




COMPLETE THIS SECTION ON DELIVERY

- A. Signature  ☐ Agent
☐ Addressee
- B. Received by (Printed Name)  RECEIVED
- C. Date of Delivery 
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2410 0000 1637 6407

102595-02-M-1540

UNITED STATES POSTAL SERVICE

COLUMBUS OH 430

First Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

00 JUN 2008 PM 2 T

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

PUBLIC UTILITIES COMMISSION OF OHIO
180 E. BROAD STREET
COLUMBUS, OHIO 43215-3783

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.

Technician SM

Date Processed 6/10/08

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