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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12/28/05

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

FELTS CHARLES OPERATIONS MANAGER
VIOX SERVICES INC.
4165 HALF-ACRE RD.
BATAVIA, OH 45103

3. Service Type

☑ 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) 7002 2410 0000 1633 5473

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

UNITED STATES POSTAL SERVICE

CINCINNATI OH 452

22 DEC 2015 PM 2 T

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

HAPPY HOLIDAYS

• Sender: Please print your name, address, and ZIP+4 in this box •

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

C014