

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:

HODGSON PAUL E
BENJAMIN EDWARDS ATTORNEY AT LAW
ONE EAST LIVINGSTON AVENUE
COLUMBUS, OH 43215-5700

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-7-01

D. Is delivery address different from item 1?

Yes

delivery address below:

No

Service type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

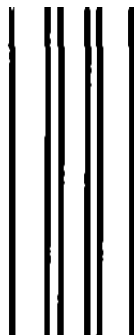
C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7002 2410 0000 1633 6760

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 COMMISSION OF OHIO
140 E. BROAD STREET
COLUMBUS OHIO 43260-1177

03-604

