

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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 ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <u>5-13-15</u> D. Is delivery address different from item 3? ☐ Yes ☐ No If YES, enter delivery address below	
1. Article Addressed to: <u>15-01-AU-RPT</u> Chicago Power Company LLC Steven Hill 423 E Town St, Ste 210 Columbus OH 43215		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) <u>7007 2680 0001 0485 7933</u>		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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Technician M Date Processed MAY 15 2015