

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:

03-143D-TE-CVF

ARCTIC EXPRESS INC.
4227 LYMAN DRIVE
P.O. BOX 129
HILLIARD, OH 43026

COMPLETE THIS SECTION ON DELIVERY

A. Signature

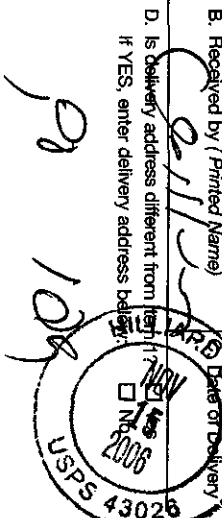
X 13 NOV 2005 PM 4:41 Agent
☒ Addressed

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:



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 1637 4502

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

UNITED STATES POSTAL SERVICE



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

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

RECEIVED-DOCKETING DIV.

20 NOV 16 PM 3:09

PUCO

Public Utilities Commission of Ohio
Docketing Division
180 E. Broad Street, 13th Floor
Columbus, Ohio 43215

