

CERTIFIED MAIL

Ohio Public Utilities Commission

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

Sentry 8/16/17
17-1-AU-RPT

FR 22-17
8/22/17
8/22/17

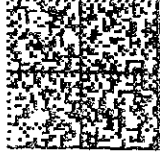


7025 7340 0001 0285 8982

- English Not Checked
- Addressed - Not Known
- No Such Address
- No Such Street
- No Such Office in State
- No Such Number
- Do Not Remail This Envelope

NETWORK SERVICES CORP
KEN MACDONALD
560 N HIGHWAY 101, STE 4B
ENCINITAS CA 92024

MIXIE 911 DE 1 8/29
RETURN TO SENDER
VACANT
UNABLE TO FORWARD
VAC BC 43215379399 *0345-01343-13-17
8/29



U.S. POSTAGE PITNEY BOWES
ZIP 43215 \$006.77
02 411 2017
000034432 AUG 18 2017

OCT-2 PM 4:45
PUCO

CERTIFIED MAIL

Ohio Public Utilities Commission

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

Sentry 8/16/17
17-1-AU-RPT



7025 7340 0001 0285 8111

- Unclaimed
- Addressed - Not Known
- No Such Address
- No Such Street
- No Such Office in State
- No Such Number
- Do Not Remail This Envelope

NETWORK SERVICES CORP
KEN MACDONALD
560 N HIGHWAY 101 STE 4B
ENCINITAS CA 92011



U.S. POSTAGE PITNEY BOWES
ZIP 43215 \$006.77
02 411 2017
0000344474 AUG 17 2017

OCT-2 PM 4:45
PUCO

MIXIE 911 DE 1 8/29
RETURN TO SENDER
VACANT
UNABLE TO FORWARD
VAC BC 43215379399 *0345-01343-13-17
8/29


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 PC Date Processed OCT - 2 2017

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT 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. 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> <p>B. Received by (Printed Name) C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">NETWORK SERVICES CORP KEN MACDONALD 560 N HIGHWAY 101, STE 4B ENCINITAS CA 92024</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>2. Article Number (Transfer from service label)</p> <p>7016 2140 0001 0285 8782</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																

17-01

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT 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. 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> <p>B. Received by (Printed Name) C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">NETWORK SERVICES CORP KEN MACDONALD 560 N HWY 101 STE 4B ENCINITAS CA 92011</p>  <p style="text-align: center;">9590 9403 0762 5196 5207 69 17-01</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</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p>7016 2140 0001 0285 8111</p>	<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>																

OCT 22 2015 PM 4:45

Ohio Public Utilities Commission

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Columbus Ohio 43215-3793
ADDRESS SERVICE REQUESTED

Entry 8/16/17
17-1-AU-RPT

CERTIFIED MAIL

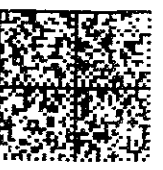


0285 8869

RETURN TO SENDER

- UNDELIVERABLE AS ADDRESSED
- ATTEMPTED, NOT KNOWN
- NO MAIL RECEIPT ADDRESS
- TEMPORARILY AWAY
- NO SUCH NUMBER
- IN DISPUTE
- BOX CLOSED
- MVA - UNABLE TO FORWARD
- UNCLAIMED
- VACANT
- REFUSED

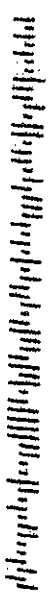
DAVID SMAT
125 S WACKER DR, STE 2510
CHICAGO IL 60606



U.S. POSTAGE
PITNEY BOWES
ZIP 43215 \$ 006.77⁰
02 4W
0000344432 AUG 18 2017

PUCO
2017 OCT -2 PM 4:45

606060415 0013



Ohio Public Utilities Commission

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

Entry 8/16/17
17-1-AU-RPT

CERTIFIED MAIL



2140 0001 0285 8401

RETURN TO SENDER

- UNDELIVERABLE AS ADDRESSED
- ATTEMPTED, NOT KNOWN
- NO MAIL RECEIPT ADDRESS
- TEMPORARILY AWAY
- NO SUCH NUMBER
- IN DISPUTE
- BOX CLOSED
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- UNCLAIMED
- VACANT
- REFUSED

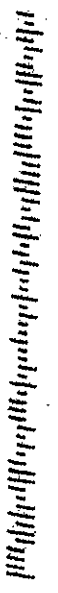
WORKS GROUP, INC.
DRIVE SUITE 2510
0606



U.S. POSTAGE
PITNEY BOWES
ZIP 43215 \$ 006.77⁰
02 4W
0000344474 AUG 17 2017

PUCO
2017 OCT -2 PM 4:43

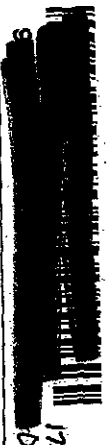
606060415 0013



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
 INETWORKS GROUP, INC.
 DAVID SMAT
 125 S WACKER DR, STE 2510
 CHICAGO IL 60606



2. Article Number (Transfer from service label)
7026 2340 0001 0285 8869
 PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 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
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Insured Mail (over \$500) | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

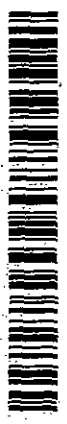
Domestic Return Receipt

PLACE STICKER ON TOP OF OR OPPOSITE SIDE OF MAILPIECE. DO NOT WRITE IN THESE SPACES.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
 INETWORKS GROUP, INC.
 TSUNGI LUDY
 125 S WACKER DRIVE SUITE 2510
 CHICAGO IL 60606



2. Article Number (Transfer from service label)
7026 2340 0001 0285 8401
 PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 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
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Insured Mail (over \$500) | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Domestic Return Receipt