

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 or or

1. Article

SHAFFER, SHADD
3463 CR 200
BELLE CENTER OH 43310

05-643-TVL-UF

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

SHADD SHAFFER

C. Date of Delivery

8.27.07

em 1? ☐ Yesow: ☐ No

Mail

Receipt for Merchandise

☐ Yes

7002 2410 0000 1637 3697

UNITED STATES POSTAL SERVICE

COLUMBUS OH 430

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-18

AUG 2007 PM 1 T

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

RECEIVED-DOCKING DIV

2007 AUG 28 PM

UC

PUBLIC UTILITIES COMMISSION OF OHIO
180 E. BROAD STREET
COLUMBUS, OHIO 43215-3793

