

RECEIVED

NOV - 2 2020

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

BIE vs Latino Taxi Services LLC

C-2019-3006787

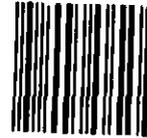
\$200.00 fine payment

Money Order # 26966821173

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 513 485 553 US

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE (570) 509-0710

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	Scheduled Delivery Date (MM/DD/YY)	Postage	
<u>18201</u>	<u>11.0.20</u>	\$	
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	COD Fee
<u>11.2.20</u>	<input type="checkbox"/> 10:00 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	\$	\$
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
<u>11:56</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	\$	\$	\$
Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees	
\$	\$	\$ <u>26.35</u>	
Weight <input type="checkbox"/> Flat Rate	Acceptance Employee Initials		
lbs. ozs.	<u>Jayles</u>		

DELIVERY (POSTAL SERVICE USE ONLY)

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

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

PEEL FROM THIS CORNER

LABEL 11-8, MARCH 2019

PSN 7690-02-000-899d

Money order guaranteed for U.S. destinations only.