

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:

06-1141-TR-CVF

TUROWSKI, KENNETH
88 SOUTH PORTAGE PATH
AKRON, OHIO 44303

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Amiel White*☐ Agent☐ Addressee

B. Received by (Printed Name)

Amiel White

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below

☐ Yes☐ No

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 4076

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
180 E. BROAD STREET
COLUMBUS, OHIO 43215-3753