

**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:

Artis Express Inc  
P.O. Box 129  
Hilliard, Oh 43026

Us # 03-1551-TR-CVY

## 2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

☒ X☐ Agent☐ Addressee

## B. Received by (Printed Name)

C. G. Lewis

## C. Date of Delivery

11/16/06

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

P.O. Box 129

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7002 2410 0000 1637 4670

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 •

PUBLIC UTILITIES COMMISSION OF OHIO  
180 E. BROAD STREET  
COLUMBUS, OHIO 43215-3793

13<sup>th</sup> fl.

