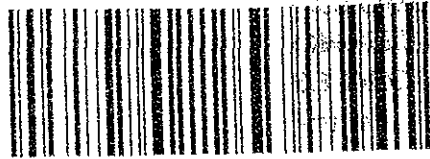


FILE
Public Utilities
Commission

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



7010 2780 0001 9375 0644

3

Entry 12-2-15

NC 12-5

20

Nauny Moritz
990 Moritz Lane
Mansfield OH 44903

RECEIVED

DEC 2 2015

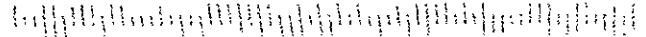
0011/02/15

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

449030007000
43215 03793

SC: 43215079399

*1446-09516-03-46



OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Nauny Moritz
990 Moritz Lane
Mansfield OH 44903

14-2172. W.W. CO.

2. Article Number

(Transfer from service label)

7010 2780 0001 9375 0644

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

This is to certify that the images appearing are an accurate and complete reproduction of a card file document delivered in the regular course of business.

Technician Am Date Processed 12/28/15

PUCO

2015 DEC 28 PM 1:37

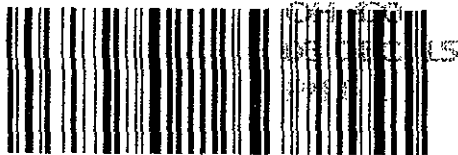
RECEIVED-BOOKETING DIV



**Public Utilities
Commission**

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

CERTIFIED MAIL



7010 2780 0001 9375 0514

NL 12-5

Handwritten signature and number 2

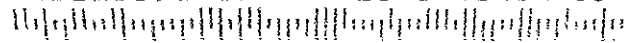
Resident
1031 Marianna Drive
Mansfield, OH 44903

NIXIE 441 SE 1 0012/22/15

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

44909887231
43215 @3793

BC: 43215379399 *1646-08461-03-45



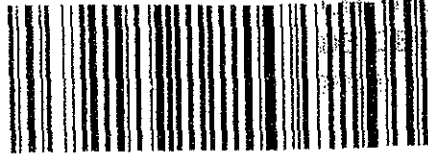
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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.		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
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) 14-2172-WW-001		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? (Extra Fee) <input type="checkbox"/> Yes	

7010 2780 0001 9375 0514

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

1/1
hio Public Utilities
Commission
180 East Broad Street
Columbus Ohio 43215-3793
ADDRESS SERVICE REQUESTED



7013 2250 0000 1888 3602

file:///C:/disReports/15-1594ServiceNotice.html

102-12-3

Resident
980 Moritz Lane
Mansfield, OH 44903

441 2 1 0812/12/10

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

44903687381
43215 03793

301 43215379399 *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.	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
1. Article Addressed to: Resident 980 Moritz Lane Mansfield, OH 44903	<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>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.</p>
2. Article Number (Transfer from service label) 14-2172-LW-C01	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7013 2250 0000 1888 3602

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PUCO

2015 DEC 28 PM 1:37

RECEIVED-BOOKING