

01-907-CD  
COMMONWEALTH OF PENNSYLVANIA -vs- JENNIFER E. KEAGLE  
DEPARTMENT OF TRANSPORTATION

Date: 11/04/2004

Time: 10:35 AM

Page 1 of 1

**Clearfield County Court of Common Pleas**

User: BANDERSON

ROA Report

Case: 2001-00907-CD

Current Judge: John K. Reilly Jr.

Commonwealth of Pennsylvania vs. Jennifer E. Keagle

Civil Other

Date	Judge
06/12/2001	Filing: Petition for Appeal from Suspension of Operating Privileges, Paid by: Keagle, Jennifer (defendant) Receipt number: 1826773 Dated: 06/12/2001 Amount: \$80.00 (Cash) Two CC without Order to Defendant, One CC to C/A No Judge 
08/03/2001	Order, AND NOW, this 2nd day of August, 2001, supersedesas of the suspension of the operating privileges of Petitioner is hereby granted. Written notice no later than 60 days prior to the hearing shall be given to the Director of the Bureau of Driver Licensing, Dept. of Transportation, of the time and place of the hearing. The Court Administrator's Office is directed to schedule the above hearing on the next regularly scheduled date for License Suspension Hearings. BY THE COURT: /s/John K. Reilly, Jr., P.J. One CC Defendant, One CC Commonwealth of PA No Judge 
12/23/2003	ORDER, NOW, this 19th day of December, 2003, this being the day and date set for Hearing in the above-captioned appeal from license suspension, it is the Order of this Court that said appeal be CONTINUED until the next scheduled list of license suspension appeals. by the Court, s/JKR,JR.,P.J. 2 cc Atty Kuhar, 1 cc Def. John K. Reilly Jr. 
10/15/2004	Order, AND NOW, this 15th day of October, 2004, it is the ORDER of the Court that hearing on Plaintiff's License suspension appeal in the above matter has been scheduled for Wednesday, November 10, 2004 at 9:30 a.m. before the Honorable John K. Reilly, Jr., Senior Judge, in the Clfd. Co. Courthouse. Report to the Court Adminstrator's Office. BY THE COURT: /s/ Fredric J. Ammerman, President Judge Fredric Joseph Ammerman 
11/02/2004	Order returned unclaimed, mailed by certified mail. Fredric Joseph Ammerman 

IN THE COURT OF COMMON PLEAS OF JEFFERSON COUNTY, PENNSYLVANIA  
CIVIL DIVISION

COMMONWEALTH OF PENNSYLVANIA \*  
DEPARTMENT OF TRANSPORTATION \*  
\*  
-vs- \*  
\*  
JENNIFER E. KEAGLE \*

No. 2001-907-C0

Type of Action:

Appeal

Type of Pleading:

Petition for Appeal From  
Suspension of Operating  
Privileges

Filed on Behalf of:

Defendant

PROSE  
371-9766

**FILED**

JUN 12 2001

William A. Shaw  
Prothonotary

IN THE COURT OF COMMON PLEAS OF JEFFERSON COUNTY, PENNSYLVANIA  
CIVIL DIVISION

COMMONWEALTH OF PENNSYLVANIA \*  
DEPARTMENT OF TRANSPORTATION \*  
\*  
-vs- \* No. 01-907-CO  
\*  
JENNIFER E. KEAGLE \*

PETITION FOR APPEAL FROM  
SUSPENSION OF OPERATING PRIVILEGES

TO THE HONORABLE JUDGES OF THE SAID COURT:

NOW COMES, JENNIFER E. KEAGLE, upon a Petition for Appeal from Suspension of Operating Privileges, whereof the following is a statement:

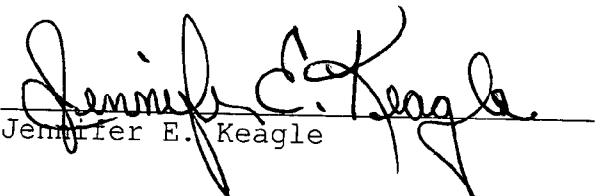
1. Petitioner is JENNIFER E. KEAGLE whose address is 7 East Second Street, DuBois, Pennsylvania 15801.
2. By Official Notice from the Director of the Bureau of Driver Licensing, Department of Transportation, Commonwealth of Pennsylvania, a true and correct copy of which is attached hereto as Exhibit "A" and incorporated herein by reference as though set forth in full, Petitioner was informed that her operating privileges would be suspended for a period of three (3) months, effective June 22, 2001, as a result of an alleged violation for failure to produce proof of financial responsibility on April 6, 2001.
3. Petitioner believes and therefore avers that the suspension of her operating privileges by the Department of Transportation, Commonwealth of Pennsylvania, is improper and without legal basis for the following reason:

At the time of the incident, Your Petitioner was properly insured by Safe Auto Insurance Company. Attached

hereto and marked Exhibit "B" is a copy of said Certificate of Insurance.

WHEREFORE, Petitioner prays that this Court enter an Order fixing the time and place of a hearing to determine whether the operating privileges of Petitioner should be suspended or the suspension should be set aside as improper and invalid.

Respectfully submitted,

  
\_\_\_\_\_  
Jennifer E. Keagle

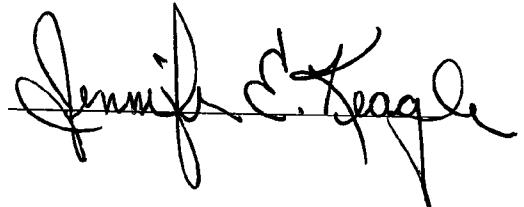
Date: 6-12-01

VERIFICATION

I, Jennifer E. Keagle, verify  
that the statements made herein are true and correct. I  
understand that false statements herein are made subject to  
penalties of 18 Pa.C.S. §4904, relating to unsworn falsification  
to authorities.

Date:

6-12-01

A handwritten signature in black ink that reads "Jennifer E. Keagle". The signature is fluid and cursive, with "Jennifer" on the top line and "E. Keagle" on the bottom line.

IN THE COURT OF COMMON PLEAS OF JEFFERSON COUNTY, PENNSYLVANIA  
CIVIL DIVISION

COMMONWEALTH OF PENNSYLVANIA \*  
DEPARTMENT OF TRANSPORTATION \*  
\*  
-vs- \* No. 01-907-CO  
\*  
JENNIFER E. KEAGLE \*

ORDER

AND NOW, this 2<sup>nd</sup> day of August, 2001, upon  
consideration of the within Petition for Appeal from Suspension  
of Operating Privileges and on motion by Petitioner named above,  
supersedes of the suspension of the operating privileges of  
Petitioner, as set forth in the Official Notice of the Director  
of the Bureau of Driver Licensing, Department of Transportation,  
mail date May 18, 2001, is hereby granted.

Written notice no later than sixty (60) days prior to the  
hearing shall be given to the Director of the Bureau of Driver  
Licensing, Department of Transportation, of the time and place  
of the hearing.

The Court Administrator's Office is directed to schedule  
the above hearing on the next regularly scheduled date for  
License Suspension Hearings.

BY THE COURT:

Judge

FILED

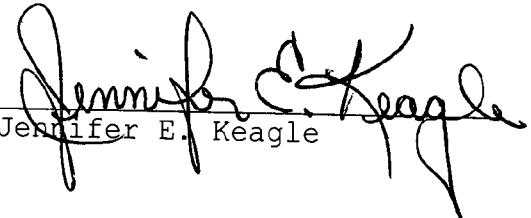
AUG 03 2001  
011144 Icc Dg. Pro Se  
William A. Shaw  
Prothonotary Icc Com. Pa

IN THE COURT OF COMMON PLEAS OF JEFFERSON COUNTY, PENNSYLVANIA  
CIVIL DIVISION

COMMONWEALTH OF PENNSYLVANIA \*  
DEPARTMENT OF TRANSPORTATION \*  
\*  
-vs- \* No.  
\*  
JENNIFER E. KEAGLE \*

CERTIFICATE OF SERVICE

AND NOW, this 4<sup>th</sup> day of June, 2001, I, RICHARD H. MILGRUB, hereby certify that I have this date, served a copy of the foregoing document, by causing same to be mailed by Certified Mail, Return Receipt Requested, to the Pennsylvania Department of Transportation, Office of Chief Counsel, Third Floor, Riverfront Office Center, Harrisburg, PA 17104-2516.

  
Jennifer E. Keagle

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF TRANSPORTATION  
Bureau of Driver Licensing  
Harrisburg, PA 17123  
MAY 18, 2001

JENNIFER E KEAGLE  
63 MAIN STREET  
FALLS CREEK PA 15840

011319283961110 001  
05/11/2001  
20361599  
09/29/1958

Dear Motorist:

Your driving privilege is scheduled to be suspended on 06/22/2001, because you failed to produce proof of financial responsibility on 04/06/2001, the date of your traffic offense.

1. Your driving privilege will be suspended for three months effective 06/22/2001 at 12:01 A.M. as authorized by Section 1786(d) of the Vehicle Code.

Please see the enclosed application for restoration fee information.

2. You will be required to return any current driver's license or learner's permit and/or temporary drivers license (camera card) in your possession.

3. You will be required to provide the Department with proof that all motor vehicles registered in your name are covered by a motor vehicle liability insurance policy or by a program of self-insurance approved by the Department.

You will not be permitted to operate a motor vehicle until you have been advised in writing by this Bureau that your privilege has been reinstated.

If you do not comply with this notice, this Bureau will refer this matter to the Pennsylvania State Police for prosecution under Section 1571 (A) of the Vehicle Code.

EFFECTIVE DATE OF SUSPENSION: 06/22/2001 12:01 A.M.

"A"

011319283961110

----

In order to comply with this sanction you are required to return any current driver's license, learner's permit and/or temporary driver's license (camera card) in your possession no later than the effective date listed. If you cannot comply with the requirements stated above, you are required to submit a DL16LC Form or a sworn affidavit stating that you are aware of the sanction against your driving privilege. Failure to comply with this notice shall result in this Bureau referring this matter to the Pennsylvania State Police for prosecution under SECTION 1571(a)(4) of the Vehicle Code.

Although the law mandates that your driving privilege is under suspension even if you do not surrender your license, Credit will not begin until all current driver's license product(s), the DL16LC Form, or a letter acknowledging your sanction is received in this Bureau.

WHEN THE DEPARTMENT RECEIVES YOUR LICENSE OR  
ACKNOWLEDGEMENT, WE WILL SEND YOU A RECEIPT. IF YOU DO NOT  
RECEIVE THIS RECEIPT WITHIN 15 DAYS CONTACT THE DEPARTMENT  
IMMEDIATELY. OTHERWISE, YOU WILL NOT BE GIVEN CREDIT TOWARD  
SERVING THIS SANCTION.

APPEAL

You have the right to appeal this action to the Court of Common Pleas (Civil Division) within 30 days of the mail date, MAY 18, 2001, of this letter. If you file an appeal in the County Court, the Court will give you a time-stamped certified copy of the appeal. In order for your appeal to be valid, you must send this time-stamped certified copy of the appeal by certified mail to:

Pennsylvania Department of Transportation  
Office of Chief Counsel  
Third Floor, Riverfront Office Center  
Harrisburg, PA 17104-2516

011319283961110

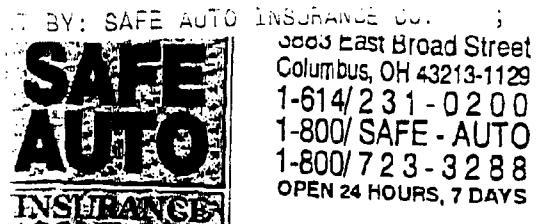
-----  
Sincerely,

*Rebecca L. Bickley*

Rebecca L. Bickley, Director  
Bureau of Driver Licensing

SEND FEE/LICENSE/DL-16LC/T0:  
Department of Transportation  
Bureau of Driver Licensing  
P.O. Box 68693  
Harrisburg, PA 17106-8693

INFORMATION (7:00 AM TO 9:00 PM)  
IN STATE 1-800-932-4600  
OUT-OF-STATE 717-391-6190  
TDD IN STATE 1-800-228-0676  
TDD OUT-OF-STATE 717-391-6191



## Pennsylvania Certificate of Insurance

Policy No. : PA00018886A-00

Policy Period. From 11/27/2000 14:03:00

To 05/27/2001 00:01:00

Standard time at the address of the named insured as stated herein.

NAMED INSURED.

JENNIFER E KEAGLE  
PO BOX 234  
FALLS CREEK PA 15840

VEH #	YEAR	MAKE MODEL	BODY TYPE	SERIAL NUMBER	SYM	TERR	DRIVER	PTS
1	1990	DODGE DAYTONA ES	2H	1B3XG4439LG456758	13	19	F S 42	0
2	1987	HONDA CIVIC 1500 CRX	2H	JHMEC1426HS046478	12	19	M S 19	0

### COVERAGE

BODILY INJURY

### LIMITS OF LIABILITY

\$ 15,000 EACH PERSON/  
\$ 30,000 EACH ACCIDENT

PROPERTY DAMAGE

\$ 10,000 EACH ACCIDENT

FIRST PARTY BENEFITS

MEDICAL EXPENSE  
UNINSURED MOTORIST  
BODILY INJURY UNSTACKED  
UNDERINSURED MOTORIST  
BODILY INJURY UNSTACKED

\$ 5,000 EACH PERSON  
\$ 15,000 EACH PERSON/  
\$ 30,000 EACH ACCIDENT  
\$ 15,000 EACH PERSON/  
\$ 30,000 EACH ACCIDENT

ADDITIONAL DRIVER: ERIC D BENNETT

OWNHOLDER:

ERIC D BENNETT 7 E SECOND ST FALLS CREEK PA 15840

Underwriting Company: Safe Auto Insurance Company 3883 East  
Broad Street Columbus, Ohio 43213  
(614) 231-0200

Signature of Authorized  
Company Representative

This policy may be cancelled back to the inception date and time for false or misleading information on the application. If the initial premium payment is not honored upon presentation to the financial institution, the policy will be deemed void from its inception. This policy is only in force if all payments have been paid in full and on time.



3883 East Broad Street  
Columbus, OH 43213-1129  
1-614/231-0200  
1-800/SAFE-AUTO  
1-800/723-3288  
OPEN 24 HOURS, 7 DAYS

## Pennsylvania Certificate of Insurance

Policy No. PA00018886A-00

Policy Period. From 11/27/2000 14:03:00

To 05/27/2001 00:01:00 \*

NAMED INSURED.

JENNIFER E KEAGLE  
PO BOX 234  
FALLS CREEK PA 15840

Standard time at the address of the named insured as stated herein.

VEH #	YEAR	MAKE MODEL
1	1990	DODGE DAYTONA ES
2	1987	HONDA CIVIC 1500 CRX

BODY TYPE	SERIAL NUMBER	SYM	TERR	DRIVER	PTS
2H	1B3XG4439LG456758	13	19	F S 42	0
2H	JHMEC1426HS046476	12	19	M S 19	0

### COVERAGE

BODILY INJURY

### LIMITS OF LIABILITY

\$ 15,000 EACH PERSON/  
\$ 30,000 EACH ACCIDENT  
\$ 10,000 EACH ACCIDENT

PROPERTY DAMAGE

FIRST PARTY BENEFITS

MEDICAL EXPENSE

UNINSURED MOTORIST

BODILY INJURY UNSTACKED

UNDERINSURED MOTORIST

BODILY INJURY UNSTACKED

\$ 5,000 EACH PERSON

\$ 15,000 EACH PERSON/

\$ 30,000 EACH ACCIDENT

\$ 15,000 EACH PERSON/

\$ 30,000 EACH ACCIDENT

ADDITIONAL DRIVER: ERIC D BENNETT

LIENHOLDER:

ERIC D BENNETT 7 E SECOND ST FALLS CREEK PA 15840

Underwriting Company: Safe Auto Insurance Company 3883 East  
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Signature of Authorized  
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Policy is only in force if all payments have been paid in full and on time.

**FILED**

*Hand*  
JUN 12 2001  
3:30 PM  
*Hand* William A. Shaw  
Prothonotary P.D.  
80.-

1 CERT W/ O TO JENNIFER  
1 CERT TO GIA

IN THE COURT OF COMMON PLEAS  
OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

COMMONWEALTH OF PENNSYLVANIA : :

VS : NO. 01-907-CD

JENNIFER E. KEAGLE : :

O R D E R

NOW, this 19th day of December, 2003, this being the day and date set for hearing in the above-captioned appeal from license suspension, it is the Order of this Court that said appeal be CONTINUED until the next scheduled list of license suspension appeals.

BY THE COURT,  
\_\_\_\_\_  
President Judge

FILED

DEC 23 2003

William A. Shaw  
Prothonotary/Clerk of Courts

FILED

01/11/10  
DEC 23 2003

William A. Shaw  
Prothonotary/Clerk of Courts

2CC Atty Kuhar  
ICC Def.

7 E. Second St.  
DuBois, PA 15801

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
O F F I C I A L U S S E	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
X01-0010	
Sent to Jennifer E. Keagle Street, Apt No: 0700 Penn St, Second Street Off. Suite 204-4 DuBois, PA 15801	
PS Form 3800, June 2002	
See Reverse for Instructions	

**Certified Mail Provides:** (Rev. 02/02/00, Form 3800)

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

**Important Reminders:**

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a "fee" waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement *Restricted Delivery*.
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

**IMPORTANT:** Save this receipt and present it when making an inquiry. Internal access to delivery information is not available on mail addressed to APOs and FPOs.

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA  
CIVIL DIVISION

COMMONWEALTH OF PENNSYLVANIA :  
DEPARTMENT OF TRANSPORTATION :

vs.

: No. 01-907-CD

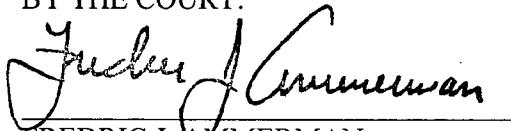
JENNIFER E. KEAGLE

:

**ORDER**

AND NOW, this 15<sup>th</sup> day of October, 2004, it is the ORDER of the Court that hearing on Plaintiff's License Suspension Appeal in the above matter has been scheduled for Wednesday, November 10, 2004 at 9:30 A.M. before the Honorable John K. Reilly, Jr., Senior Judge, Specially Presiding, in the Clearfield County Courthouse, Clearfield, PA. Please report to the Court Administrator's Office. You will be directed from there where these hearing will be heard.

BY THE COURT:



FREDRIC J. AMMERMAN  
President Judge

FILE -  
OCT 15 2004  
EJK  
Willia  
Prothonotary

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7001	2510	0005	2723	9956
Postage	\$			
Certified Fee				
Return Receipt Fee (Endorsement Required)				
Restricted Delivery Fee (Endorsement Required)				
Total Postage & Fees	\$			
Sent To Jennifer E. Keagle Street 7001 or Box 2510 or PO Box 9956 City, State, Zip 15801				
See Reverse for Instructions				

**Certified Mail Provides:**

- A mailing receipt
- A unique identifier for your mailpiece
- A signature upon delivery
- A record of delivery kept by the Postal Service for two years

**Important Reminders:**

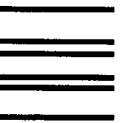
- Certified Mail may ONLY be combined with First-Class Mail or Priority Mail.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain *Return Receipt* service, please complete and attach a *Return Receipt* (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, USPS postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

**IMPORTANT: Save this receipt and present it when making an inquiry.**

102595-01-M-1049  
PS Form 3800, January 2001 (Reverse)

<b>SENDER COMPANY</b> <b>7001 2510 0005 2723 9963</b>		<b>THIS SECTION ON DELIVERY</b>								
<p>PRINT OR TYPE IN BLOCK LETTERS DO NOT USE PENCIL OR INK PRINT OR TYPE IN BLOCK LETTERS DO NOT USE PENCIL OR INK</p>										
<p><b>RECIPIENT ADDRESS</b></p>										
<p><b>RECEIVED BY (Printed Name)</b> <i>Reyna, L. S.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>										
<p><b>DATE OF DELIVERY</b> <i>NOV 20 2003</i> <input type="checkbox"/> Date of Delivery</p>										
<p><b>IS DELIVERY ADDRESS DIFFERENT FROM ITEM 1?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>										
<p><b>IF YES, ENTER DELIVERY ADDRESS BELOW:</b> <i>303 Reed St</i></p>										
<p><b>1. Article Addressed to:</b> <b>Donna E. Scott</b> <b>209 East Walnut Street</b> <b>Clearfield, PA 16830</b></p>										
<p><b>3. Service Type</b></p> <table> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table>					<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail									
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise									
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.									
<p><b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes</p>										
<p><b>2. Article Number</b> (Transfer from service label) <b>7001 2510 0005 2723 9963</b></p>										
<p>PS Form 3811, August 2001 Domestic Return Receipt</p>										
<p>102595-01-M-2509</p>										

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

Office of Court Administrator  
Suite 228, 230 East Market Street  
Clearfield, PA 16830

Mak (Lia. Seng)

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

E966 E222 5000 0152 1002

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
  	
Postage	\$ <input type="text"/>
Certified Fee	<input type="text"/>
Return Receipt Fee (Endorsement Required)	<input type="text"/>
Restricted Delivery Fee (Endorsement Required)	<input type="text"/>
<b>Total Postage &amp; Fees</b>	\$ <input type="text"/>
<b>Sent To</b>	Donna E. Scott Street No. <input type="text"/> or P.O. Box <input type="text"/> City, <input type="text"/> 16830
Postmark Here	

See Reverse for Instructions

PS Form 3800, January 2001  
See Reverse for Instructions

**Certified Mail Provides:**

- A mailing receipt
- A unique identifier for your mailpiece
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- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a Return Recipient may be requested to provide proof of delivery. To obtain Return Recipient service, please complete and attach a Return Receipt (PS Form 381) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

**IMPORTANT: Save this receipt and present it when making an inquiry.**

PS Form 3800, January 2001 (Reverse)

102595-01-M-1049

<b>7001 2510 0005 2723 9895</b>	
<b>RECEIVED POSTAL SERVICE ADDRESS LINE TO THE ADDRESSEE PRINTED NAME ADDRESS LINE TO THE ADDRESSEE PRINTED NAME ADDRESS LINE</b>	
<b>ENTER THIS SECTION ON DELIVERY</b>	
<b>COMPLETE ITEMS 1, 2, AND 3. ALSO COMPLETE ITEM 4 IF RESTRICTED DELIVERY IS DESIRED.</b>	
<b>PRINT YOUR NAME AND ADDRESS ON THE REVERSE SO THAT WE CAN RETURN THE CARD TO YOU.</b>	
<b>ATTACH THIS CARD TO THE BACK OF THE MAILPIECE, OR ON THE FRONT IF SPACE PERMITS.</b>	
<b>1. Article Addressed to:</b>	
<b>Frank M. Rulifson 205 Forest Avenue DuBois, PA 15801</b>	
<b>2. Article Number (Transfer from service label)</b>	
<b>7001 2510 0005 2723 9895</b>	
<b>Domestic Return Receipt</b>	
<b>102595-01-M-2509</b>	
<b>3. Service Type</b>	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
<b>4. Restricted Delivery? (Extra Fee)</b>	
<input type="checkbox"/> Yes	
<b>5. Signature</b>	
<b>X Robert Boyd 11-21-03</b>	
<b>B. Received by (Printed Name)</b>	
<b>C. Date of Delivery</b>	
<b>D. Is delivery address different from item 1?</b>	
<b>If YES, enter delivery address below:</b>	

102595-01-M-2509

Domestic Return Receipt

PS Form 3811, August 2001

UNITED STATES POSTAL SERVICE



- Sender: Please print your name, address, and ZIP+4 in this box.

Office of Court Administrator  
Suite 228, 230 East Market Street  
Clearfield, PA 16830

mk/Lia. Sapp.

U.S. Postal Service	
<b>CERTIFIED MAIL RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
5686	5000
5272	0752
7002	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Tina M. Runyon	
1000 Forest Avenue	
Box No. 15801 Bala Cynwyd, PA 19004	
Street, Box No. or PO Box City, State, Zip Code, PA 19004	
Scotneyers Express Mail	

PS Form 3400, January 2001

**Certified Mail Provides:**

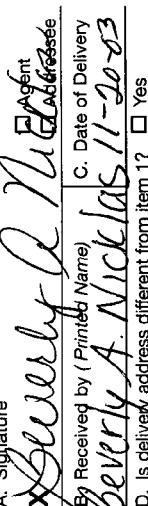
- A mailing receipt
- A unique identifier for your mailpiece
- A signature upon delivery
- A record of delivery kept by the Postal Service for two years

**Important Reminders:**

- Certified Mail may ONLY be combined with First-Class Mail or Priority Mail.
- Certified Mail is not available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (FS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

**IMPORTANT: Save this receipt and present it when making an inquiry.**

PS Form 3800, January 2001 (Reverse) 102595-01-M-1049

SENDER: <u>7001 2510 0005 2723 9994</u>		ACTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>			
1. Article Addressed to: <u>Beverly D. Nicklas</u> <u>R.R. #1, Box 40-A</u> <u>Woodland, PA 16881</u>		A. Signature  <u>Beverly D. Nicklas</u> <u>Agent Address</u>	B. Received by (Printed Name) <u>Beverly D. Nicklas 11-20-03</u> C. Date of Delivery <u>11-20-03</u>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <u></u>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <u>7001 2510 0005 2723 9994</u>		PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509	

UNITED STATES POSTAL SERVICE



- Sender: Please print your name, address, and ZIP+4 in this box •

Office of Court Administrator  
Suite 228, 230 East Market Street  
Clearfield, PA 16830

new U.S. esp.

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark  
Here

Sent To  
**Lawrence D. Nicklas**  
40-A  
Box 40-A  
PO Box 40-A  
Sparta, PA 16881

1666 8272 5000 0752 1002

PS Form 3800, January 2001

See Reverse for Instructions

**Certified Mail Provides:**

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years
- A signature upon delivery
- Certified Mail may ONLY be combined with First-Class Mail or Priority Mail.
- Certified Mail is not available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (FDS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

**IMPORTANT: Save this receipt and present it when making an inquiry.**

PS Form 3800, January 2001 (Reverse)

102595-01-M-1049



OFFICE OF COURT ADMINISTRATOR  
CLEARFIELD COUNTY COURTHOUSE  
230 EAST MARKET STREET  
CLEARFIELD, PA 16830



7004 0550 0000 717b 3472



**CERTIFIED MAIL™**

*MC*  
10/18/04  
1st Notice  
A-2  
**RTS**  
RETURN TO SENDER

Jennifer E. Keagle  
7 East Second Street  
DuBois, PA 15801  
A  INSUFFICIENT ADDRESS  
C  ATTEMPTED NOT KNOWN  
S  OTHER  
NO SUCH NUMBER/ STREET  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

**UNCLAIMED**

**FILED**  
E6/L  
10/3/2004  
NOV 02 2004

William A. Shaw  
Prothonotary/Clerk of Courts

OPTIONAL FIELD FOR EMPLOYER TO USE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jennifer E. Keagle  
7 East Second Street  
DuBois, PA 15801

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number  
(Transfer from service label) 7004 0550 0000 7176 3472

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, August 2001

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA  
CIVIL DIVISION

COMMONWEALTH OF PENNSYLVANIA :  
DEPARTMENT OF TRANSPORTATION :

vs.

No. 01-907-CD

JENNIFER E. KEAGLE

**ORDER**

AND NOW, this 15 day of October, 2004, it is the ORDER of the Court that hearing on Plaintiff's License Suspension Appeal in the above matter has been scheduled for Wednesday, November 10, 2004 at 9:30 A.M. before the Honorable John K. Reilly, Jr., Senior Judge, Specially Presiding, in the Clearfield County Courthouse, Clearfield, PA. Please report to the Court Administrator's Office. You will be directed from there where these hearing will be heard.

BY THE COURT:

/s/ Fredric J. Ammerman

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FREDRIC J. AMMERMAN  
President Judge

I hereby certify this to be a true and attested copy of the original statement filed in this case.

OCT 15 2004

Attest.

*William L. Ober*  
Prothonotary/  
Clerk of Courts

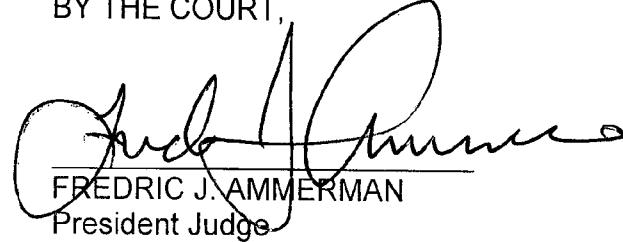
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

Commonwealth of Pennsylvania, Dept. of Transportation      \*  
Plaintiff      \*  
vs.      \* NO. 01-907-CD  
Jennifer E. Keagle      \*  
Defendant      \*

ORDER

NOW, this 24<sup>th</sup> day of July, 2007, it is the ORDER of this Court that the above-captioned case be and is hereby dismissed due to inactivity.

BY THE COURT,



FREDRIC J. AMMERMAN  
President Judge

FILED *ICC Atty Kuhar*  
*07/16/07* *ICC Def.*  
**JUL 24 2007** *7 E. Second St.*  
William A. Shaw *Dubois, PA*  
Prothonotary/Clerk of Courts *15801*

(60)