ER: 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:

COMBS, JEFFERY L
1350 N STATE ROUTE 201
CASSTOWN OH 45312

09-309-TR-CVF

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Jeanette Combs
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
6-11-09

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

PUCO
2009 JUN 12 AM 11:
RECEIVED-DOCKETING DIV

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) 7007 2680 0001 0491 3684

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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 _____ Date Processed JUN 12 2009