

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <i>X [Signature]</i></p>	
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>[Signature]</i> <span style="float: right;"><i>1/28/09</i></span></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>The Honorable Mayor          City of Blue Ash          4343 Cooper Road          Blue Ash OH 45242</p>	<p>3. Service Type <span style="float: right;"><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</span>  <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail</p>	
<p>2. Article Number          (Transfer from service label)</p>	<p>4. Restricted Delivery? (Express Mail) <input type="checkbox"/> Yes</p> <p style="text-align: center;">7007 2680 0001 0484 7558</p>	

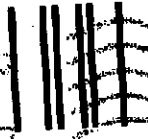
RECEIVED BOOKLET DIV  
 2009 JAN 28 PM 12

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Technician *[Signature]* Date Processed *1-29-09*

UNITED STATES POSTAL SERVICE  
COLUMBUS, OH 43215

25 JAN 2008 PM 5 7



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. 610

• 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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