

RECEIVED-DOCKETING DIV

2010 JAN 27 PM 3:08

PUCO

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ 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.		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Sharon Chambers</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Sharon Chambers</i> <i>1/25</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
1. Article Addressed to:			
Mr. Phil Schmidt Brookfield Township Administration Building 6844 Strimbu Drive, N.E. Brookfield, Ohio 44403			
2. Article Number (Transfer from service label)		3. Service Type	
<i>09-560-WW-AIR</i>		<input 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.	
7002 2410 0000 1632 3203		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

108895-02-00-1840

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

Technician *mmm* Date Processed *01.27.10*