

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:

GOODMAN, JONATHAN R
WALTER & HAVERFIELD LLP
1301 EAST NINTH STREET, SUITE 3500
CLEVELAND, OH 44114-1821

05-170-TR-CVF
05-770-TR-CVF

2. Article Number

(Transfer from service label)

7001 2510 0004 7177 0802

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X

Dan Calmease

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Dan Calmease

C. Date of Delivery

4/30

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

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 •

RECEIVED-DOCKETING DIV.

MAY -2 PM 12:29

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

PUB