

First-Class Mail Postage & Fees Paid USPS 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

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Technician 500 Date Processed 6/9/08

07-829-GA-AIR 07-830-GA-ALT 07-831-CA-AAM

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 	A. Signature X
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
Mr. John Cox	
Trustee, Chairman	
Boardman Townskip	3. Service Type ☐ Certified Mall ☐ Express Mail
8299 Market Street	Registered Return Receipt for Merchandise
Boardman, OH 44512	☐ insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 9597 0597 0000 0712 2002	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540
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