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PUBLIC UTILITIES COMMISSION OF OHIO  
180 E. BROAD STREET  
COLUMBUS, OHIO 43215-1700

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CG14



**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:

*W. Grant McDaniel  
John Allen Attorney  
570 East Livingston Ave  
Columbus, Oh  
43215-5700*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Signature]*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*W. Grant McDaniel* *8-4-05*

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 6265