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:

SCHROER, RALPH
2817 CHERRY ST APT 4
TOLEDO,OH 43608

08-332-GA-CSS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ralph Schroer ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Ralph Schroer 9-16-08

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
43608

SEP 16 2008

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) 7001 2510 0004 7177 0581

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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 •

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