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-TR-CVF

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 13 NOV 2006 PM 1 ☐ 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: ☐ No

NOV 13 2006

USPS 43026

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 •

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

PUCO

2006 NOV 16 PM 3:09

RECEIVED-DOCKETING DI