

WAM Transportation, Inc.

P.O. Box 436
Millheim, PA 16854

Office: 814-349-8089
Email: mark@amlogging.com

April 12, 2022

Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120

RE: PUC Authority A-8911104

Dear Sir or Madam:

Enclosed are two (2) cashier's checks payable to the Commonwealth of Pennsylvania. The \$100 check is the application fee for a re-activation of PUC number A-8911104. The \$500 check is payment of a fine against WAM Transportation, Inc. Payment of this fine is in the interest of resolving WAM Transportation's C-2020-3019938 and not an admission of wrongdoing by WAM Transportation.

Sincerely,



Mark Byler, President

Enclosure

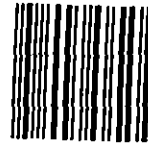
BIE
VS
WAM TRANSPORTATION INC
Fine payment \$500
Treasurer's check
#271007760

DATE OF DEPOSIT
APR 12 2022
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

PRESS FIRMLY TO SEAL



1007



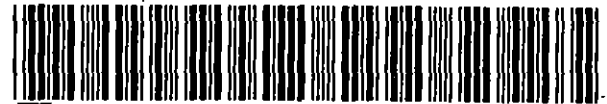
17120

U.S. POSTAGE PAID
PME 1-Day
MILLHEIM, PA
16854
APR 12, 22
AMOUNT

\$26.95
R2305M145476-02



**PRIORITY
MAIL
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CUSTOMER USE ONLY

FROM: (PLEASE PRINT) **PHONE:** 814, 349-8089

WAM Transportation, Inc.
PO Box 436
Millheim, PA 16854

RECEIVED

APR 15 2022

PAYMENT BY ACCOUNT (if applicable)

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

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SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) 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 (if any).

Delivery Options

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Sunday/Holiday Delivery Required (additional fee, where available*)

*Refer to USPS.com® or local Post Office™ for availability.

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

TO: (PLEASE PRINT) **PHONE:** ()

Secretary
PA Public Utility Commission
400 North Street
Harrisburg, PA 17120

ZIP + 4® (U.S. ADDRESSES ONLY)
17120

PO ZIP Code 16854	Scheduled Delivery Date (MM/DD/YY)	Postage \$ 26.95	
Date Accepted (MM/DD/YY) 4-12-22	Scheduled Delivery Time 5:00 PM	Insurance Fee \$	COD Fee \$
Time Accepted 3:30 PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Return Receipt Fee \$	Live Animal Transportation Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees 26.95	
Weight lb. oz.	Flat Rate <input checked="" type="checkbox"/> <input type="checkbox"/> Regular	Acceptance Employee Initials mm	\$

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

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