

FILE

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RETURN: I hereby certify that I served the within subpoena personally on Rick Fox on the 11th day of February, 2015 at _____, by (circle one)

a) delivering a copy to him or his agent personally;

b) reading the subpoena to him in person;

c) leaving a copy at his place of residence; or

d) mailing it via US certified mail, return receipt requested with instructions to the delivering postal authority to show to whom delivered, date of delivery, and address where delivered.

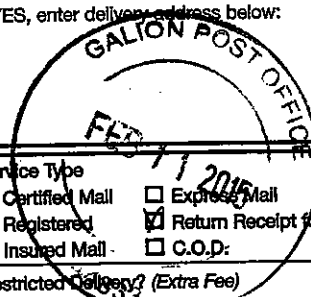
Signed,

Courtney Krueger

PUCO

RECEIVED-DOCKETING DIV
2015 FEB 26 PM 5:19

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		Postal Service™ CERTIFIED MAIL™ RECEIPT <small>Domestic Mail Only; No Insurance Coverage Provided</small>	
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.		A. Signature <input checked="" type="checkbox"/> <u>Patty Schwall</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) <u>Patty Schwall</u>	C. Date of Delivery	Delivery information visit our website at www.usps.com
Article Addressed to: <u>Jack Fox</u> <u>640 Crawford-Morrow City line Rd</u> <u>Galion, Ohio 44833</u>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		OFFICIAL USE	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		A. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		Postage \$	Postmark Here
2. Article Number (Transfer from service label)		7013 3020 0000 6982 9886		Certified Fee	
PS Form 3811, February 2004		Domestic Return Receipt		Return Receipt Fee (ment Required)	
102595-02-M-1540		3800, August 2006		Additional Delivery Fee (ment Required)	
				Postage & Fees \$	



DK FOX

BEFORE
THE PUBLIC UTILITIES COMMISSION OF OHIO

In the Matter of the Petition of CSX
Transportation, Inc. to Close to Vehicular
Traffic the Bloomingrove-New Winchester
Road (Crawford-Morrow County Line Road)
Crossing in Washington Township, Morrow
County, Ohio

Case No. 14-0379-RR-UNC

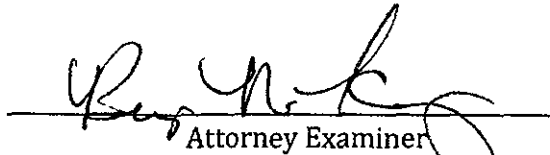
RECEIVED-DOCKETING DIV
2015 FEB - 6 PM 3:36
PUCO

* * *
SUBPOENA

Upon application of CSX Transportation, Inc. ("CSXT"), you, Rick Fox, are hereby required to appear before The Public Utilities Commission of Ohio to testify on cross-examination in the proceeding entitled "In the Matter of the Petition of CSX Transportation, Inc. to Close to Vehicular Traffic the Bloomingrove-New Winchester Road (Crawford-Morrow County Line Road) Crossing in Washington Township, Morrow County, Ohio", Case No. 14-0379-RR-UNC, at the offices of the Public Utilities Commission of Ohio, 180 East Broad Street, Columbus, Ohio 43215, 11th Floor, Hearing Room C, on the 3rd day of March, 2015 at 10 o'clock, a.m.

This subpoena is issued under the authority granted to the Public Utilities Commission of Ohio in Sections 4901.22 and 4903.02 of the Ohio Revised Code, and 4091-1-25 of the Ohio Administrative Code.

Dated at Columbus, Ohio, this 6 day of February, 2015



Attorney Examiner

NOTICE: If you are not a party or an officer, agent, or employee of a party to this proceeding, then witness fees for attending under this subpoena are to be paid by the party at whose request the witness is summoned. Every copy of this subpoena for the witness must contain this notice.