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:

COGAN'S WRECKER SERVICE, INC
162 TOWNSHIP ROAD 616
SOUTH POINT OH 45680

08-693-TR-CVF

2. Article Number
(Transfer from service label) 7007 2680 0001 0484 6319

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* [illegible] C. Date of Delivery 8-8-08

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

This is to certify that the image appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business

Technician _____ Date _____ Processed _____

RECEIVED-DOCKETING DIV
2008 AUG -7 AM 11:
PUCO

UNITED STATES POSTAL SERVICE

COLUMBUS OH 430

08 AUG 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 •

Docketing

PUBLIC UTILITIES COMMISSION OF OHIO
180 E. BROAD STREET
COLUMBUS, OHIO 43215-3793

08-693-TR-CVF