

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

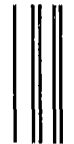
PUBLIC UTILITIES OF OHIO  
180 E. BROAD STREET  
COLUMBUS, OHIO  
43260-0573 43215-3700  
DOCKETING DIVISION

PUCO

RECEIVED-DOCKETING DIV  
2005 JUN 17 PM 12: 49

05-392

UNITED STATES POSTAL SERVICE



First-Class Mail  
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USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

RECEIVED-DOCKETING DIV  
2005 JUN 19 PM 9: 01

PUCO

05-392



**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:

Steven Purkell  
307 N. Market St.  
West Union, Oh.

45163

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Beverly Chaney*  Addressee

B. Received by (Printed Name)  Date of Delivery  
*Beverly Chaney 6-16-05*

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

7002 2410 0000 1633 5725

S Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**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:

FUSSNAKER, Steven L.  
Steven Purkell  
307 N. Market Street  
West Union, Oh.

45163

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*\*Beverly Chaney*  Addressee

B. Received by (Printed Name)  Date of Delivery  
*Beverly Chaney 6-16-05*

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

7002 2410 0000 1633 5718

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-154