

## 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:

SAFeway TRANSPORTATION, INC.  
634 HIGHWAY 190 WEST  
PORT ALLEN LO 70767

## COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ 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

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)

7007 2680 0001 0490 9021

67-716-TR-CVF

UNITED STATES POSTAL SERVICE

24 700

First Class, Metro  
Postage & Fees Paid  
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  
43215-3793  
DOCKETING DIVISION

CO

2008 MAR 10 PM 1:11

RECEIVED-DOCKETING DIV