

FILE

RECEIVED-DOCKETING DIV

2010 SEP 13 PM 2:49

PUCO

10-905-TR-CVF

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION (ADDRESSEE) | |
|--|--|---|--|
| <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 <u>Steven R. Highley</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Steven Highley</u> C. Date of Delivery <u>9-9-10</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> | |
| 1. Article Addressed to: <p>HIGHLEY, STEVEN R. 8800 W. RIVER RD. YORKTOWN IN 47369</p> | | 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. | |
| 2. Article Number (Transfer from service label) | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 7002 2410 0000 1632 4804 | | | |

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15-00

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 Am Date Processed 9/13/10