

RECEIVED

NOV - 2 2020

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

BLE vs Latino Taxi Services LLC

C-2019-3007106

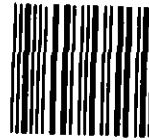
\$100.00 fine payment

Money Order # 26966821195

PRESS FIRMLY TO SEAL



1007



17120

U.S. POSTAGE PAID
PME 1-Day
HAZLETON, PA
18201
NOV 02, 20
AMOUNT

\$26.35

R2304M116246-11



PRIORITY
MAIL
EXPRESS®



EJ 523 485 553 US

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE (570) 501-0710
29 East broad st.
West hazleton, PA. 18202

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) 787-1168
PA Public Utility Commission
400 North Street
Harrisburg, PA. 17120

ZIP + 4® (U.S. ADDRESSES ONLY)

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 <u>18201</u>	Scheduled Delivery Date (MM/DD/YY) <u>11.8.20</u>	Postage \$
Date Accepted (MM/DD/YY) <u>11.2.20</u>	Scheduled Delivery Time <input type="checkbox"/> 10:00 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee \$
Time Accepted <u>11:56</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Live Animal Transportation Fee \$
Weight lbs. ozs.	Acceptance Employee Initials <u>Jayles</u>	Total Postage & Fees \$ <u>26.35</u>

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

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

PEEL FROM THIS CORNER

LABEL 11-B, MARCH 2018 PSN 7690-02-000-8996