

**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:

OHIO STATE HIGHWAY PARTOL  
LICENSING & COMCL. STANDARDS  
P.O. BOX 182074  
COLUMBUS OH 43218-2074

07-1218-TR-CVF

2. Article Number

(Transfer from service label)

7007 2680 0001 0491 4865

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*DALE DAYWALT*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

DALE DAYWALT

C. Date of Delivery

5-5-08

D. Is delivery address different from item 1?

- ☐ Yes  
☐ No

If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail  
☐ Registered  
☐ Insured Mail

- ☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

RECEIVED - DOCKETING DIV  
MAY - 5 2008  
P U S T

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  
DOCKETING DIVISION