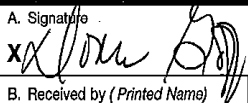


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery <u>11-1-04</u>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
4 TRUCKING CO.LLC STEPHANIE MERRITT BOX 807 BIN, KY 40702		3. Service Type <input checked="" 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.	
2. Article Number		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label)			
7002 2410 0000 1632 7034			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	

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 •

RECEIVED-DOCKETING DIV
2004 NOV 10 PM 12:03

PUBLIC UTILITIES OF OHIO
180 E. BROAD STREET
COLUMBUS, OHIO
43215-3793
DOCKETING DIVISION

04-321-TR-CVF Docketing

