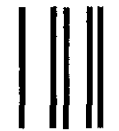


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <b>X</b> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Mr. William McAfee  Mayor and Clerk of Council  City of Belpre  715 Park Dr.  Belpre, OH 45714</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><input type="checkbox"/> delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below <input type="checkbox"/> No</p> <p><b>BEFORE ON</b>  <b>MAY 27 2004</b></p>	
<p>2. Article Number  (Transfer from service label)</p> <p>7002 2410 0000 1650 1625</p>		<p>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.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</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 •

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1211 BROAD STREET  
COLUMBUS, OHIO  
616-3793  
DOCKETING DIVISION

PLCCO

RECEIVED-DOCKETING DIV  
MAY 28 AM 11:45

87-824  
830  
831

