

DNR Delivery Service, Inc.
365 River Street
South Fork, PA 15956

Telephone: 304-237-4329

February 20, 2021

Commonwealth of Pennsylvania
Pennsylvania Public Utility Commission
400 North Street
Harrisburg, PA 17120

RECEIVED

FEB 20 2021

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

To Whom It May Concern:

C-2019-3013934

Please be advised that DNR Delivery Service is no longer in business and was dissolved in June, 2020. A Certificate of Public Convenience, A-8922137, has been cancelled by the PA PUC (see attached Cancellation Notice). However, please note that the vehicle owned by DNR Service did not have a lapse in insurance coverage (see attached Certificates of Insurance).

A fine of \$500 has been assessed and is being paid with the enclosed cashier's check #2370162. Please apply this \$500 payment to the outstanding fine and enter and record into the Commonwealth of Pennsylvania Public Utility Commission's records that this matter has been fully resolved. I am requesting that you also release any holds, restrictions, etc. on vehicles formerly owned by DNR Service, Inc., more particularly a 2018 Ford Transit Connect cargo van, VIN NM0LS7E79J137900. This vehicle has been transferred to Thomas D. Jones and the paperwork to transfer the title and issue licenses is currently being held up for approval by the PA DMV.

Sincerely,



Charles D. Williams
Former Vice-President
DNR Delivery Service, Inc.

B/Ev. DNR Delivery Service,
Inc.
\$500.00
Official Check # 2370162

Enclosures

PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

This card must be shown to any Law Enforcement Officer upon request.

NAIC# 35173 AGENCY INSURANCE COMPANY OF MARYLAND, INC.

To report a claim call: (800) 841-3241

NOT VALID MORE THAN 1 YEAR FROM EFFECTIVE DATE

Policy #: CA 0019190 Policy Period: 09/09/2019 - 09/09/2020

DNR DELIVERY SERVICE INC
310 RIVER STREET
SOUTH FORK, PA 15658

Your Agent: WATSON INSURANCE AGENCY INC at (814)255-4194

Applicable with respect to the following motor vehicles:

Year	Make	Model	Vehicle Identification
2018	FORD	TRANSIT CONNEC	NMOLS7E79J1379000

SEE IMPORTANT MESSAGE ON REVERSE SIDE

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Policy Number: 50571066 NAIC Number: 11851
Effective Date: 09/08/2020 Expiration Date: 03/08/2021
NOT VALID FOR MORE THAN 1 YEAR FROM EFFECTIVE DATE
Insurer: Progressive Advanced Insurance Co 1-800-776-4737
PO Box 31260 Tampa, FL 33631

Named Insured(s):
Thomas D Jones
Debra L Jones
104 W 15t St
Somerset, PA 15501

Year	Make	Model	VIN
2005	Toyota	Corolla	2T1BR32E55C31
2010	Ford	Focus	1FAHP3FN4AW
2018	Ford	Transit Connect	NMOLS7E79J13

This card must be carried for production upon demand. It is suggested that you carry this card in the insured vehicle.

WARNING: Any owner or registrant of a motor vehicle who drive permits a motor vehicle to be driven in this State without the required financial responsibility may have his registration suspended or revoked.

- NOTE: THIS CARD IS REQUIRED WHEN:**
- (1) You are involved in an auto accident.
 - (2) You are convicted of a traffic offense other than a parking offense that requires a court appearance.
 - (3) You are stopped for violating any provision of 75 Pa.C.S. (relating to Vehicle Code) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request a restoration of your operating privilege and/or registration privilege, which has been previously suspended or revoked.



WHILE IN OPERATION.

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD PENNSYLVANIA

Policy Number: 08134055-0 NAIC Number: 11770
Effective Date: 09/05/2018 Expiration Date: 09/05/2019
Policy Type: Commercial
NOT VALID FOR MORE THAN 1 YEAR FROM EFFECTIVE DATE
Insurer: United Financial Casualty Company 1-800-444-4487
PO Box 94739 Cleveland, OH 44101

Named Insured(s):
DNR DELIVERY SERVICE INC.
365 RIVER ST
SOUTH FORK, PA 15956

Year	Make	Model	VIN
2018	Ford	Transit Connect	NMOLS7E79J1379000

Your Agent: WATSON INSURANCE AGENCY INC at (814)255-4194

This card must be carried for production upon demand. It is suggested that you carry this card in the insured vehicle.

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in this State without the required financial responsibility may have his registration suspended or revoked.

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- (1) You are involved in an auto accident.
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PO Box 31260 Tampa, FL 33631

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Thomas D Jones
Debra L Jones
104 W 15t St
Somerset, PA 15501

Year	Make	Model	VIN
2005	Toyota	Corolla	2T1BR32E55C357602
2010	Ford	Focus	1FAHP3FN4AW146747
2018	Ford	Transit Connect	NMOLS7E79J1379000

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D & B Quilck Notary & Messenger Service
 982 Bedford Street
 Johnstown, PA 15902
 PH (814) 539-9789 FAX (814) 536-4419
 TOLL FREE 1-888-539-9823
 www.dandbquicknotary.com

INVOICE

248094

TO: **THOMAS D JONES**
 104 W 1ST ST
 SOMERSET, PA 15501

MESSENGER SERVICE
 THE COST OF MESSENGER SERVICE WILL APPLY ONLY TO THE SERVICES THAT YOU REQUESTED AND ANY RESULT OF REJECTION NOT ON THE MESSENGER SERVICE WILL CAUSE EXTRA COST TO YOU. THANK YOU. LOIS & DOUG BANDA

CUSTOMER	DATE	TERMS	CONTACT	
JONES THO	08/26/20			
DESCRIPTION			CHARGES	
1 Z4	STATE FEES TITLE TRANSFER 2018 FORD TK		94.00	94.00
1 Z2	NOTARY		5.00	5.00
1 Z3	CLERICAL		45.00	45.00
1 Z10	MV3 AND/OR VEHICLE APPRAISAL NOTARY & APPRAISAL FEE		10.00	10.00
1 ZRD-6784	TRUCK PLATE		32.00	32.00
			Invoice subtotal	186.00
			Invoice total	186.00

MV-4ST (1-19)				H. TAXFEES		1ST ASSIGNMENT	2ND ASSIGNMENT
VEHICLE PURCHASED	A. PA Title Number (as Shown on Attached Title) 796903 26601 DN		Make of Vehicle FORD	Model Year 2018		Purchase Price (See Note on Reverse.) 500⁰⁰	
	Vehicle Identification Number NMOL57E79J1379000		Condition <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		Less Trade-In		
SELLER	B. Last Name (or Full Business Name) First Name Middle Name DNR DELIVERY SERVICE INC				Taxable Amount 500⁰⁰		
	Co-Seller				1. Sales Tax Due X 6% (.06), X 7% (.07) OR X 8% (.08) * (See Note on Reverse.) 30⁰⁰		
1ST ASSIGNMENT	C. Last Name (or Full Business Name) First Name Middle Name PA DL/ID# or Bus. ID# Date of Birth JONES THOMAS DUANE 25344344		Date of Birth 2/17/58		1A. Exemption Reason Code (Must Be a Number From 1 To 23 Or 0)		
	Co-Purchaser Last Name First Name Middle Name PA DL/ID# Date of Birth		Date of Birth		1B. First Assignment Exemption No.		
	Street 104 W 1ST ST		COUNTY CODE 56		2. Title Fee 55⁰⁰		
	City State Zip Code Date Acquired/Purchased Somerset PA 15501 8/26/20		Refer to County Codes Listing on Reverse Side of Yellow Copy		3. Lien Fee		
2ND ASSIGNMENT	D. Last Name (or Full Business Name) First Name Middle Name PA DL/ID# or Bus. ID# Date of Birth		Date of Birth		4. Registration or Processing Fee 64⁰⁰		
	Co-Purchaser Last Name First Name Middle Name PA DL/ID# Date of Birth		Date of Birth		Fee Exempt No. as Assigned by the Department		
	Street		COUNTY CODE		5. County Fee (See Note on Reverse.)		
	City State Zip Code Date Acquired/Purchased		Refer to County Codes Listing on Reverse Side of Yellow Copy		6. Duplicate Reg. Fee No. of Dup. Reg. Cards		
VEHICLE TRADED	E. Make of Vehicle		Vehicle Identification Number		6. Increase Fee		
	Model Year	Body Type (CP, TK, etc.)	Condition <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		8. Replacement Fee		
APPLICATION FOR REGISTRATION	F. <input type="checkbox"/> Registration plate to be issued by Department (Proof of insurance must be attached.) <input type="checkbox"/> Exchange registration plate to be issued by Department <input checked="" type="checkbox"/> Temporary registration plate issued by Full Agent (NOTE: This registration plate will expire 90 days from date of issuance.)		<input type="checkbox"/> Transfer of Previously Issued Registration Plate <input type="checkbox"/> Transfer & Renewal of Registration Plate <input type="checkbox"/> Transfer & Replacement of Registration Plate		Total Paid (Add 1 Thru 9) 1094⁰⁰		11.
	Registration Plate No. ZRD 6784		Expires Month Year		Reason for Replacement <input type="checkbox"/> LOST <input type="checkbox"/> DEFACED <input type="checkbox"/> STOLEN <input type="checkbox"/> NEVER RECEIVED (Lost in Mail) NOTE: If "NEVER RECEIVED" block is checked, applicant must complete Form MV-44.		
	Temp. Registration Plate No.		Transferred from Title No.		VIN		
	Signature of person from whom registration plate is being transferred (if other than applicant)		Sign Here		Relationship To Applicant		
	Vehicle Purchased Weight Information (if Applicable) GVWR 3270		Unladen Weight 3528	Req. Reg. Gross Wt. Including Load 5,000	Req. Reg. Gross Comb. Wt. (if Applicable)		
	Insurance Company Name Progressive		Policy No. (Or Attach Binder) 50571066	Policy Effective Date 3/8/20	Policy Expiration Date 7/7/20		
ISSUING AGENT INFORMATION	I certify that on month 8 day 26 year 20 I have checked to determine that the vehicle is insured and issued temporary registration to the above applicant, in compliance with all applicable provisions of the Vehicle Code and department regulations.		Issuing Agent (Print Name) QUICK NOTARY		Agent No. 832168		
		Issuing Agent Signature <i>Jawla Bander</i>		Telephone No. 814-539-784			
ADDITIONAL TITLE INFORMATION	G. NOTE: If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants with Rights of Survivorship" (on death of one owner, title goes to surviving owner.) CHECK HERE <input type="checkbox"/> . Otherwise, the title will be issued as "Tenants in Common" (on death of one owner, interest of deceased owner goes to their heirs or estate.)						
	NOTE: If the vehicle is to be used as a daily rental or leased vehicle, CHECK HERE <input type="checkbox"/> . If block is checked, complete and attach Form MV-1L.						
CERTIFICATION	I. I/We certify that I/we have examined and signed this application after its completion. I/We further certify that all statements herein are TRUE and CORRECT and make application for certificate of title for the vehicle described in Section A. If any exemption is claimed, the purchaser further certifies that they are authorized to claim this exemption. I/We acknowledge that I/we may lose my/our operating privilege(s) or vehicle registration for failure to maintain financial responsibility on the currently registered vehicle for the period of registration. I/We acknowledge that I/we may be subject to a fine not exceeding \$5,000 and imprisonment of not more than two years for any false statement that I/we make on this application.						
	1st ASSIGNMENT	Signature of First Purchaser or Authorized Signer <i>Thomas Jones</i>				Telephone No.	
	2nd ASSIGNMENT	Signature of Second Purchaser or Authorized Signer				Telephone No.	
		Signature of Co-Purchaser/Title of Authorized Signer					

DNR DELIVERY SERVICE
865 RIVER STREET
SOUTHFORK, PA 15956



Retail

P

US POSTAGE PAID

\$7.70

Origin: 15956
02/20/21
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0.4b 1.80 Oz

1004

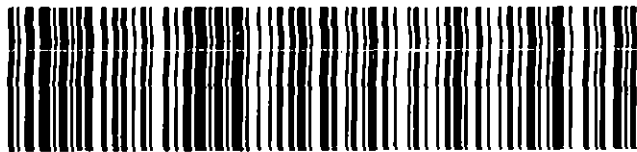
EXPECTED DELIVERY DAY: 02/23/21

SHIP

TO:

Harrisburg PA 17120

USPS TRACKING® NUMBER



9505 5158 1961 1051 1020 81

COMMONWEALTH OF PA
PA PUBLIC UTILITY COMMISSION
400 NORTH STREET
HARRISBURG, PA 17120



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