

FILE

RECEIVED-DOCKETING DIV

2010 MAY -6 AM 11:33

PUCO

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> | <p>A. Signature<br/>x <u>Peter S. Becknall</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Peter S. Becknall</u> C. Date of Delivery <u>5-3-10</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| 1. Article Addressed to:<br><br>BECKNALL, PETER S<br>114 2ND AVENUE NE<br>ELGIN ND 58533-7014<br><br><u>10-149-TR-CVF</u>  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  |
| 2. Article Number<br>(Transfer from service label) <u>7007 2680 0001 0485 1979</u>   | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |

PS Form 3811, February 2004

Domestic Return Receipt

102995-02-M-10

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 ATC Date Processed 5-6-2010