FILE

RECEIVED-DOCKETING DIV
2018 JAN -5 AM 9:45
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:

LUTHER TRANSFER, INC.
WILLIAM S. LUTHER
1912 11TH STREET
PORTSMOUTH OH 45662

09-943-TR-CVF

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X William S. Luther ☐ Agent ☐ Addressee

B. Received by (Printed Name) William Luther
C. Date of Delivery 12/31

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) 7007 2680 0001 0485 1917

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1[illegible]

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 Ann Date Processed 1/5/18