

Printed on the reverse side?

Is your RETURN?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 00-437
CHAPPELL & ZIMMERMAN, INC.
CHRIS CHAPPELL, V.P.
501 OLIVE ST. P.O. BOX 94
SALEM, OH 44460

4a. Article Number 0481125067

- 4b. Service Type
- | | |
|---|------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

5. Date of Delivery 3-28-00

5. Received By: (Print Name)
Chris Chappel

6. Signature: (Addressee or Agent)
X Chris Chappel

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

YONNESTOWN OH 445 YER 12:50 PM 2011

• Print your name, address, and ZIP Code in this box. •

Public Utilities Commission of Ohio
OTA + R. Docketing
100 E. Broad Street
Columbus Oh 43215

Attu'K Watson 00437

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