RECEIVED-DOCKETING DIV

2009 NOV 20 PM 12: 51

PUCO

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:

MUSLEVE, SCOTT
P.O. BOX 9178
AKRON, OH 44305

09-309-TR-CVF

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Scott Musleve ☐ Agent ☒ Addressee

B. Received by (Printed Name) Scott Musleve
C. Date of Delivery 11/19/09

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

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) 7002 2410 0000 1632 2732

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 DMM Date Processed 11/20/09