

14-01-AU-ORD

| 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>Mattha Rothey</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>MAKTHA ROTHEY</u> C. Date of Delivery <u>AUG 26 AM 11:55</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> |  |
| <p>1. Article Addressed to:</p> <p>OHIO INTRASTATE ENERGY LLC MANAGING MEMBER<br/> A SCOTT ROTHEY<br/> 7744 W WATERMARK DR<br/> FINDLAY OH 45840-7720</p>  |  | <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>        |  |
| <p>2. Article Number<br/> (Transfer from service label) <u>14-001-AU-RPT</u></p>   |  | <p><u>7007 2680 0001 0486 6089</u></p>  |  |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

| 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>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>REC'D AUG 26 AM 11:55</u> C. Date of Delivery <u>8/26/14</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> |  |
| <p>1. Article Addressed to:</p> <p>DNE Sales<br/> Keith Grover<br/> 4400 Easton Commons Way, Ste 125<br/> Columbus OH 43219</p>  |  | <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>      |  |
| <p>2. Article Number<br/> (Transfer from service label) <u>14-001-AU-RPT</u></p>   |  | <p><u>7007 2680 0001 0485 4246</u></p>  |  |

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Domestic Return Receipt

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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 DW Date Processed AUG 26 2014