

FILE

PUCO

2020 MAY 28 PM 2:19

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Collect on Delivery <input checked="" type="checkbox"/> Collect on Delivery Restricted Delivery <input checked="" type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>1. Article Addressed to:</p> <p>DOMINION EAST OHIO GAS MS LESSIE MILTON-JONES 1201 E. 55TH STREET CENTER P.O. BOX 5759 CLEVELAND OH 44101</p> <p>19-1761 19-1766</p>		<p>B. Received by (Printed Name) William Taylor</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 7010 2780 0001 9375 3072</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> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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 UAW Date Processed 5/28/20