

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> 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. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> |
| <p>1. Article Addressed to:</p> <p>The Honorable Mayor City of Norwood 4645 Montgomery Road Norwood OH 45212</p> | <p>B. Received by (Printed Name) <i>R. Strang</i> C. Date of Delivery <i>1/28/09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>[Postmark: NORWOOD BRANCH OH 45212 JAN 28 2009]</i></p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>3. Service Type <i>20 7088</i></p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>7007 2680 0001 0484 7930</p> | |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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Technician *[Signature]* Date Processed *1-27-09*

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

08-709-EL-AIR
08-719-EL-ATA
08-711-EL-AAM



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Technician

Date Processed

1-29-09