

SENDER: COMPLETE THIS SECTION

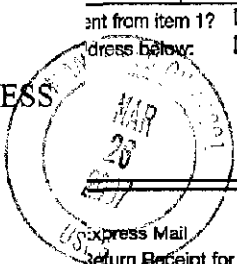
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

JOSHUA DUNKLE, ATTORNEY
 CALHOUN, KADEMENOS, HEICHEL, CHILDRESS
 CO., LPA
 6 W THIRD STREET, SUITE 200
 MANSFIELD, OH 44901-0268



ent from item 1? Yes
 dress below: No

Express Mail
 Return Receipt for Merchandise
 P.O.D.

(Extra Fee) Yes

2. Article Number (Transfer from service label) **7002 2410 0000 1637 4892**

06 1286-18. 0 3

UNITED STATES POSTAL SERVICE



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

PUBLIC UTILITIES COMMISSION OF OHIO
180 E. BROAD STREET
13TH FL.
DOCKETING DIVISION
COLUMBUS, OHIO 43215

PUCO

2007 MAR 27 AM 10:42

RECEIVED-DOCKETING DIV