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.

FILE

1. Article Addressed to:

RIFFLE, JEFFREY L
75 APPLEVIEW CT
HOWARD OH 43028

04-1998 TR-CVF

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jeff Riffle ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jeff Riffle

C. Date of Delivery 4/2/10

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

2010 APR 13 PUCO 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) 7002 2410 0000 1632 3425

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