

\_\_\_\_\_  
(Print Name)                                      (Signature)                                      (Date)

\_\_\_\_\_  
(Print Name)                                      (Signature)                                      (Date)

This section must be completed by the applicant appearing on Line 1, if an individual; by all partners, if a partnership; or by the President or Secretary, if a corporation).

**STATEMENT OF FINANCIAL POSITION (Balance Sheet)**  
as of 04/15/98.

**ASSETS**

Current Assets

Cash		900.00
Accounts Receivable		
Notes Receivable		
Other Current Assets (Specify)		
<u>Total Current Assets</u>		

Tangible Assets

Land		
Motor Vehicle Equipment	33,369	
Less: Accumulated Depreciation	- 2,955	= 30,414
Buildings and Structures		
Less: Accumulated Depreciation	-	=
Investments and Funds (Specify)		
Intangible Assets		
Other Assets		
<b>TOTAL ASSETS</b>		<b>31,314</b>

**LIABILITIES**

Current Liabilities (liabilities due within one year)

Accounts Payable		NONE
Notes Payable		
Equipment Obligations		
Other liabilities (attach schedule)		
Total current liabilities		

Long Term Liabilities (liabilities due after one year)

Accounts Payable		NONE
Notes Payable		
Equipment Obligations		
Other liabilities (attach schedule)		
<b>TOTAL LIABILITIES</b>		

**OWNER'S EQUITY (corporations only)**

Capital Stock		
Additional paid-in capital		
Retained Earnings		
Less: Treasury Stock	-	=
<b>TOTAL OWNER'S EQUITY</b>		<b>31,314</b>
<b>Total Liabilities &amp; Owner's Equity</b>		<b>31,314</b>

NET WORTH (Partnerships & Individuals): Total assets		
minus Total liabilities		31,314

**STATEMENT OF FINANCIAL CONDITION**  
**Income Statement**

For the 12-month period ending December 1997

FOR INFORMATION PLEASE REFER TO 1040 SCHEDULE C WHICH IS ATTACHED.

**REVENUE and GAINS**

Operating Revenue	_____
Net Revenue from non-carrier operation	_____
Dividend and interest revenues	_____
Other non-operating revenue	_____
Gains	_____
Total Revenue and Gains	_____

**EXPENSES**

Equipment maintenance and Garage Expense	_____
Insurance Expense	_____
Employee salaries	_____
Supervisory Salaries	_____
Officer Salaries	_____
Fuel Expense	_____
Purchased Transportation(Lease Expense)	_____
Materials and Supplies Expense	_____
General Office Expense	_____
Advertising Expense	_____
Telephone Expense	_____
Accounting Expense	_____
Legal Expense	_____
Uncollectible Revenue	_____
Depreciation Expense	_____
Amortization	_____
Operating Taxes and Licenses	_____
Rent Expense	_____
Loss	_____
Total Operating Expenses and Losses	_____
<b>Net Income before Taxes</b>	_____
Provision for Income Taxes	_____
<b>Net Income (Loss)</b>	_____

**Schedule C**  
(Form 1040)

**Profit or Loss from Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**1997**  
09

Department of the Treasury  
Internal Revenue Service (99)

Partnerships, joint ventures, etc, must file Form 1065.  
Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

Name of Proprietor

Social Security Number (SSN)

GORDON C FEISTER

<b>A</b> Principal Business or Profession, Including Product or Service (see instructions) <b>TAXI SERVICE</b>		<b>B</b> Enter Principal Business Code (see instr) ▶ 6361
<b>C</b> Business Name. If No Separate Business Name, Leave Blank. <b>FEISTER'S TAXI SERVICE</b>		<b>D</b> Employer ID No. (EIN), if Any
<b>E</b> Business Addr (include suite or room no.) City, Town or P.O., State, & ZIP Code ▶ 2202 MINE ROAD PARADISE, PA 17562		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
<b>G</b> Did you 'materially participate' in the operation of this business during 1997? If 'No,' see instructions for limit on losses ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 1997, check here <input type="checkbox"/>		

**Part I Income**

1	Gross receipts or sales. <i>Caution: If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here</i> ▶ <input type="checkbox"/>	1	15,553.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	15,553.
4	Cost of goods sold (from line 42 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3	5	15,553.
6	Other income, including federal and state gasoline or fuel tax credit or refund	6	
7	Gross income. Add lines 5 and 6	7	15,553.

**Part II Expenses.** Enter expenses for business use of your home only on line 30.

8	Advertising	8		19	Pension and profit-sharing plans	19	
9	Bad debts from sales or services (see instructions)	9		20	Rent or lease (see instructions):		
10	Car and truck expenses (see instrs)	10	3,838.	20 a	Vehicles, machinery, and equipment	20 a	
11	Commissions and fees	11		20 b	Other business property	20 b	
12	Depletion	12		21	Repairs and maintenance	21	3.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	2,069.	22	Supplies (not included in Part III)	22	44.
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	
15	Insurance (other than health)	15		24	Travel, meals, and entertainment:		
16	Interest:			24 a	Travel	24 a	
16 a	Mortgage (paid to banks, etc)	16 a			Meals and entertainment		
16 b	Other	16 b			Enter 50% of line 24b subject to limitations (see instrs)		
17	Legal and professional services	17	170.	24 d	Subtract line 24c from line 24b	24 d	
18	Office expense	18	97.	25	Utilities	25	
19				26	Wages (less employment credits)	26	
20				27	Other expenses (from line 48 on page 2)	27	875.
21				28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	7,096.
22				29	Tentative profit (loss). Subtract line 28 from line 7	29	8,457.
23				30	Expenses for business use of your home. Attach Form 8829	30	
24				31	Net profit or (loss). Subtract line 30 from line 29.	31	8,457.
25					• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3		
26					• If a loss, you must go on to line 32		
27					• If you have a loss, check the box that describes your investment in this activity (see instructions).		
28					• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3	32 a	<input type="checkbox"/> All investment is at risk.
29					• If you checked 32b, you must attach Form 6198	32 b	<input type="checkbox"/> Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 1997

**Part III Cost of Goods Sold** (See instructions)

33 Method(s) used to value closing inventory:    a  Cost    b  Lower of cost or market    c  Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If 'Yes,' attach explanation .....  Yes  No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation .....	35	
36 Purchases less cost of items withdrawn for personal use .....	36	
37 Cost of labor. Do not include salary paid to yourself .....	37	
38 Materials and supplies .....	38	
39 Other costs .....	39	
40 Add lines 35 through 39 .....	40	
41 Inventory at end of year .....	41	
42 <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on page 1, line 4 .....	42	

**Part IV Information on Your Vehicle.** Complete this part **Only** if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ -----

44 Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for:  
 a Business -----    b Commuting -----    c Other -----

45 Do you (or your spouse) have another vehicle available for personal use? .....  Yes  No

46 Was your vehicle available for use during off-duty hours? .....  Yes  No

47a Do you have evidence to support your deduction? .....  Yes  No

      b If 'Yes,' is the evidence written? .....  Yes  No

**Part V Other Expenses.** List below business expenses not included on lines 8 - 26 or line 30.

CELLULAR PHONE .....		875.
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
48 <b>Total other expenses.</b> Enter here and on page 1, line 27 .....	48	875.

APPENDIX A - APPLICANT'S STATEMENT

- (A) Identity of Applicant: Lois L. Feister
- (B) 1990 Safari Van
- (C) Home operated business
- (D) None of the listed options
- (E) Telephone Number: (717) 786-2715
- (F) Service provided on demand and is usually 50¢ per mile; or \$8.00 per hour for wait time.
- (G) No information is known at this time.
- (H) Insurance through the normal provider is for full coverage of van's capacity.
- (I) Not applicable in this situation.
- (J) VERIFICATION OF STATEMENT

The undersigned desposes and says that she is the person who signed the Statement for the above-captioned applicant and that she is authorized and does make this verification that the facts set forth therein are true and correct to the best of her knowledge, information and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 PA C. S. Section 49094 relating to unsworn falsification to authorities.

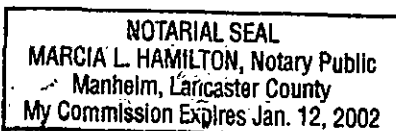
DATED:

May 13, 1998

Lois L. Feister  
(Signature)

Lois L. Feister

*Marcia L. Hamilton*



LIST OF AMISH CUSTOMERS

Elam S. Zook  
8 Green Tree Road  
Quarryville, PA 17566  
Phone: 786-4036  
Barbara L. Smoker  
225 Old Dam Road  
Christiana, PA 17509  
Phone: 786-4026

*Jane*

*Jane*

Ike and Anna Mary Fisher  
32 Lancaster Avenue  
Christiana, PA 17509  
Phone: 786-8172

*Jane*

B. S. Beiler  
661 Vintage Road  
Christiana, PA 17509  
Phone: 610-593-6729 (Penn Leaf)

*Jane*

Jacob & Mary Fisher  
PO Box 26  
Bart, PA 17503  
Phone: 786-3328

*Jane*

Lydia Ann Beiler  
198 Quarry Road  
Quarryville, PA 17566  
Phone: 786-4452

*Jane*

11

Enos & Lizzie King  
1044-A Georgetown Road  
Paradise, PA 17562  
Phone:

*Jane*

Elmer Stoltzfus  
247 Queen Road  
Gordonville, PA  
Phone: 786-7716 (Work)

*Jane*

Amos & Barb King  
1063 Georgetown Road  
Paradise, PA 17562  
Phone: 786-4687

*Jane*

Daniel & Barbie Esh  
216 Quarry Road  
Quarryville, PA 17566  
Phone: 786-4653

*Jane*

Emma Fisher  
3431 Old Philadelphia Pike  
Ronks, PA 17572  
Phone: 768-3229

*Jane*

DOCKETED  
APPLICATION DOCKET  
MAY 28 1998  
ENTRY No. *17*

DOCUMENT  
FOLDER

5/15/98

To whom it may  
concern.

I need services of  
Gordon Feister for  
Texas service for  
medical purposes, and  
other bussness. This is  
urgent.

Edward D. Bink  
8 Green Tree Rd  
Overlyville Pa 17866

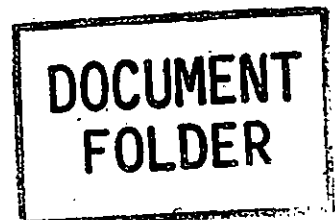
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225 Old Dam Rd.  
Christiana PA 17509  
May 16, 1998.

To Whom it May Concern,

This letter is concerning Gordon Feister on whom I depend on his taxi service to get to and from work each week. With such few people driving in our area, his service is greatly needed. Many times when an unexpected visit to the hr. or hospital is needed, it is very hard to find someone to take you. We should have quite a few more people who are willing to provide such transportation for our large Amish community.

Sincerely,  
Barbara J. Amiker



Hello,

We are writing concerning the fact that Gordon Feister is no longer available as our taxi driver. We, as well as a lot other neighbors are hurt about this. He was used to taking our son back & forth to his workplace, as hired boy, on a farm 10 miles from home. Gordon Feister was our dependable, cheap driver to take us to doctors etc. Our son is supposed to go to work Mon morn and we have no taxi driver as of yet. We hope Gordon's service will be available again soon.

Thank you.

Jacob & Mary-Liese

Box 26

Bart Pa 17503

DOCUMENT  
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This is regarding to Gordon Heister... whom is really being missed by the community, since he isit a taxi driver for us Amish which are born and raised without owning vehicles. His is needed to take us to Dr. appointments, dentists, funerals etc. which at times is too far with a horse and buggy. He always did his job well... (I'm sure it takes patience.) We hope he'll be back as soon as possible.

**DOCUMENT FOLDER**

Lydia Ann Beiler  
198 Quarry Rd.  
Quarryville, Pa. 17566

To whom it may concern

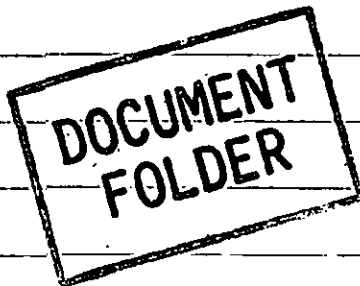
~~Our~~ request to have Gordon  
& Lois Lester on the road as  
soon as possible. If a busy  
farmer has to be at a phone  
for 30 to 60 min which happen  
to this farmer, as he needed to  
see a Dr. A busy season & if  
equipment breaks & needs to ~~be~~  
~~for~~ have parts. There is a strong  
demand for their service ~~to~~ they  
are our first taxi driver to call  
It is urgent to have them around  
so please hurry with their

P.U.C. license Thank You

Enos - m. Lizzie King

1044-A Georgetown Rd

Paradise Pa 17562



May 18, 1998

Dear Sir or To Whom It May Concern:

I have a strong and urgent need for the service that Gordon Feister provides through his taxi service for the Amish folks.

I hope that you can understand that this is a service that is needed in this community. Gordon is very dependable and takes his business seriously.

I am a quadriplegic (and use a wheelchair). I depend on people like Gordon for transportation. Without a few good people like him, I would be lost.

Please consider the urgency and seriousness of this business when you make a decision to issue an emergency and permanent PVC license.

Sincerely,

Eric A. Stoltz

247 Queen Rd.

Lebanonville, PA 17529



May 16, 1998

Dear Sir:

I am writing about the P.U.C. license for Gordon Feister. We have used his service alot in the past for transportation to our job and also for medical purposes, for Doctor appointments etc. We would really appreciate if he could get the license as soon as possible. His service is very important to the community.

Thank-You

Sincerely,

Amos & Barb King  
1063 Georgetown Road  
Paradise, Pa. 17562



To whom it may concern about ~~services~~ +  
taxi service: This is just to let you  
know how much we use + appreciate  
the taxi service in emergency + non-  
emergency cases + also for business.

We do not drive cars ourselves + our only  
means of transportation is horse + buggy +  
there's lots of places you can't reach w/ horse +  
buggy so we need taxis !!

In one case we needed to go to the  
birthing center at 3 AM in a hurry +  
Gordon was right there! We wanted to  
come home the next day which was  
Sunday + again Gordon was right there!  
With the next baby she had a 5 day  
hospital stay + Gordon took me back + forth  
every day.

Then I had major surgery done in  
Philadelphia about an hour + 1/2 away +  
he took us down, then brought my  
husband down to visit. Some days

He waited a couple hrs.

We made 2 trips before the surgery.  
One afterward & we couldn't have done  
it without him. Also I depend on  
him weekly to do my grocery shopping.

We are lost without Gordon around.  
Nothing else is practical!

He is a good, kind, safe, & patient driver &  
we need him!

Mrs. Daniel K. Est.

216 Quarry Rd

Quincyville Pa 17866

Dear Friends

Gordon is a dependable + good driver +  
I need him as soon as possible,

Drivers that are reliable are hard  
to find, especially with a hitch  
to pull my trailer for my business.

I also need him to take my daughter  
to her specialist + Dr. for blood tests.

He is <sup>a</sup> very safe driver + we hope  
to have him back soon!

Emma Fisher <sup>Aka</sup>  
3431 Old Philadelphia  
Roxes, PA 17572



5/19/98

To PUC

To whom it may concern:

Please consider issuing an emergency PUC license to Gordon Heister. He is local and is needed by many of our Amish people mainly because a lot of our husbands do not work at home and we are in need of someone to be a taxi driver to go about our personal and private businesses.

He is a dependable driver and is needed often to take us to doctor and dentist appointments, grocery shopping and more every day things that have to be taken care of.

Thank You,

Anna Mary Fisher

32 Lancaster Avenue

Christiana, Pa. 17509



5/19/98

To Whom it may concern

We urgently need Gordon Grieter as  
a taxi driver for medical reasons +  
taking us to funerals, viewing and other  
business purposes as we don't have  
cars etc.

Sincerely  
B. S. Bailes  
661 Vintage Rd  
Christiana Pa. 17509

DOCUMENT  
FOLDER

MAY 22 '98 14:59 TO-17177861444

FROM-

T-300 P.01/01 F-079

5/20/98

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

<b>PRODUCER</b> INTERSTATE INSURANCE MANAGEMENT, INC. 2307 MENOHER BOULEVARD JOHNSTOWN, PA 16805		PHONE: (814) 266-7878	<b>COMPANY</b> GUARANTY NATIONAL	<b>BINDER #</b> BA 1220577
<b>CODE:</b>	<b>SUB CODE:</b>	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #		
<b>AGENCY CUSTOMER ID:</b>		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b> 1990 GMC VAN # 1GKD6152XL0630676		
<b>INSURED</b> LOIS FEISTER T/A FEISTER'S TAXI SERVICE 2309 MINE ROAD PARADISE, PA 17862				

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC <input type="checkbox"/> <input type="checkbox"/>				
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input type="checkbox"/> <input type="checkbox"/>	RETRO DATE FOR CLAIMS MADE:	GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$		
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>		COMBINED SINGLE LIMIT \$ <b>300,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ <b>25,000</b> PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$ <b>35,000</b> WAGE LOSS \$ <b>15,000</b>		
<b>AUTO PHYSICAL DAMAGE</b> <input checked="" type="checkbox"/> COLLISION: \$ <b>500</b> <input checked="" type="checkbox"/> OTHER THAN COL: \$ <b>250</b>	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES	<input type="checkbox"/> ACTUAL CASH VALUE <input checked="" type="checkbox"/> STATED AMOUNT \$ <b>5,000</b> <input type="checkbox"/> OTHER		
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> <input type="checkbox"/>		AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$		
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		<input type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - EACH EMPLOYEE \$ DISEASE - POLICY LIMIT \$		
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b>		FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$		

**NAME & ADDRESS**

*Lois Feister*

MORTGAGEE    ADDITIONAL INSURED  
 LOSS PAYEE     
 LOAN #

**DOCUMENT FOLDER**

# INSURANCE BINDER

5/20/88

BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

INSURER: INTERSTATE INSURANCE MANAGEMENT, INC.  
 2307 MENOHER BOULEVARD  
 JOHNSTOWN, PA 15906

PHONE: (814) 255-7878

AGENCY CUSTOMER ID:  
 INSURED:  
 GORDON & LOIS FEISTER T/A FEISTER'S TAXI SERVICE

2202 MINE ROAD  
 PARADISE, PA 17682

COMPANY: GUARANTY NATIONAL  
 BINDER #: BA 1220577

DATE	EFFECTIVE	TIME	DATE	EXPIRATION	TIME
5/20/88	12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	6/20/88	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)  
 1990 GMC VAN # 1GKD8152XL0530576

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY CAUSES OF LOSS</b> <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC <input type="checkbox"/> <input type="checkbox"/>				
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input type="checkbox"/> <input type="checkbox"/>	RETRO DATE FOR CLAIMS MADE:			GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>				COMBINED SINGLE LIMIT \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ 25,000 PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$ 35,000 WAGE LOSS \$ 15,000
<b>AUTO PHYSICAL DAMAGE</b> <input checked="" type="checkbox"/> COLLISION: \$ 600 <input checked="" type="checkbox"/> OTHER THAN COL: \$ 250	DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES			<input type="checkbox"/> ACTUAL CASH VALUE <input checked="" type="checkbox"/> STATED AMOUNT \$ 8,000 <input type="checkbox"/> OTHER
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				<input type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - EACH EMPLOYEE \$ DISEASE - POLICY LIMIT \$
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b>				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

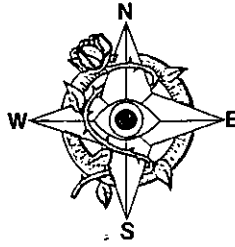
NAME & ADDRESS

*James E. Fitzmaurice*

MORTGAGEE  ADDITIONAL INSURED  
 LOSS PAYEE   
 LOAN #



# ALPHA-OMEGA



## INVESTIGATIVE SERVICES

P.I. CHARLES H. HOGAN

33 Cottage Avenue • Lancaster, PA 17602 • (717) 295-0030

26 May 1998

PA PUC

Attn: Mr. Tim Zeigler

PO Box 3265

Harrisburg, Pa 17105-3265

<b>DOCKETED</b> APPLICATION DOCKET  MAY 28 1998  ENTRY No. <u>gt</u>
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98MAY 27 PM 12:33

RE: Gordon Carl Feister

Dear Mr. Zeigler:

Reference our phone conversation this date, concerning Mr. Feister currently being incarcerated in the Lancaster County Prison, Lancaster, Pa.

It is my understanding that one may not be considered favorably for a PUC License (Taxi) if they have been convicted of Moral Turpitude.

I have been asked to make your agency aware that Mr. Gordon Carl Feister, 2202 Mine Road, Paradise, Pa 17562, DOB: 3/23/35, SSN: [REDACTED] N 08386752 (PA), has been convicted of Moral Turpitude.

On 13 Nov 97, in the Court of Common Pleas, Lancaster County, Pa., under Docket Numbers 2547 & 2548 of 1997, Mr. Feister was found guilty of Incest (Felony #2) and was sentenced one year less one day to two years less one day; Corruption of Minors (Misdemeanor #1) sentenced to five years probation; Incest (Felony #2) sentenced one year less one day to two years less one day and 5 years probation; Corruption of Minors (Misdemeanor #1) sentenced one years less one day to two years less one day and five years probation.

Please take the above information into serious consideration when considering his or his representatives application for a PUC Taxi License.

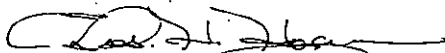
I would appreciate learning the outcome of any application by Mr. Feister or his representative for the PUC Taxi License.

Thank you for your attention in this matter. If you have any questions, please do not hesitate in

**DOCUMENT  
FOLDER**

calling me.

Respectfully,



Det. Charles H. Hogan, Owner  
Licensed Private Detective

93 APR 21 PM 12:33