

Green's Taxi, Inc.

C-2019-3011248

Fine Payment

Cashier's Check - # 2013854102 - \$6,864.00

- \$2,173.00 for fine

- \$4,691.00 for assessment

RECEIVED

SEP -1 2020

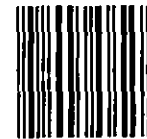
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL



1007



U.S. POSTAGE PAID
PME 1-Day
MC DONALD, PA
15057
SEP 01 20
AMOUNT
\$26.35
R03063114433000

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EJ 443 482 076 US

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SEP 1 2020

PA PUBLIC UTILITY COMMISSION
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WHEN USED INTERNATIONALLY,
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.



EP13F July 2013 OD: 12.5 x 9.5



CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE (724) 360-7023

Thomas W. Bruce
GREEN'S TAXI INC.
8200 Noblestown Rd.
McDonald, PA 15057

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 (717) 772-8582

Rosemary Chiavetta, Secretary
PLC
400 North St.
Harrisburg, PA 17120

ZIP + 4® (U.S. ADDRESSES ONLY)

17120-

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 insurance included.

PEEL FROM THIS CORNER

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO ZIP Code 15057	Scheduled Delivery Date (MM/DD/YY) 09/02/20	Postage \$ 26.35
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Date Accepted (MM/DD/YY) 09/01/20	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
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Time Accepted 3:54 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
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Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 26.35
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Weight lbs. ozs. 2.76	Acceptance Employee Initials RJC	Total Postage & Fees \$ 26.35
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DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) Time 9/2 10:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Employee Signature L
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Delivery Attempt (MM/DD/YY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
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LABEL 11-B, MARCH 2019

PSN 7690-02-000-9999

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