SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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 of the front if space permits. 1. Article Addressed to: Green Township-Scioto Co, Oh Scott Belcastro 144 Gervais St Franklin Furnace, Ohio 45629	A. Signature X
2. Article Number 7014 21	20 0001 2561 8097
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540

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 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 mailplece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) D. Is delivery address different from item 1
Article Addressed to: Pleasant Township, Oh	If YES, enter delivery address below: No
Scott Belcasto 5373 Norton Rd Grove City, Ohio 43123	3. Service Type Certified Mail
16-1-AU-RPT	4. Restricted Delivery? (Extra Fee)
2. Article Number 7007 2480 (Transfer from service lab,	0001 0486 6676
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complet item 4 if Restricted Delivery is desired. Print your name and address on the rever so that we can return the card to you. Attach this card to the back of the mailpie or on the front if space permits. 1. Article Addressed to: 	Agent Addressee B. Reteives by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1?
Village of Yorkville Ney, John	If YES, enter delivery address below: No
9604 Cliffview Street NW Clinton, OH 44216	3. Service Type ☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	007 2680 0001 0486 6294
PS Form 3811, February 2004 Do	rmestic Return Receipt 102595-02-M-1540

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 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. Article Addressed to: 	A. Signature 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:
Village of Tiltonsville Ney, John 9604 Cliffview Street NW Clinton, OH 44216	3. Service Type 3. Service Type Certified Mail
2. Article Number 7007 268	0 0001 0486 6317
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-154

SENDER: COMPLETE THIS SECTION	i	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2 and 3. Also corritem 4 if Restricted Delivery is desired Print your name and address on the r so that we can return the card to you Attach this card to the back of the ma or on the front if space permits. 	ł. ^{::} reverse '	A. Signature Agent Addressee B. Reterved by (Printed Name) C. Date of Delivery
Article Addressed to:		D. Is delivery address different from item 1?
Village of Mingo Junction		
Village of Mingo Junction Ney, John 9604 Cliffview Street NW Clinton, OH 44216		3. Service Type Certified Mail
Ney, John 9604 Cliffview Street NW	7007	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 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. 	A. Signature X	
1. Article Addressed to: Village of Rayland Ney, John	D. Is delivery address different from item 1? A Yes to If YES, enter delivery address below: A No	
9604 Cliffview Street NW Clinton, OH 44216	3. Service Type C Certified Mail	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number 7007 2L80 000	D 0486 6355	
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Article Addressed to:			differerIt from item ery address below:	·· = ···
Village of Minerva Ney, John 9604 Cliffview Street NV Clinton, OH 44216	<u>}</u> V	3. Service Type Certified Mail Registered Insured Mail	☐ Express Mail ☐ Return Receip ☐ C.O.D.	ot for Merchandise
		4. Restricted Deliver	y? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	2680	0001 0486	<u>L379</u>	
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SENDER: COMPLETE THIS S	ECTION	COMPLETE THIS SECTION ON DE	LIVERY
 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. Article Addressed to: Guicance Telecom LLC McGinness, Mark 		A. Signature X Lucy B. Peceived by (Printed Name) K. WATA D. Is delivery address different from it If YES, enter delivery address before	
30628 Detroit Rd # Westlake, OH 441		3. Septice Type Cortified Mail Registered Insured Mail C.O.D.	lail ceipt for Merchandisc
<u>*</u>		4. Restricted Delivery? (Extra Fee)	☐ Yes
Article-Number (Transfer from service label)	7014 218	0 0001 52PJ 9090	
		Return Receipt	

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Article Addressed to: 	A. Signature A. Agent Addressee B. Received by (Printed Name) C. Date of Delivery Camerica Sheprad D. Is delivery address different from item 1? S, enter delivery address below:
Western Reserve Energy Service Wiegner, Ryan 3867 W Market St, Suite 268 Akron, OH 44333	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7007 2680) 0001 0486 6287
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540

A STATE OF THE STA	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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: Frazier Ltd Kathleen Frazier	A. Signature A. C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
PO Box 4291 Akron, OH 44321	3. Septice Type Certified Mail
2. Article Number 7007 26 (Transfer from service label)	80 0001 0486 1008
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	ALL CONTRACTOR OF THE PROPERTY
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
1. Article Addressed to:	D. Is delivery address different from item 1?
Village of Carrollton Ney, John 9604 Cliffview Street NW	3. Seprice Type ☑ Certified Mail □ Express Mail
Clinton, OH 44216	✓Z Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7007 26	80 0001 0486 6416
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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also completed 4 if Restricted Delivery is desired. Print your name and address on the reveso that we can return the card to you. Attach this card to the back of the mailpor on the front if space permits. Article Addressed to: Village of Stratton John Ney 	erse	A. Signature X Agent Addressee B. Received by (Printed Name) C. Dale of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below:
9604 Cliffview St NW Clinton, OH 44216		3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
·		4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	J7 268	0 0001 0486 6324
PS Form 3811, February 2004	omestic Retu	rn Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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: Village of Dillonvale Jo Sou4 Cliffview St NW Clinton, OH 44216	A. Signature X
	3. Service Type 2. Certified Mail 3. Express Mail 4. Registered 5. Return Receipt for Merchandise 6. Insured Mail 6. C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7007 26	80 0001 0486 6393
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECT	ION	COMPLETE THIS SECTION ON DELIVERY
 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. Article Addressed to: Village of Scio Ney, John 9604 Cliffview Street NW 		A. Signature X
Clinton, OH 44216	3. Service Type Gertified Mail Express Mail Registered Return Receipt for Merchandise	
		☐ Insured Mail ☐ C.O.D.
		☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	7007 ZE	4. Restricted Delivery? (Extra Fee) ☐ Yes