

FILE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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 mail piece, or on the front if space permits.		A. Signature x <u>Dan K</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name) PUCO		C. Date of Delivery 5/18/15	
1. Article Addressed to: Chicago Power Company LLC Steven Hill Ohio Gen Counsel 423 E Town St, Ste 210 Columbus OH 43215		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7010 2780 0001 9375 0217		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.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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MAY 18 2015

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Technician JM Date Processed MAY 21 2015