

FILE

RECEIVED-DOCKETING DIV

2009 DEC 21 PM 3:29

PUCO

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 x <i>Sasha Giff</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to:		B. Received by (Printed Name) <i>Sasha Giff</i>	C. Date of Delivery <i>12-18-09</i>
BUTLER, ANTHONY 225 S SANDUSKY STREET, #44 DELAWARE OH 43015		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) <i>09-744-TR-CVF</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7007 0220 0000 2272 5954	

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 DEC 21 2009