

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:

DOUGHETY, MARION L
P.O. BOX 217
BELLEVUE OH 44811

07-1218-TR-LVF

2. Article Number

(Transfer from service label)

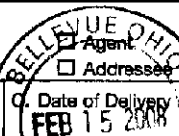
7001 2510 0004 7177 0468

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X

**B. Received by (Printed Name)**

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below ☐ No

**3. Service Type**

- | | |
|---|---|
| <input 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)☐ Yes

UNITED STATES POSTAL SERVICE

MANFIELD OH 449

15 FEB 2002 PM 2 7

LET US HAVE YOUR
THINK, SPEAK AND WRITE.
John Adams, 1790
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

RECEIVED-DOCKING UNIT
2008 MAR -4 PM 12:43
PUCO

C036

