

SENDER: COMPLETE THIS SECTION**COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature

X

☐ 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 fee)

7001 2510 0004 9177 0738

UNITED STATES POSTAL SERVICE

LIMA, OH 458

LET US DARE TO READ
THINK, SPEAK, WRITE.
Postage & Fees Paid
Permit No. G-10

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

PUBLIC UTILITIES COMMISSION OF OHIO
150 E. BROAD STREET
COLUMBUS, OHIO
43215-3793
DOCKETING DIVISION

RECEIVED-DOCKETING
2008 MAY 28 AM 11:45
PUCO

07-829
830
831

