

21-01-AU-RPT
SECOND FIND/ORDER
DATED 12/13/21

Ohio Public Utilities
Commission

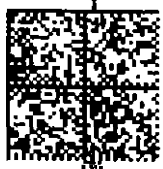
180 East Broad Street
Columbus Ohio 43215-3793
ADDRESS SERVICE REQUESTED

PUCO

CASE NO. 21-0001-AU-RPT
COMAPP TECHNOLOGIES LLC
VICKY MOODY
99 WASHINGTON STREET
MELROSE MASSACHUSETTS 02176

2022 JAN 11 PM 2:31

PRESORTED
FIRST CLASS



U.S. POSTAGE PITNEY BOWES
ZIP 43215 \$ 000.42⁰
02 4W
0000380939 DEC 17 2021

0193 2101-AU-RPT
ANX

NIXIE 015 FE 1270 0001/05/22
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
OC: 43215379339 *1003-80393-03

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 [Signature] Date Processed 1.11.22

SECOND FIND / ORDER
DATED 12/15/21
21-01-AU-RPT

VAC

Ohio
Public Utilities
Commission

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

2022 JAN 11 PM 2:31

RECEIVED 3-30-2021 11:00 AM

CERTIFIED MAIL



7020 1810 0001 6476 1617
COLUMBUS OH 43001
DEC 2021 PM 5



U.S. POSTAGE PITNEY BOWES
ZIP 43215 \$007.33⁰
02 4W
0000380939DEC 17 2021

CASE NO. 21-0001-AU-RPT
COMAPP TECHNOLOGIES LLC
VICKY MOODY
99 WASHINGTON STREET
MELROSE MASSACHUSETTS 02176

2

VAC BC: 43215379399 *1546-02286-20-32
0217828024893

NIXIE 146 DE 1 0001/04/22
RETURN TO SENDER
VACANT
UNABLE TO FORWARD

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF MAIL RETURN ADDRESS FOLD AT DOTTED LINE

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:
 CASE NO. 21-0001-AU-RPT
 COMAPP TECHNOLOGIES LLC
 VICKY MOODY
 99 WASHINGTON STREET
 MELROSE MASSACHUSETTS 02176



9590 9402 5515 9249 8834 05

2. Article Number (Transfer from service label)
 7020 1010 0001 6476 1617

PS Form 3811, July 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 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 (over \$500)	

Domestic Return Receipt