

FILE

RECEIVED-DOCKETING DIV

2010 JUL 26 PM 2: 01

PUCO

10-474-TR-CVF

| 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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>GREGORY ARTEMENKOV 6-12-10</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> |  |
| 1. Article Addressed to:   |  | 3. Service Type   |  |
| GREGORY ARTEMENKOV   |  | <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail   |  |
| 1043 HOLLY CIRCLE  |  | <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise   |  |
| LAKE ZURICH IL 60047   |  | <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.   |  |
| 10-474-TR-CVF  |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |  |
| 2. Article Number  |  |   |  |
| (Transfer from service label)  |  | 7007 2680 0001 0486 8540  |  |

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 SB Date Processed 7/26/10