SENDER: *COMPLETE THIS SECTION*	COMPLETE THIS SECTION ON DELIVERY
■ 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.	A. Signature X [signature] ☑ Agent ☐ Addressee B. Received by (*Printed Name*) Fred Crutchfield C. Date of Delivery
1. Article Addressed to: FRED CRUTCHFIELD 9464 EAST LINCOLN WAY ORRVILLE OH 44667 09-622-TR-CVF	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No RECEIVED-DOCKETING DIV 2009 DEC -8 PM 1:07 PUCO 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 0485 1658

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 [signature] Date Processed 12/10/09