

**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:

BRADFORD, CHARLES  
P O BOX 81  
SADSBURYVILLE PA 19369

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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☐ G.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

08-644

2. Article Number

(Transfer from service label)

7007 2680 0001 0484 5077

UNITED STATES POSTAL SERVICE

SOUTHEASTERN PA 194

01 JUL 2008 PM 5 L

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

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

PUC of Ohio  
180 E BROAD ST.  
COLUMBUS, OH 43215-3793

7/5

