SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature  Agent  Addressee  B Received by (Printed Name)  C. Date of Delivery  8-20-07
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Ohio State Senate Randy Gardner Senate Building	
Room # 220 Columbus, OH 43215 Stall Report	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
09-194-6A. ALR	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7 0 0 3, 251.	פבב ?לב? 4ססס ס
PS Form 3811, February 2004 Domestic Res	turn Receipt 102595-02-M-1540

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 • 2001 AUG 21 PUBLIC UTILITIES COMMISSION OF OHIO
180 E. BROAD STREET \*COLUMBUS, OHIO 43215-3793