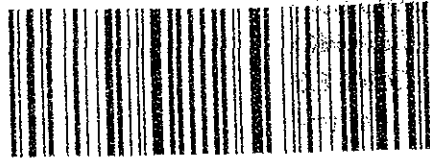


FILE
Public Utilities
Commission

180 East Broad Street
Columbus Ohio 43215-3793
ADDRESS SERVICE REQUESTED



7010 2780 0001 9375 0644

Entry 12-2-15

NC 12-5

[Handwritten signature]
20

Nauny Moritz
990 Moritz Lane
Mansfield OH 44903

RECEIVED BY THE ADDRESSEE

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

449039987090
43215 3793

SC: 43215379399 *1446-99516-03-46

OF THE RETURN ADDRESS FOR MAIL DELIVERED TO YOU

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 mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Nauny Moritz 990 Moritz Lane Mansfield OH 44903</p>	<p>3. Service Type</p> <p><input 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7010 2780 0001 9375 0644</p>

14-2172 W.W. COI

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVED-POCKETING DIV
2015 DEC 28 PM 1:37
PUCO

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 12/28/15

CERTIFIED MAIL™



7010 2780 0001 9375 0514



**Public Utilities
Commission**

180 East Broad Street
Columbus Ohio 43215-3793
ADDRESS SERVICE REQUESTED

NL 12-5

Handwritten signature and number 2

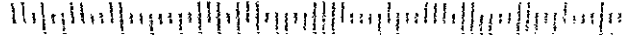
Resident
1031 Marianna Drive
Mansfield, OH 44903

NIXIE 441 SE 1 0012/22/15

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

44909887201
43215 @3793

BC: 43215379399 *1646-08461-03-45



OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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 mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Resident 1031 Marianna Drive Mansfield, OH 44903	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
14-2172-WW-001	3. Service Type <input 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 7010 2780 0001 9375 0514

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PUCO

2015 DEC 28 PM 1:37

RECEIVED-SOCKETING DIV

180 East Broad Street
 Columbus Ohio 43215-3798
 ADDRESS SERVICE REQUESTED



7013 2250 0000 1888 3602

102-12-3

Resident
 980 Moritz Lane
 Mansfield, OH 44903

MAIL 441 DE 1 PM 12/22/10

RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD

44908807301
 43215 3798

301 43215379899 *1646-08573-88-48

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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 mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X	
1. Article Addressed to: Resident 980 Moritz Lane Mansfield, OH 44903 <i>14-2172-LW-C01</i>	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
2. Article Number <i>(Transfer from service label)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input 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.	
	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
	7013 2250 0000 1888 3602	

RECEIVED-BOOKER FINES DIV
 2015 DEC 28 PM 1:37
 PUCO