

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:

PRIMO COMMUNICATIONS, INC.
MR. BENJAMIN D. ARDELEAN
517 BIRCH TREE CT.
ROCHESTER HILLS, MI 48306

07-78-TP-CSS

2. Article Number

(Transfer from service label)

7002 2410 0000 1237 4805

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

PRIMO

C. Date of Delivery

3-31-08

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

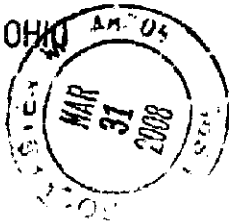


First-Class Mail
Postage & Fees Paid
USPS

Permit No. G-18

This is to certify that the images appearing are an
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Technician Sm Date Processed 4/3/08

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



07-78-TP-QSS

