

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:

TINCHER, GREGORY
15354 HILLCREST ROAD
MT. ORAB OH 45154

08-593-TR-CVF

2. Article Number

(Transfer from service label)

7007 2680 0001 0490 8123

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)

TERESA SNEV

C. Date of Delivery

6-12-08

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
CINCINNATI OH 452

12 JUN 2008 PM 3 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

PUCO

JUN 13 PM 12:24

RECEIVED-DOCKETING DIV

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

43215-3798
DOCKETING DIVISION
This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.

Technical Staff Date Processed 6/13/08