| | and the second s |
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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Gomplete 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. | A. Signature X HOS (Printed Name) C. Date of Delivery B. Received by (Printed Name) C. Date of Delivery |
| Article Addressed to: | D. Is delivery address different from item 1? |
| CONTRACT TRANSPORTATION SYSTEMS CO DONALD MCCONNELL 101 PROSPECT AVE NW CLEVELAND OH 44115 | |
| 0.8-797-TR-CUF | 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| U.0 197-17-CUI | 4. Restricted Delivery? (Extra Fee) Yes |
| 2. Article Number (Transier from service label) 7007 0225 | 3 0000 5515 2FSP |
| PS Form 3811, February 2004 Domestic Re | turn Receipt 102595-02-M-1540 |

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 St. Columbus, Ohio 43215-3793 **Docketing Division**