

**SENDER:**  
 ■ Complete items 1 and/or 2 for additional services.  
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R.00973953  
 WALTER W COHEN ESQUIRE  
 ANDREW J GIORGIONE ESQUIRE  
 OBERMAYER REBMANN MAXWELL & HIPPEL  
 204 STATE STREET  
 HARRISBURG PA 17102

4a. Article Number  
 P 968 630 750

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11/10/97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

3. Article Addressed to:  
 R.00973953  
 CRAIG A DOLL ESQUIRE  
 214 STATE STREET  
 HARRISBURG PA 17101

4a. Article Number  
 P 968 630 752

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11/10/97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R.00973953  
 ALAN J BARAK ESQUIRE  
 KATHLEEN O'REILLY ESQUIRE  
 ROGER CLARK ESQUIRE  
 ENVIRONMENTALISTS  
 1417 BLUE MOUNTAIN PARKWAY  
 HARRISBURG PA 17112

4a. Article Number  
 P 968 630 751

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11-25

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

3. Article Addressed to:  
 R.00973953  
 RANDALL V GRIFFIN ESQUIRE  
 DELMARVA POWER & LIGHT CO  
 800 KING STREET  
 WILMINGTON DE 19899

4a. Article Number  
 P 968 630 753

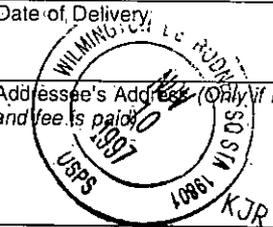
4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)  
 Shirley McCaffery

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *[Signature]*



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 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to  
 R-00973953  
 DANIEL CLEARFIELD ESQUIRE  
 ALAN KOHLER ESQUIRE  
 ROBERT LONGWELL ESQUIRE  
 305 NORTH FRONT STREET  
 SUITE 401  
 HARRISBURG PA 17101

4a. Article Number  
 P 968 630 754

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11-10-97

5. Received By: (Print Name)  
 J Hoover

6. Signature: (Addressee or Agent)  
 X J Hoover

8. Addressee's Address (Only if requested and fee is paid)

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to  
 R-00973953  
 DERRICK WILLIAMSON ESQUIRE  
 DAVID KLEPPINGER ESQUIRE  
 MCNEES WALLACE & NURICK  
 100 PINE STREET  
 P O BOX 1166  
 HARRISBURG PA 17108-1166

4a. Article Number  
 P 968 630 756

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Derrick Hoover

8. Addressee's Address (Only if requested and fee is paid)  
 NOV - 7 1997

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to  
 R-00973953  
 STEVEN P HERSHEY ESQUIRE  
 PHILIP A BERTOCCI ESQUIRE  
 1425 CHESTNUT STREET  
 PHILADELPHIA PA 19102-2502

4a. Article Number  
 P 968 630 755

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11/10

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X E Masley

8. Addressee's Address (Only if requested and fee is paid)

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to  
 R-00973953  
 SAM DEFRAWI DIR NAVY RATE  
 INTERVENTION  
 DEPARTMENT OF NAVY  
 WASHINGTON NAVY YARD  
 BLDG 212 CODE 00RI  
 901 M STREET NE  
 WASHINGTON DC 20374-5018

4a. Article Number  
 P 968 630 757

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)  
 SAM DEFRAWI

6. Signature: (Addressee or Agent)  
 X Sam Defrawi

8. Addressee's Address (Only if requested and fee is paid)

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 WILLIAM T HAWKE ESQUIRE  
 JANET L MILLER ESQUIRE  
 TODD S STEWART ESQUIRE  
 MALATESTA HAWKE & MCKEON  
 P O BOX 1778  
 HARRISBURG PA 17105-1778

4a. Article Number  
 P 968 630 758

4b. Service Type  CERTIFIED

7. Date of Delivery  
 NOV 07 1997

5. Received By: (Print Name)  
 B B Brint

6. Signature: (Addressee or Agent)  
 X B Brint

8. Addressee's Address (Only if requested and fee is paid)

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 THE MCFARREN GROUP  
 200 N THIRD STREET  
 SUITE 1100  
 HARRISBURG PA 17101

4a. Article Number  
 P 968 630 760

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11-16-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X J Mctom

8. Addressee's Address (Only if requested and fee is paid)

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 LANCE HAVER  
 6803 LAWNTON AVENUE  
 PHILADELPHIA PA 19126

4a. Article Number  
 P 968 630 759

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11-8-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Brandon Haver

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DAVID M BOONIN ESQUIRE  
 NEW ENERGY VENTURES INC  
 200 S BROAD STREET  
 SUITE 800  
 PHILADELPHIA PA 19102

4a. Article Number  
 P 968 630 761

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11/12/97

5. Received By: (Print Name)  
 HAYNES

6. Signature: (Addressee or Agent)  
 X David Boonin

8. Addressee's Address (Only if requested and fee is paid)

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Address:  
 R-00973953  
 DONALD A KAPLAN ESQUIRE  
 PRESTON GATES & ELLIS  
 1735 NEW YORK AVENUE  
 WASHINGTON DC 20006

4a. Article Number  
 P 968 630 762

4b. Service Type  CERTIFIED

7. Date of Delivery  
 NOV 10 1997

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X E BELTU

8. Addressee's Address (Only if requested and fee is paid)

3. Article Address:  
 JOHN L MUNSCH ESQUIRE  
 WPP COMPANY ALLEGHENY POW  
 800 CABIN HILL DRIVE  
 GREENSBURG PA 15601-1689  
 R-00973953

4a. Article Number  
 P 968 630 764

4b. Service Type  CERTIFIED

7. Date of Delivery  
 NOV 26 1997  
 GREENSBURG PA  
 USPS

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X Ken Liltrov

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Address:  
 BRUCE A CONNELL ESQUIRE  
 DUPONE POWER MARKETING INC  
 600 N DAIRY ASHFORD ML-1034  
 HOUSTON TX 77079  
 R-00973953

4a. Article Number  
 P 968 630 763

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

3. Article Address:  
 DEBORAH SWANSTROM ESQUIRE  
 JOEL D NEWTON ESQUIRE  
 PAUL E NORDSTROM ESQUIRE  
 VERNER LIIPPERT BERNHARD  
 MCPHERSON HAND  
 901 15TH STREET N W  
 WASHINGTON DC 20005-2301  
 R-00973953

4a. Article Number  
 P 968 630 765

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11-10-97

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 TERRANCE FITZPATRICK ESQ  
 DAVID DESALLE ESQUIRE  
 RYAN RUSSELL OGDEN &  
 SELTZER  
 800 N THIRD STREET STE 101  
 HARRISBURG PA 17102  
*R. 00973953*

4a. Article Number  
 P 968 630 766

4b. Service Type  CERTIFIED

7. Date of Delivery  
*11-10-97*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

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 2.  Restricted Delivery  
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3. Article Addressed to:  
 H ALLAN KNOPP DIRECTOR  
 REGULATORY AFFAIRS  
 DUPONT POWER MARKETING  
 P O BOX 2197 CH-1038  
 HOUSTON TX 77252  
*R. 00973953*

4a. Article Number  
 P 968 630 768

4b. Service Type  CERTIFIED

7. Date of Delivery  
**NOV 10 1997**

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

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3. Article Addressed to:  
 PAUL RUSSELL  
 PP&L  
 TWO NORTH NINTH STREET  
 ALLENTOWN, PA 18101  
*R. 00973953*

4a. Article Number  
 P 968 630 767

4b. Service Type  CERTIFIED

7. Date of Delivery  
**NOV 07 1997**

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

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 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 PAUL L ZEIGLER ESQUIRE  
 ZEIGLER & ZIMMERMAN  
 355 N 21ST STREET STE 304  
 P O BOX 1080  
 CAMP HILL PA 17011-3707  
*R. 00973953*

4a. Article Number  
 P 968 630 769

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PA 17011  
 NOV 10 1997  
 CAMP HILL  
 USPS

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 1.  Addressee's Address  
 2.  Restricted Delivery  
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3. Article  
 R-00 973953  
 LINDA C SMITH ESQUIRE  
 FREDERICK D OCHSENSHIRT  
 DILWORTH PAZSON KALISH &  
 KAUFFMAN LLP  
 305 N FRONT STREET STE 403  
 HARRISBURG PA 17101-1236

4a. Article Number  
 P 968 630 770

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11-10-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *Robinson*

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 GARY A JEFFRIES ESQ  
 CNG ENERGY SERVICES  
 ONE PARK RIDGE CENTER  
 PO BOX 15746  
 PITTSBURGH PA 15244-0746  
 R-00973953

4a. Article Number  
 P 968 630 770

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11-10-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 MICHAEL L KESSLER  
 AMERICAN ENERGY SOLUTIONS  
 INC  
 111 SOUTH ALFRED STREET  
 ALEXANDRIA VA 22314  
 R-00973953

4a. Article Number  
 P 968 630 771

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11-10

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *A. Brooks*

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 RUFUS L MILEY  
 22 LEOPARD RUN  
 GLEN MILLS PA 19342  
 R-00973953

4a. Article Number  
 P 968 630 773

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11-15-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *Rufus L Miley*

PS Form 3811, January 1996

Domestic Return Receipt

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3. Article Addressed to:  
 JOHN P LAVELLE JR  
 JOSEPH A DWOETZKY  
 HANGLEY ARONCHICK SEGAL & PUDIN  
 ONE LOGAN SQUARE 12TH FLOOR  
 PHILADLEPHIA PA 19103  
 R-009739530

5. Received by: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 968 630 774

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11/10

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 JOHN P ZINKAND EXEC V P  
 PA PETROLEUM ASSN  
 SUITE 121 BLDG 2  
 2001 N FRONT STREET  
 HARRISBURG PA 17102  
 R-009739530

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Cecelia Long*

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 968 630 776

4b. Service Type  CERTIFIED

7. Date of Delivery  
 NOV 14 1997

8. Addressee's Address (Only if requested and fee is paid)

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 USHER FOGEL ESQUIRE  
 ROLAND FOGEL KOBLLENZ & CARR LLP  
 1 COLUMBIA PLACE  
 ALBANY NY 12207  
 R-00973953

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Mary Anne Clark*

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 968 630 775

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11/10

8. Addressee's Address (Only if requested and fee is paid)

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 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 ETHAN GIDDINGS  
 217 RODMAN AVENUE  
 JENKINTOWN PA 19046  
 R-00973953

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 968 630 777

4b. Service Type  CERTIFIED

7. Date of Delivery  
 NOV 15 1997

8. Addressee's Address (Only if requested and fee is paid)

USPS 19046

PS Form 3811, January 1996 Domestic Return Receipt

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 SUSAN SHANAMAN  
 212 N. THIRD STREET  
 SUITE 203  
 HARRISBURG, PA 17101  
*R-00973953*

4a. Article Number  
 P 968 630 778

4b. Service Type  CERTIFIED

7. Date of Delivery  
*11-10-97*

3. Article Addressed to:  
 JOELIE OGG  
 GORDON J SMITH ESQUIRE  
 JOHN & HENGERER  
 1200 17TH STREET NW SUITE  
 600  
 WASHINGTON DC 20036  
*R-00973953*

4a. Article Number  
 P 968 630 780

4b. Service Type  CERTIFIED

7. Date of Delivery  
*11-10-97*

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
*X Susan Shanaman*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
*X C. Kelly*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JAMES H NORRIS ESQUIRE  
 ECKERT SEAMANS CHERIN &  
 MELLOTT  
 600 GRANT STREET 42ND FL  
 PITTSBURGH PA 15219  
*R-00973953*

4a. Article Number  
 P 968 630 779

4b. Service Type  CERTIFIED

7. Date of Delivery  
*11-8-97*

3. Article Addressed to:  
 GERALD GORNISH ESQUIRE  
 12TH FLOOR PACKARD BLDG  
 111 S 15TH STREET  
 PHILADELPHIA PA 19102-2678  
*R-00973953*

4a. Article Number  
 P 968 630 781

4b. Service Type  CERTIFIED

7. Date of Delivery  
*11-10-97*

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
*X Karen Schultz*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
*X G. Smith*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

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 I also wish to receive the following services (for an extra fee):  
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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. JOHN R ORR ESQUIRE  
 ONE WESTCHASE CENTER  
 10777 WESTHEIMER  
 SUITE 650  
 HOUSTON TX 77042  
 R-00973953

4a. Article Number  
 P 968 630 782

4b. Service Type  CERTIFIED

7. Date of Delivery  
 NOV 12 1997

3. BRIAN A RIDER PRES  
 PA RETAILERS ASSN  
 224 PINE STREET  
 HARRISBURG PA 17101-1325  
 R-00973953

4a. Article Number  
 P 968 630 784

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11-10

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *Gayda H...*

USPS  
 NOV 12 1997

6. Signature: (Addressee or Agent)  
 X *Karen S. Lockman*

6. Signature: (Addressee or Agent)

PS Form 3811, January 1996 Domestic Return Receipt

PS Form 3811, January 1996 Domestic Return Receipt

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 2.  Restricted Delivery  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ROBERT A MILLS COUNSEL  
 ROBERT WEISHOAR JR ESQ  
 PA RETAILERS ASSN  
 100 PINE STREET BOX 1166  
 HARRISBURG PA 17108-1166  
 R-00973953

4a. Article Number  
 P 968 630 783

4b. Service Type  CERTIFIED

7. Date of Delivery

3. Article Addressed to:  
 KEITH SAPPENFIELD II  
 DIRECTOR OF MARKETING SUPPORT  
 P O BOX 2628  
 HOUSTON TX 77252-2628  
 R-00973953

4a. Article Number  
 P 968 630 785

4b. Service Type  CERTIFIED

7. Date of Delivery  
 NOV 10 1997

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *Demi Her...*

NOV - 7 1997

6. Signature: (Addressee or Agent)  
 X *Will Lumpkin*

6. Signature: (Addressee or Agent)

PS Form 3811, January 1996 Domestic Return Receipt

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 NORMA ROSNER ESQUIRE  
 VASTAR POWER MARKETING INC  
 200 WESTLAKE PARK BLVD  
 HOUSTON TX 77079  
 R-00973953

4a. Article Number  
 P 968 630 786  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 11/10/97

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Pat Miller*

8. Addressee's Address (Only if requested and fee is paid):

PS Form 3811, January 1996

Domestic Return Receipt

3. Article Addressed to:  
 CRAIG G GOODMAN ESQUIRE  
 3333 K STREET NW  
 SUITE 425  
 WASHINGTON DC 20007  
 R-00973953

4a. Article Number  
 P 968 630 788  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 11/12/97

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Craig Goodman*

8. Addressee's Address (Only if requested and fee is paid):

PS Form 3811, January 1996

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DAVID CRUTHIRDS  
 ELECTRIC CLEARINGHOUSE INC  
 1000 LOUISIANA  
 SUITE 5800  
 HOUSTON TX 77002-5050  
 R-00973953

4a. Article Number  
 P 968 630 787  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 NOV 10 1997

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Larry*

8. Addressee's Address (Only if requested and fee is paid):

PS Form 3811, January 1996

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOHN HAUCKE EXEC V P  
 PA ASSN PLUMB HEAT COOL  
 CONTRACTORS  
 4015 JONESTOWN ROAD  
 HARRISBURG PA 17109-9109  
 R-00973953

4a. Article Number  
 P 968 630 785  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 11/10

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *John Haucke*

8. Addressee's Address (Only if requested and fee is paid):

PS Form 3811, January 1996

Domestic Return Receipt

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 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 ALBERT M BENINCASA DIR  
 REGULATORY AFFAIRS  
 SLIPPING STONE  
 46 9TH AVENUE  
 SEA CLIFF NY 11579  
*R-00973953*

4a. Article Number  
 P 968 630 790  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 11-10-97

3. Article  
*R-00973953*  
 SHEILA S HOLLIS ESQ  
 MARY ANN RALLS ESQS &  
 STEPHANIE A SUGRUE ESQ  
 1667 K STREET N W SUITE 700  
 WASHINGTON PA 20006-1608

4a. Article Number  
 P 968 630 792  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
*[Signature]*

6. Signature: (Addressee or Agent)  
*[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt PS Form 3811, January 1996

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
*R-00973953*  
 VICKIREN S AESCHLEMAN  
 DIRECTOR  
 QST ENERGY INC  
 300 HAMILTON BLVD STE 330  
 PEORIA IL 61601

4a. Article Number  
 P 968 630 791  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 11-12-97

3. Article  
*R-00973953*  
 EDWARD B CANNON PRESIDENT  
 BLDG OWNERS & MANAGERS ASSN  
 SUITE 1560 CENTER CITY  
 TOWER  
 650 SMITHFIELD STREET  
 PITTSBURGH PA 15222

4a. Article Number  
 P 968 630 795  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 11/10/97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
*[Signature]*

6. Signature: (Addressee or Agent)  
*[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

R-00973953

ROBERT I FREEMAN RPA PRES  
BLDG OWNERS & MANAGERS  
ASSN  
TWO PENN CENTER PLAZA  
SUITE 310  
PHILADELPHIA PA 19102

4a. Article Number

P 968 630 796

4b. Service Type  CERTIFIED

7. Date of Delivery

11-10-97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Robert I. Freeman*

PS Form 3811, January 1996

Domestic Return Receipt

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- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

R-00973953

PATRICIA ARMSTRONG ESQUIRE  
REGINA L MATZ ESQUIRE  
JOHN A ALZAMAORA ESQUIRE  
ROBERT F YOUNG ESQUIRE  
212 LOCUST ST P O BOX 9500  
HARRISBURG PA 17108-9500

4a. Article Number

P 968 630 798

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Patricia Armstrong*

PS Form 3811, January 1996

8. Addressee's Address (Only if requested and fee is paid)

NOV - 7 1997

Domestic Return Receipt

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  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

R-00973953

SCOTT J. RUBIN  
PUBLIC UTILITY  
CONSULTING  
3 LOST CREEK DRIVE  
SELINGROVE, PA 17870

4a. Article Number

P 968 630 797

4b. Service Type  CERTIFIED

7. Date of Delivery

11-7-97

8. Addressee's Address (Only if requested and fee is paid)

KJR

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Scott J. Rubin*

PS Form 3811, January 1996

Domestic Return Receipt

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  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

R-00973953

PA. RURAL ELECTRIC  
ASSOCIATION  
212 LOCUST STREET  
P.O. BOX 1266  
HARRISBURG, PA 17108-1266

4a. Article Number

P 968 630 799

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, January 1996

8. Addressee's Address (Only if requested and fee is paid)

NOV - 7 1997

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R. 00973953  
 AUDREY VAN DYKE ASSOC COUNSEL  
 DEPT OF NAVY  
 WASHINGTON NAVY YARD BLDG 218  
 ROOM 200  
 901 M STREET SE  
 WASHINGTON DC 20374-5018

4a. Article Number  
 P 968 630 800

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11/10/97

5. Received By: (Print Name)  
 DORA W. MILLER

6. Signature: (Addressee or Agent)  
 X Dora W. Miller

8. Addressee's Address (Only if requested and fee is paid)

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R. 00973953  
 DEPT OF NAVY  
 NAVAL FACILITIES ENGINEER  
 COMMAND NAVY RATE INTERVENTION  
 901 M STREET SE BLDG 212  
 WASHINGTON DC 20374-5018

4a. Article Number  
 P 968 630 802

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)  
 SAM DEFRAWI

6. Signature: (Addressee or Agent)  
 X Sam Defrawi

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

PS Form 3811, January 1996 Domestic Return Receipt

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 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R. 00973953  
 STEVEN P HERSHEY ESQUIRE  
 PHILIP A BERTOCCI ESQUIRE  
 COMMUNITY LEGAL SERVICES  
 1424 CHESTNUT STREET  
 PHILADELPHIA PA 19102

4a. Article Number  
 P 968 630 801

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11/10

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X E. Mosley

8. Addressee's Address (Only if requested and fee is paid)

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 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R. 00973953  
 ANGELO P TERRANA  
 STATE ANALYSIS CORPORATION  
 7700 LEEBURG PIKE STE 425  
 FALLS CHURCH VA 22043

4a. Article Number  
 P 968 630 803

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11-17-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Unclaimed

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOHN KLAUBERG ESQUIRE  
 BRUCE MILLER ESQUIRE  
 LEBOEUF LAMB GREEN & MCRAE  
 125 W 55TH STREET  
 NEW YORK NY 10019-5389

5. Received By: (Print Name) *A. FRAP*

6. Signature: (Addressee or Agent)  
**X**

4a. Article Number  
 P 968 630 804

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11/10/97

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 WALTER W COHEN ESQUIRE  
 ANDREW J GIORGIONE ESQUIRE  
 OBERMAYER REBMANN MAXWELL & HIPPEL  
 204 STATE STREET  
 HARRISBURG PA 17102

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*Walter W Cohen*

4a. Article Number  
 P 968 630 927

4b. Service Type  CERTIFIED

7. Date of Delivery  
 10/14/97

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ROBIN L KRONGOLD PARALEGAL  
 PAUL BONNEY ESQUIRE  
 WARD SMITH ESQUIRE  
 MARY MCFALL HOPPER ESQUIRE  
 NOEL H TRASK ESQUIRE  
 PECO ENERGY COMPANY  
 2301 MARKET STREET  
 PHILADELPHIA PA 19101-8699

5. Received By: (Print Name)  
*Robin Krongold*

6. Signature: (Addressee or Agent)  
**X** *Robin L. Krongold* 10/13/97

4a. Article Number  
 P 968 630 926

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 ALAN J BARAK ESQUIRE  
 KATHLEEN O'REILLY ESQUIRE  
 ROGER CLARK ESQUIRE  
 ENVIRONMENTALISTS  
 1417 BLUE MOUNTAIN PARKWAY  
 HARRISBURG PA 17112

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X** *Alan J Barak*

4a. Article Number  
 P 968 630 928

4b. Service Type  CERTIFIED

7. Date of Delivery  
 10-14

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

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**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
**R-00973953**  
 CRAIG A DOLL ESQUIRE *D/O*  
 214 STATE STREET  
 HARRISBURG PA 17101

4a. Article Number  
 P 968 630 929

4b. Service Type  CERTIFIED

7. Date of Delivery  
 - 10/14/97

3. Article Addressed to:  
**R-00973953**  
 DANIEL CLEARFIELD ESQUIRE  
 ALAN KOHLER ESQUIRE  
 ROBERT LONGWELL ESQUIRE  
 305 NORTH FRONT STREET  
 SUITE 401  
 HARRISBURG PA 17101

4a. Article Number  
 P 968 630 931

4b. Service Type  CERTIFIED

7. Date of Delivery  
 10-14-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 Hoover

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

6. Signature: (Addressee or Agent)  
 X *Judy Hoover*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811 Domestic Return Receipt

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
**R-00973953**  
 RANDALL V GRIFFIN ESQUIRE  
 DELMARVA POWER & LIGHT  
 800 KING STREET  
 WILMINGTON DE 19899

4a. Article Number  
 P 968 630 930

4b. Service Type  CERTIFIED

7. Date of Delivery

3. Article Addressed to:  
**R-00973953**  
 STEVEN P HERSHEY ESQUIRE  
 PHILIP A BERTOCCI ESQUIRE  
 1425 CHESTNUT STREET  
 PHILADELPHIA PA 19102-2502

4a. Article Number  
 P 968 630 932

4b. Service Type  CERTIFIED

7. Date of Delivery  
 10/15

5. Received By: (Print Name)  
 Stewart

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
**R-00973953 o/o**  
 DERRICK WILLIAMSON ESQUIRE  
 DAVID KLEPPINGER ESQUIRE  
 MCNEES WALLACE & NURICK  
 100 PINE STREET  
 P O BOX 1166  
 HARRISBURG PA 17108-1166

4a. Article Number  
 P 968 630 933

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 -

8. Addressee's Address (Only if requested and fee is paid)  
**OCT 10 1997**

3. Article Addressed to:  
**R-00973953 o/o**  
 WILLIAM T HAWKE ESQUIRE  
 JANET L MILLER ESQUIRE  
 TODD S STEWART ESQUIRE  
 MALATESTA HAWKE & MCKEON  
 P O BOX 1778  
 HARRISBURG PA 17105-1778

4a. Article Number  
 P 968 630 935

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
**10-9-97**

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
*[Signature]*

6. Signature: (Addressee or Agent)  
**X** *[Signature]*

Domestic Return Receipt

5. Received By: (Print Name)  
*[Signature]*

6. Signature: (Addressee or Agent)  
**X** *[Signature]*

Domestic Return Receipt

**SENDER:**  
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 2.  Restricted Delivery  
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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
**R-00973953 o/o**  
 SAM DEFRAWI DIR NAVY RATE  
 INTERVENTION  
 DEPARTMENT OF NAVY  
 WASHINGTON NAVY YARD  
 BLDG 212 CODE 00RI  
 901 M STREET NE  
 WASHINGTON DC 20374-5018

4a. Article Number  
 P 968 630 934

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
**20 OCT 1997**

8. Addressee's Address (Only if requested and fee is paid)  
**KJR**

3. Article Addressed to:  
**R-00973953 o/o**  
 LANCE HAVER  
 6803 LAWNTON AVENUE  
 PHILADELPHIA PA 19126

4a. Article Number  
 P 968 630 936

4b. Service Type  **CERTIFIED**

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)  
**unclaimed**  
**KJR**

5. Received By: (Print Name)  
**SAM DEFRAWI**

6. Signature: (Addressee or Agent)  
**X** *[Signature]*

Domestic Return Receipt

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X** *[Signature]*

Domestic Return Receipt

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Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 THE MCFARREN GROUP  
 200 N THIRD STREET  
 SUITE 1100  
 HARRISBURG PA 17101  
*R-00973953 o/p*

4a. Article Number  
 P 968 630 937

4b. Service Type  CERTIFIED

7. Date of Delivery  
 10-14-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*J. McFarren*

PS Form 3811, January 1996 Domestic Return Receipt

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DONALD A KAPLAN ESQUIRE  
 PRESTON GATES & ELLIS  
 1735 NEW YORK AVENUE  
 WASHINGTON DC 20006  
*R-00973953 o/p*

4a. Article Number  
 P 968 630 939

4b. Service Type  CERTIFIED

7. Date of Delivery  
 OCT 14 1997

5. Received By: (Print Name)  
 C. MARTIN

6. Signature: (Addressee or Agent)  
*C. MARTIN*

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DAVID M BOONIN ESQUIRE  
 NEW ENERGY VENTURES INC  
 200 S BROAD STREET  
 SUITE 800  
 PHILADELPHIA PA 19102  
*R-00973953 o/p*

4a. Article Number  
 P 968 630 938

4b. Service Type  CERTIFIED

7. Date of Delivery  
 10/14/97

5. Received By: (Print Name)  
 K J R

6. Signature: (Addressee or Agent)  
*David M Boonin*

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 BRUCE A CONNELL ESQUIRE  
 DUPONE POWER MARKETING INC  
 600 N DAIRY ASHFORD ML-1034  
 HOUSTON TX 77079  
*R-00973953 o/p*

4a. Article Number  
 P 968 630 940

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)  
 BRUCE A CONNELL

6. Signature: (Addressee or Agent)  
*Bruce A Connell*

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOHN L MUNSCH ESQUIRE  
 WPP COMPANY ALLEGHENY POW  
 800 CABIN HILL DRIVE  
 GREENSBURG PA 15601-1689  
 R-00973953 0/0  
 GREENSBURG PA 15601  
 OCT 11 1997  
 USPS

4a. Article Number  
 P 968 630 941  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 10/11/97  
 8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 DAVID DESALLE ESQUIRE  
 RYAN RUSSELL OGDEN &  
 SELTZER  
 800 N THIRD STREET STE 101  
 HARRISBURG PA 17102  
 R-00973953 0/0

4a. Article Number  
 P 968 630 943  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 10.14.97  
 8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

5. Received By: (Print Name)

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DEBORAH SWANSTROM ESQUIRE  
 JOEL D NEWTON ESQUIRE  
 PAUL E NORDSTROM ESQUIRE  
 VERNER LIFFERT BERNHARD  
 MCPHERSON HAND  
 901 15TH STREET N W  
 WASHINGTON DC 20005-2301  
 R-00973953 0/0  
 WASHINGTON, DC BENJAMIN FRANKLIN  
 OCT 10 1997  
 USPS

4a. Article Number  
 P 968 630 942  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 10.15.97  
 8. Addressee's Address (Only if requested and fee is paid)  
 KJR

3. Article Addressed to:  
 PAUL RUSSELL  
 PP&L  
 TWO NORTH NINTH STREET  
 ALLENTOWN, PA 18101  
 R-00973953 0/0

4a. Article Number  
 P 968 630 944  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 OCT 10 1997  
 8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 H ALLAN KNOPP DIRECTOR  
 REGULATORY AFFAIRS  
 DUPONT POWER MARKETING  
 P O BOX 2197 CH-1038  
 HOUSTON TX 77252  
**R-00973953**  
**D/O**

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
**X** *Will. Off.*

4a. Article Number  
 P 968 630 945

4b. Service Type  CERTIFIED

7. Date of Delivery  
**OCT 13 1997**

8. Addressee's Address (Only if requested and fee is paid)  
 \_\_\_\_\_

3. Article Addressed to:  
**R-00973953**  
**D/O**  
 PAUL L ZEIGLER ESQUIRE  
 ZEIGLER & ZIMMERMAN  
 355 N 21ST STREET STE 304  
 P O BOX 1080  
 CAMP HILL PA 17011-3707

5. Received By: (Print Name)  
*Krista Smithmyer*

6. Signature: (Addressee or Agent)  
**X** *Krista Smithmyer*

4a. Article Number  
 P 968 630 947

4b. Service Type  CERTIFIED

7. Date of Delivery  
**10/10/97**

8. Addressee's Address (Only if requested and fee is paid)  
 \_\_\_\_\_

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 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
**R-00973953**  
**D/O**  
 STEVEN P HERSHEY ESQUIRE  
 PHILIP A BERTOCCI ESQUIRE  
 1424 CHESTNUT STREET  
 PHILADELPHIA PA 19102

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
**X** *E. Mosley*

4a. Article Number  
 P 968 630 946

4b. Service Type  CERTIFIED

7. Date of Delivery  
**10/15**

8. Addressee's Address (Only if requested and fee is paid)  
 \_\_\_\_\_

3. Article Addressed to:  
**R-00973953**  
**D/O**  
 LINDA C SMITH ESQUIRE  
 FREDERICK D OCHSENSHIRT  
 DILWORTH PAZSON KALISH &  
 KAUFFMAN LLP  
 305 N FRONT STREET STE 403  
 HARRISBURG PA 17101-1226

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
**X** *S. Robinson*

4a. Article Number  
 P 968 630 948

4b. Service Type  CERTIFIED

7. Date of Delivery  
**10-14-97**

8. Addressee's Address (Only if requested and fee is paid)  
 \_\_\_\_\_

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 MICHAEL L KESSLER  
 AMERICAN ENERGY SOLUTIONS INC  
 111 SOUTH ALFRED STREET  
 ALEXANDRIA VA 22314  
 R-00973953 o/o

6. Signature: (Addressee or Agent)  
 X *Alyson Brooks*

4a. Article Number  
 P 968 630 949

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

3. Article Addressed to:  
 RUFUS L MILEY  
 22 LEOPARD RUN  
 GLEN MILLS PA 19342  
 R-00973953 o/o

6. Signature: (Addressee or Agent)  
 X *Mwendolyn J Miley*

4a. Article Number  
 P 968 630 951

4b. Service Type  CERTIFIED

7. Date of Delivery  
 10-18-97

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

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 2.  Restricted Delivery  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 GARY A JEFFRIES ESQ  
 CNG ENERGY SERVICES  
 ONE PARK RIDGE CENTER  
 PO BOX 15746  
 PITTSBURGH PA 15244-0746  
 R-00973953 o/o

5. Received by:  
 X *[Signature]*

4a. Article Number  
 P 968 630 950

4b. Service Type  CERTIFIED

7. Date of Delivery  
 10-14-97

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

3. Article Addressed to:  
 JOHN P LAVELLE JR  
 JOSEPH A DWORETZKY  
 HANGLEY ARONCHICK SEGAL & PUDJIN  
 ONE LOGAN SQUARE 12TH FLOOR  
 PHILADELPHIA PA 19103  
 R-00973953 o/o

5. Received by:  
 X *[Signature]*

4a. Article Number  
 P 968 630 952

4b. Service Type  CERTIFIED

7. Date of Delivery  
 10/14

8. Addressee's Address (Only if requested and fee is paid)

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 2.  Restricted Delivery  
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**SENDER:**  
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 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

USHER FOGEL ESQUIRE  
 ROLAND FOGEL KOBLENZ &  
 CARR LLP  
 1 COLUMBIA PLACE  
 ALBANY NY 12207  
 R-00973953  
 o/o

4a. Article Number  
 P 968 630 953  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 10-14-97

ETHAN GIDDINGS  
~~212 N. THIRD STREET~~  
~~HARRISBURG, PA 17101~~  
 R-00973953  
 o/o

4a. Article Number  
 P 968 630 955  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 10-27-97

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Mary Ann Clark*

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Ethan Giddings*

8. Addressee's Address (Only if requested and fee is paid)  
 KJR  
*Ethan Giddings*

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 o/o  
 JOHN P ZINKAND EXEC V P  
 PA PETROLEUM ASSN  
 SUITE 121 BLDG 2  
 2001 N FRONT STREET  
 HARRISBURG PA 17102

4a. Article Number  
 P 968 630 954  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 10-14-97

3. Article Addressed to:  
 SUSAN SHANAMAN  
 212 N. THIRD STREET  
 SUITE 203  
 HARRISBURG, PA 17101  
 R-00973953  
 o/o

4a. Article Number  
 P 968 630 956  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 10-16-97

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Cecelia Long*

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Susan Shanaman*

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

PS Form 3811, January 1996 Domestic Return Receipt

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JAMES H NORRIS ESQUIRE  
 ECKERT SEAMANS CHERIN &  
 MELLOTT  
 600 GRANT STREET 42ND FL  
 PITTSBURGH PA 15219  
 R-00973953 o/o

4a. Article Number  
 P 968 630 957

4b. Service Type  CERTIFIED

7. Date of Delivery  
 10-11

3. Article Addressed to:  
 GERALD GORNISH ESQUIRE  
 12TH FLOOR PACKARD BLDG  
 111 S 15TH STREET  
 PHILADELPHIA PA 19102-2678  
 R-00973953 o/o

4a. Article Number  
 P 968 630 959

4b. Service Type  CERTIFIED

7. Date of Delivery  
 10-13-99

5. Received By: (Print Name)  
 X *Karen Schultz*

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

5. Received By: (Print Name)  
 X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOELLE OGG  
 GORDON J SMITH ESQUIRE  
 JOHN & HENGERER  
 1200 17TH STREET NW SUITE  
 600  
 WASHINGTON DC 20036  
 R-00973953 o/o

4a. Article Number  
 P 968 630 958

4b. Service Type  CERTIFIED

7. Date of Delivery  
 10-9-99

3. Article Addressed to:  
 JOHN R ORR ESQUIRE  
 ONE WESTCHASE CENTER  
 10777 WESTHEIMER  
 SUITE 650  
 HOUSTON TX 77042  
 R-00973953 o/o

4a. Article Number  
 P 968 630 960

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)  
 X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ROBERT A MILLS COUNSEL  
 ROBERT WEISHOAR JR ESQ  
 PA RETAILERS ASSN  
 100 PINE STREET BOX 1166  
 HARRISBURG PA 17108-1166  
 R-00973953  
 o/o

4a. Article Number  
 P 968 630 961

4b. Service Type  CERTIFIED

7. Date of Delivery  
 -

8. Addressee's Address (Only if requested and fee is paid)  
 OCT 10 1997

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996

Domestic Return Receipt

3. Article Addressed to:  
 KEITH SAPPENFIELD II  
 DIRECTOR OF MARKETING SUPPORT  
 P O BOX 2628  
 HOUSTON TX 77252-2628  
 R-00973953  
 o/o

5. Received By: (Print Name)  
 X *Will Lumpkin*

6. Signature: (Addressee or Agent)  
 X *Will Lumpkin*

PS Form 3811, January 1996

4a. Article Number  
 P 968 630 963

4b. Service Type  CERTIFIED

7. Date of Delivery  
 OCT 13 1997

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

PS Form 3811, January 1996

Domestic Return Receipt

**SENDER:**  
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 BRIAN A RIDER PRES  
 PA RETAILERS ASSN  
 224 PINE STREET  
 HARRISBURG PA 17101-1325  
 R-00973953  
 o/o

4a. Article Number  
 P 968 630 962

4b. Service Type  CERTIFIED

7. Date of Delivery  
 10/14/97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Karen L. Pocher*

PS Form 3811, January 1996

Domestic Return Receipt

3. Article Addressed to:  
 NORMA ROSNER ESQUIRE  
 VASTAR POWER MARKETING INC  
 200 WESTLAKE PARK BLVD  
 HOUSTON TX 77079  
 R-00973953  
 o/o

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996

4a. Article Number  
 P 968 630 964

4b. Service Type  CERTIFIED

7. Date of Delivery  
 10/14/97

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

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**SENDER:**  
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DAVID CRUTHIRDS  
 ELECTRIC CLEARINGHOUSE INC  
 1000 LOUISIANA  
 SUITE 5800  
 HOUSTON TX 77002-5050  
**R-00973953**  
*o/o*

4a. Article Number  
 P 968 630 965

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 10/15/97

5. Received By: (Print Name)  
 Larry Hicks

6. Signature: (Addressee or Agent)  
 X Harry Hicks

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 JOHN HAUCKE EXEC V P  
 PA ASSN PLUMB HEAT COOL  
 CONTRACTORS  
 4015 JONESTOWN ROAD  
 HARRISBURG PA 17109-9109  
**R-00973953**  
*o/o*

4a. Article Number  
 P 968 630 967

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 10-14

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Renee Sites

8. Addressee's Address (Only if requested and fee is paid)

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 2.  Restricted Delivery  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 CRAIG G GOODMAN ESQUIRE  
 3333 K STREET NW  
 SUITE 425  
 WASHINGTON DC 20007  
**R-00973953**  
*o/o*

4a. Article Number  
 P 968 630 966

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 10/15/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 ALBERT M BENINCASA DIR  
 REGULATORY AFFAIRS  
 SLIPPING STONE  
 46 9TH AVENUE  
 SEA CLIFF NY 11579  
**R-00973953**  
*o/o*

4a. Article Number  
 P 968 630 968

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 10-11-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
**R-00973953**  
**D/O**  
 VICKIREN S AESCHLEMAN  
 DIRECTOR  
 QST ENERGY INC  
 300 HAMILTON BLVD STE 330  
 PEORIA IL 61601

4a. Article Number:  
 P 968 630 969

4b. Service Type  **CERTIFIED**

7. Date of Delivery:  
**10-14-97**

3. Article Addressed to:  
**R-00973953**  
**D/O**  
 MICHAEL BANTA ESQUIRE  
 DANIEL W MCGILL ESQUIRE  
 INDIANAPOLIS POWER & LIGHT  
 ONE MINNIT CIRCLE  
 INDIANAPOLIS IN 46051

4a. Article Number:  
 P 968 630 971

4b. Service Type  **CERTIFIED**

7. Date of Delivery:  
**10-16-97**

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
**X Amy Herman**

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
**X Paul Anderson**

8. Addressee's Address (Only if requested and fee is paid)

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
**R-00973953**  
**D/O**  
 SHEILA S HOLLIS ESQ  
 MARY ANN RALLS ESQS &  
 STEPHANIE A SUGRUE ESQ  
 1667 K STREET N W SUITE 700  
 WASHINGTON PA 20006-1608

4a. Article Number:  
 P 968 630 970

4b. Service Type  **CERTIFIED**

7. Date of Delivery:  
**10/14/97**

3. Article Addressed to:  
**R-00973953**  
**D/O**  
 EDWARD B CANNON PRESIDENT  
 BLDG OWNERS & MANAGERS ASSN  
 SUITE 1560 CENTER CITY  
 TOWER  
 650 SMITHFIELD STREET  
 PITTSBURGH PA 15222

4a. Article Number:  
 P 968 630 972

4b. Service Type  **CERTIFIED**

7. Date of Delivery:  
**10/14/97**

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
**X [Signature]**

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
**X Barbara Wise-Ran**

8. Addressee's Address (Only if requested and fee is paid)

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 2.  Restricted Delivery  
 Consult postmaster for fee.

**R-00973953 o/o**  
 ROBERT I FREEMAN RPA PRES  
 BLDG OWNERS & MANAGERS  
 ASSN  
 TWO PENN CENTER PLAZA  
 SUITE 310  
 PHILADELPHIA PA 19102

4a. Article Number  
 P 968 630 973

4b. Service Type  CERTIFIED

7. Date of Delivery  
 14  
 1997

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Robert I Freeman*

PS Form 3811, January 1996

Domestic Return Receipt

**R-00973953 o/o**  
 PATRICIA ARMSTRONG ESQUIRE  
 REGINA L MATZ ESQUIRE  
 JOHN A ALZAMAORA ESQUIRE  
 ROBERT F YOUNG ESQUIRE  
 212 LOCUST ST P O BOX 9500  
 HARRISBURG PA 17108-9500

4a. Article Number  
 P 968 630 975

4b. Service Type  CERTIFIED

7. Date of Delivery  
 OCT 10 1997

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Patricia Armstrong*

PS Form 3811, January 1996

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**R-00973953 o/o**  
 SCOTT J. RUBIN  
 PUBLIC UTILITY  
 CONSULTING  
 3 LOST CREEK DRIVE  
 SELINGROVE, PA 17870

4a. Article Number  
 P 968 630 974

4b. Service Type  CERTIFIED

7. Date of Delivery  
 10-11-97

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Scott J Rubin*

PS Form 3811, January 1996

Domestic Return Receipt

**R-00973953 o/o**  
 PA. RURAL ELECTRIC  
 ASSOCIATION  
 212 LOCUST STREET  
 P.O. BOX 1266  
 HARRISBURG, PA 17108-1266

4a. Article Number  
 P 968 630 976

4b. Service Type  CERTIFIED

7. Date of Delivery  
 OCT 10 1997

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Ken C...*

PS Form 3811, January 1996

Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

R-00973953  
 EDWARD G RENDELL MAYOR  
 CITY OF PHILADELPHIA  
 ROOM 215 CITY HALL  
 PHILADELPHIA PA 19107-3295

4a. Article Number

P 968 910 701

4b. Service Type  CERTIFIED

7. Date of Delivery



5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X P/O Boyk  
 PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3.

R-00973953  
 WALTER W COHEN ESQUIRE  
 ANDREW J GIORGIONE ESQUIRE  
 OBERMAYER REBMANN MAXWELL  
 & HIPPEL  
 204 STATE STREET  
 HARRISBURG PA 17102

4a. Article Number

P 968 910 701

4b. Service Type  CERTIFIED

7. Date of Delivery

11/10/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Louis (Armed)  
 PS Form 3811, December 1994

8. Addressee's Address

Domestic Return Re

**SENDER:**

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

R-00973953  
 JOHN GALLAGHER ESQUIRE  
 MICHAEL KLEIN ESQUIRE  
 LEBOEUF LAMB GREENE & MCRAE  
 200 N THIRD STREET STE 300  
 P O BOX 12105  
 HARRISBURG PA 17108-2105

4a. Article Number

P 968 910 702

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address

NOV - 7 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]  
 PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3.

R-00973953  
 ALAN J BARAK ESQUIRE  
 KATHLEEN O'REILLY ESQUIRE  
 ROGER CLARK ESQUIRE  
 ENVIRONMENTALISTS  
 1417 BLUE MOUNTAIN PARKWAY  
 HARRISBURG PA 17112

4a. Article Number

P 968 910 70

4b. Service Type  CERTIFIED

7. Date of Delivery

11-28

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]  
 PS Form 3811, December 1994

8. Addressee's Address

KJR

Domestic Return Re

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CRAIG A DOLL ESQUIRE  
214 STATE STREET  
HARRISBURG PA 17101

R-00 973953

4a. Article Number

P 968 910 706

4b. Service Type  CERTIFIED

7. Date of Delivery

11/10/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

R-00 973953

DANIEL CLEARFIELD ESQUIRE  
ALAN KOHLER ESQUIRE  
ROBERT LONGWELL ESQUIRE  
305 NORTH FRONT STREET  
SUITE 401  
HARRISBURG PA 17101

4a. Article Number

P 968 910 708

4b. Service Type  CERTIFIED

7. Date of Delivery

11-10-

6. Signature: (Addressee or Agent)

X *[Signature]*

8. Addressee's Address

KJR

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- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

RANDALL V GRIFFIN ESQUIRE  
DELMARVA POWER & LIGHT CO  
800 KING STREET  
WILMINGTON DE 19899

R-00 973953

4a. Article Number

P 968 910 707

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

8. Addressee's Address



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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

STEVEN P HERSHEY ESQUIRE  
PHILIP A BERTOCCI ESQUIRE  
1425 CHESTNUT STREET  
PHILADELPHIA PA 19102-2502

R-00 973953

4a. Article Number

P 968 910 709

4b. Service Type  CERTIFIED

7. Date of Delivery

11/10

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
**R-00973953**  
 DERRICK WILLIAMSON ESQUIRE  
 DAVID KLEPPINGER ESQUIRE  
 MCNEES WALLACE & NURICK  
 100 PINE STREET  
 P O BOX 1166  
 HARRISBURG PA 17108-1166

4a. Article Number  
 P 968 910 710

4b. Service Type  **CERTIFIED**

7. Date of Delivery

3. Article  
**R-00973953**  
 WILLIAM T HAWKE ESQUIRE  
 JANET L MILLER ESQUIRE  
 TODD S STEWART ESQUIRE  
 MALATESTA HAWKE & MCKEON  
 P O BOX 1778  
 HARRISBURG PA 17105-1778

4a. Article Number  
 P 968 910 710

4b. Service Type  **CERTIFIED**

7. Date of Delivery **NOV 7 1997**

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)  
**X** *Den He*

**NOV - 7 1997**

5. Received By: (Print Name)  
*S BAIN*

8. Addressee's Address

6. Signature: (Addressee or Agent)  
**X** *DR*

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
**R-00973953**  
 SAM DEFRAWI DIR NAVY RATE  
 INTERVENTION  
 DEPARTMENT OF NAVY  
 WASHINGTON NAVY YARD  
 BLDG 212 CODE 00RI  
 901 M STREET NE  
 WASHINGTON DC 20374-5018

4a. Article Number  
 P 968 910 711

4b. Service Type  **CERTIFIED**

7. Date of Delivery

3. Article  
**R-00973953**  
 LANCE HAVER  
 6803 LAWNTON AVENUE  
 PHILADELPHIA PA 19126

4a. Article Number  
 P 968 910 711

4b. Service Type  **CERTIFIED**

7. Date of Delivery **11-8-97**

5. Received By: (Print Name)  
**SAM DEFRAWI**

8. Addressee's Address

6. Signature: (Addressee or Agent)  
**X** *Sam Defrawi*

5. Received By: (Print Name)

8. Addressee's Address  
**KJR**

6. Signature: (Addressee or Agent)  
**X** *Brandon Haver*

**SENDER:**  
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 The Return Receipt will show to whom the article was delivered. date

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

THE MCFARREN GROUP  
 200 N THIRD STREET  
 SUITE 1100  
 HARRISBURG PA 17101

R-00973953

4a. Article Number

P 968 910 714

4b. Service Type  CERTIFIED

7. Date of Delivery

11-10-97

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

R-00973953  
 DONALD A KAPLAN ESQUIRE  
 PRESTON GATES & ELLIS  
 1735 NEW YORK AVENUE  
 WASHINGTON DC 20006

3. Article Addressed to:

4a. Article Number

P 968 910 716

4b. Service Type  CERTIFIED

7. Date of Delivery

NOV 10 1997

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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KJR

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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

DAVID M BOONIN ESQUIRE  
 NEW ENERGY VENTURES INC  
 200 S BROAD STREET  
 SUITE 800  
 PHILADELPHIA PA 19102

R-00973953

4a. Article Number

P 968 910 715

4b. Service Type  CERTIFIED

7. Date of Delivery

11/12/97

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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 The Return Receipt will show to whom the article was delivered and the date delivered. date

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

BRUCE A CONNELL ESQUIRE  
 DUPONE POWER MARKETING INC  
 600 N DAIRY ASHFORD ML-1034  
 HOUSTON TX 77079

R-00973953

3. Article

4a. Article Number

P 968 910 717

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

JOHN L. MUNSCH ESQUIRE  
 WPP COMPANY ALLEGHENY POW  
 800 CABIN HILL DRIVE  
 GREENSBURG PA 15601-1689

R-00973953

4a. Article Number  
 P 968 910 718

4b. Service Type  CERTIFIED

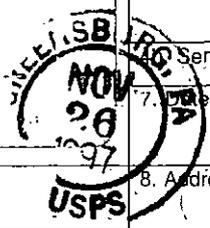
7. Date of Delivery

5. Received By: (Print Name)  
 Edn Wilfong

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address  
 KJR

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

TERRANCE FITZPATRICK ESQ  
 DAVID DESALLE ESQUIRE  
 RYAN RUSSELL OGDEN &  
 SELTZER  
 800 N THIRD STREET STE 101  
 HARRISBURG PA 17102

R-00973953

4a. Article Number  
 P 968 910 720

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11-10-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DEBORAH SWANSTROM ESQUIRE  
 JOEL D NEWTON ESQUIRE  
 PAUL E NORDSTROM ESQUIRE  
 VERNER LIIPFERT BERNHARD  
 MCPHERSON HAND  
 901 15TH STREET N W  
 WASHINGTON DC 20005-2301

R-00973953

4a. Article Number  
 P 968 910 719

4b. Service Type  CERTIFIED

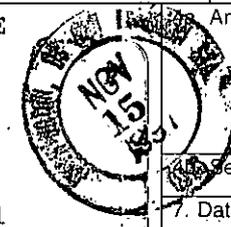
7. Date of Delivery  
 11-10-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 PAUL RUSSELL  
 PP&L  
 TWO NORTH NINTH STREET  
 ALLENTOWN, PA 18101

R-00973953

4a. Article Number  
 P 968 910 720

4b. Service Type  CERTIFIED

7. Date of Delivery  
 NOV 07 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

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SENDER: I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
Consult postmaster for fee.

3. Article Number  
H ALLAN KNOPP DIRECTOR  
REGULATORY AFFAIRS  
DUPONT POWER MARKETING  
P O BOX 2197 CH-1038  
HOUSTON TX 77252  
R-00973953

4a. Article Number  
P 968 910 722  
4b. Service Type  CERTIFIED  
7. Date of Delivery  
NOV 10 1997

5. Received By: (Print Name)  
6. Signature: (Addressee or Agent)  
X *[Signature]*

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SENDER: I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
Consult postmaster for fee.

3. Article Number  
LINDA C SMITH ESQUIRE  
FREDERICK D OCHSENSHIRT  
DILWORTH PAZSON KALISH &  
KAUFFMAN LLP  
305 N FRONT STREET STE 403  
HADDERSFIELD PA 17101-1226  
R-00973953

4a. Article Number  
P 968 910 724  
4b. Service Type  CERTIFIED  
7. Date of Delivery  
11-10-97

5. Received By: (Print Name)  
6. Signature: (Addressee or Agent)  
X *[Signature]*

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SENDER: I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
Consult postmaster for fee.

3. Article Number  
PAUL L ZEIGLER ESQUIRE  
ZEIGLER & ZIMMERMAN  
355 N 21ST STREET STE 304  
P O BOX 1080  
CAMP HILL PA 17011-3707  
R-00973953

4a. Article Number  
P 968 910 723  
4b. Service Type  CERTIFIED  
7. Date of Delivery  
NOV 10 1997  
CAMP HILL PA 17011-3707 USPS

5. Received By: (Print Name)  
6. Signature: (Addressee or Agent)  
X *[Signature]*

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SENDER: I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
Consult postmaster for fee.

3. Article Number  
MICHAEL L KESSLER  
AMERICAN ENERGY SOLUTIONS  
INC  
111 SOUTH ALFRED STREET  
ALEXANDRIA VA 22314  
R-00973953

4a. Article Number  
P 968 910 725  
4b. Service Type  CERTIFIED  
7. Date of Delivery  
11-10

5. Received By: (Print Name)  
6. Signature: (Addressee or Agent)  
X *[Signature]*

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3. Article Addressed to:  
 GARY A JEFFRIES ESQ  
 CNG ENERGY SERVICES  
 ONE PARK RIDGE CENTER  
 PO BOX 15746  
 PITTSBURGH PA 15244-0746  
*R-00973953*

4a. Article Number  
 P 968 910 726

4b. Service Type  CERTIFIED

7. Date of Delivery  
*11-10-97*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

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3. Article Addressed to:  
*R-00973953*  
 JOHN P LAVELLE JR  
 JOSEPH A DWORETZKY  
 HANGLEY ARONCHICK SEGAL &  
 PUDIN  
 ONE LOGAN SQUARE 12TH FLOOR  
 PHILADELPHIA PA 19103

4a. Article Number  
 P 968 910 728

4b. Service Type  CERTIFIED

7. Date of Delivery  
*11/10*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

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3. Article Addressed to:  
 RUFUS L MILEY  
 22 LEOPARD RUN  
 GLEN MILLS PA 19342  
*R-00973953*

4a. Article Number  
 P 968 910 727

4b. Service Type  CERTIFIED

7. Date of Delivery  
*11-15-97*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 USHER FOGEL ESQUIRE  
 ROLAND FOGEL KOBLLENZ &  
 CARR LLP  
 1 COLUMBIA PLACE  
 ALBANY NY 12207  
*R-00973953*

4a. Article Number  
 P 968 910 729

4b. Service Type  CERTIFIED

7. Date of Delivery  
*11/10/97*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

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Consult postmaster for fee.

date

of the date

I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article

R-00973953  
 JOHN P ZINKAND EXEC V P  
 PA PETROLEUM ASSN  
 SUITE 121 BLDG 2  
 2001 N FRONT STREET  
 HARRISBURG PA 17102

4a. Article Number

P 968 910 730

4b. Service Type  CERTIFIED

7. Date of Delivery

NOV 10 1997

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)

X Cecilia Long

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R-00973953  
 JAMES H NORRIS ESQUIRE  
 ECKERT SEAMANS CHERIN &  
 MELLOTT  
 600 GRANT STREET 42ND FL  
 PITTSBURGH PA 15219

4a. Article Number

P 968 910 733

4b. Service Type  CERTIFIED

7. Date of Delivery

11-8-97

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)

X Karen Schuy

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I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article

ETHAN GIDDINGS  
 217 RODMAN AVENUE  
 JENKINTOWN PA 19046

R-00973953

4a. Article Number

P 968 910 731

4b. Service Type  CERTIFIED

7. Date of Delivery

NOV 15 1997

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)

X [Signature]

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I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article

JOELLE OGG  
 GORDON J SMITH ESQUIRE  
 JOHN & HENGERER  
 1200 17TH STREET NW SUITE  
 600  
 WASHINGTON DC 20036

R-00973953

4a. Article Number

P 968 910 734

4b. Service Type  CERTIFIED

7. Date of Delivery

11-10-97

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)

X C. Kelly

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KJR

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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GERALD GORNISH ESQUIRE  
 12TH FLOOR PACKARD BLDG  
 111 S 15TH STREET  
 PHILADELPHIA PA 19102-2678

R-00973953

5. Received by: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

4a. Article Number

P 968 910 735

4b. Service Type  CERTIFIED

7. Date of Delivery

11-10-97

8. Addressee's Address

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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article

ROBERT A MILLS COUNSEL  
 ROBERT WEISHOAR JR ESQ  
 PA RETAILERS ASSN  
 100 PINE STREET BOX 1166  
 HARRISBURG PA 17108-1166

R-00973953

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

4a. Article Number

P 968 910 735

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address

NOV - 7 1997

Domestic Return Receipt

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

JOHN R ORR ESQUIRE  
 ONE WESTCHASE CENTER  
 10777 WESTHEIMER  
 SUITE 650  
 HOUSTON TX 77042

R-00973953

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

4a. Article Number

P 968 910 736

4b. Service Type  CERTIFIED

7. Date of Delivery

NOV 12 1997  
 HOUSTON TX U.S. POSTAL SERVICE  
 USPS

8. Addressee's Address

KJR

Domestic Return Receipt

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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article

BRIAN A RIDER PRES  
 PA RETAILERS ASSN  
 224 PINE STREET  
 HARRISBURG PA 17101-1325

R-00973953

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

4a. Article Number

P 968 910 738

4b. Service Type  CERTIFIED

7. Date of Delivery

11/10/97

8. Addressee's Address

Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. A

KEITH SAPPENFIELD II  
DIRECTOR OF MARKETING SUPPORT  
P O BOX 2628  
HOUSTON TX 77252-2628

4a. Article Number

P 968 910 739

4b. Service Type  CERTIFIED

7. Date of Delivery

11-11-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*R-00973953*

*Will Simpson*

8. Addressee's Address

KJR

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- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article A

DAVID CRUTHIRDS  
ELECTRIC CLEARINGHOUSE INC  
1000 LOUISIANA  
SUITE 5800  
HOUSTON TX 77002-5050

4a. Article Number

P 968 910 741

4b. Service Type  CERTIFIED

7. Date of Delivery

NOV 10 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*R-00973953*

*David Cruthirds*

8. Addressee's Address

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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article

NORMA ROSNER ESQUIRE  
VASTAR POWER MARKETING INC  
200 WESTLAKE PARK BLVD  
HOUSTON TX 77079

4a. Article Number

P 968 910 740

4b. Service Type  CERTIFIED

7. Date of Delivery

11/10/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*R-00973953*

*Pat Miller*

8. Addressee's Address

PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article

CRAIG G GOODMAN ESQUIRE  
3333 K STREET NW  
SUITE 425  
WASHINGTON DC 20007

4a. Article Number

P 968 910 742

4b. Service Type  CERTIFIED

7. Date of Delivery

11/12/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*R-00973953*

*Craig Goodman*

8. Addressee's Address

PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

JOHN HAUCKE EXEC V P  
 PA ASSN PLUMB HEAT COOL  
 CONTRACTORS  
 4015 JONESTOWN ROAD  
 HARRISBURG PA 17109-9109

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

R-00973953

3. Article Addressed to

4a. Article Number  
P 968 910 743

4b. Service Type  CERTIFIED

7. Date of Delivery  
11/10

8. Addressee's Address  
KJR

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to

VICKIREN S AESCHLEMAN  
 DIRECTOR  
 OST ENERGY INC  
 300 HAMILTON BLVD STE 330  
 PEORIA IL 61601

4a. Article Number  
P 968 910 745

4b. Service Type  CERTIFIED

7. Date of Delivery  
11-12-97

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to

ALBERT M BENINCASA DIR  
 REGULATORY AFFAIRS  
 SLIPPING STONE  
 46 9TH AVENUE  
 SEA CLIFF NY 11579

R-00973953

4a. Article Number  
P 968 910 744

4b. Service Type  CERTIFIED

7. Date of Delivery  
11-10-97

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to

SHEILA S HOLLIS ESQ  
 MARY ANN RALLS ESQS &  
 STEPHANIE A SUGRUE ESQ  
 1667 K STREET N W SUITE 700  
 WASHINGTON PA 20006-1608

4a. Article Number  
P 968 910 746

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 MICHAEL BANTA ESQUIRE  
 DANIEL W MCGILL ESQUIRE  
 INDIANAPOLIS POWER & LIGHT  
 ONE MINNIT CIRCLE  
 INDIANAPOLIS IN 46051  
 R-00973953

4a. Article Number  
 P 968 910 747  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 NOV 12 1997

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X M. Ewan

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 ROBERT I FREEMAN RPA PRES  
 BLDG OWNERS & MANAGERS  
 ASSN  
 TWO PENN CENTER PLAZA  
 SUITE 310  
 PHILADELPHIA PA 19102

4a. Article Number  
 P 968 910 750  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 11-10-97

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X Robert I. Freeman

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 EDWARD B CANNON PRESIDENT  
 BLDG OWNERS & MANAGERS ASSN  
 SUITE 1560 CENTER CITY  
 TOWER  
 650 SMITHFIELD STREET  
 PITTSBURGH, PA. 15222

4a. Article Number  
 P 968 910 748  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 11/10/97  
 8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X Barbara E. Wine

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 PA. RURAL ELECTRIC  
 ASSOCIATION  
 212 LOCUST STREET  
 P.O. BOX 1266  
 HARRISBURG, PA 17108-1266  
 R-00973953

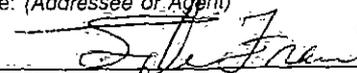
4a. Article Number  
 P 968 910 751  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 8. Addressee's Address  
 KJR

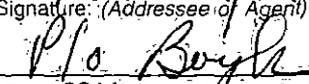
5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X [Signature]

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

NOV - 7 1997

<b>SENDER:</b> <input type="checkbox"/> Check box at right if you require restricted delivery. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Number <div style="border: 1px solid black; padding: 5px; width: fit-content;">           R-00973953            DEPT OF NAVY            NAVAL FACILITIES ENGINEER            COMMAND NAVY RATE            INTERVENTION            901 M STREET SE BLDG 212            WASHINGTON DC 20374-5018         </div>		4a. Article Number P 968 910 756	
5. Received By: (Print Name) SAM DEFRAWI		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> 		7. Date of Delivery	
PS Form 3811, December 1994		8. Addressee's Address	
Domestic Return Receipt			

<b>SENDER:</b> <input type="checkbox"/> Check box at right if you require restricted delivery. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Number <div style="border: 1px solid black; padding: 5px; width: fit-content;">           R-00973953            EDWARD G RENDELL MAYOR            CITY OF PHILADELPHIA            ROOM 215 CITY HALL            PHILADELPHIA PA 19107-3295         </div>		4a. Article Number P 968 910 759	
5. Received By: (Print Name) P/O Boyk		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> 		7. Date of Delivery 	
PS Form 3811, December 1994		8. Addressee's Address	
Domestic Return Receipt			

Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:

R. 00973953

ROBIN L. KRONGOLD PARALEGAL  
 PAUL BONNEY ESQUIRE  
 WARD SMITH ESQUIRE  
 MARY MCFALL HOPPER ESQUIRE  
 NOEL H. TRASK ESQUIRE  
 PECO ENERGY COMPANY  
 2301 MARKET STREET  
 PHILADELPHIA PA 19101-8699

5. Rec

6. Signature: (Addressee or Agent)  
 X *Robin Krongold*

4a. Article Number  
 P 968 633 051

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

3. Article

R. 00973953

STEVEN P. HERSHEY ESQUIRE  
 PHILIP A. BERTOCCI ESQUIRE  
 1425 CHESTNUT STREET  
 PHILADELPHIA PA 19102-2502

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Stan M. Howell*

4a. Article Number  
 P 968 633 053

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-11-97

8. Addressee's Address (Only if requested and fee is paid)

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ENDER:  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

Article

R. 00973953

CRAIG A. DOLL ESQUIRE  
 214 STATE STREET  
 HARRISBURG PA 17101

Received By: (Print Name)

Signature: (Addressee or Agent)  
 X *Patricia Myers*

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 968 633 052

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/10/97

8. Addressee's Address (Only if requested and fee is paid)

SENDER:  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article

R. 00973953

SAM DEFRAWL DIR NAVY RATE  
 INTERVENTION  
 DEPARTMENT OF NAVY  
 WASHINGTON NAVY YARD  
 BLDG 212 CODE 00RI  
 901 M STREET NE  
 WASHINGTON, DC 20374-5018

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Steve Frank*

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 968 633 054

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

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- Complete items 1 and/or 2 for additional services.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article  
**R-00973953**  
 THE MCFARREN GROUP  
 200 N THIRD STREET  
 SUITE 1100  
 HARRISBURG PA 17101

4a. Article Number  
 P 968 633 055

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-10-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

KJR

PS Form 3811, January 1996

Domestic Return Receipt

- Complete items 1 and/or 2 for additional services.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article  
**R-00973953**  
 TERRANCE FITZPATRICK ESQ  
 DAVID DESALLE ESQUIRE  
 RYAN RUSSELL OGDEN &  
 SELTZER  
 800 N THIRD STREET STE 101  
 HARRISBURG PA 17102

4a. Article Number  
 P 968 633 055

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-10-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

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Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 BRUCE A CONNELL ESQUIRE  
 DUPONE POWER MARKETING INC  
 600 N DAIRY ASHFORD ML-1034  
 HOUSTON TX 77079  
**R-00973953**

4a. Article Number  
 P 968 633 056

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-22

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

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- SENDER:**
- Complete items 1 and/or 2 for additional services.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article  
**R-00973953**  
 WALTER W COHEN ESQUIRE  
 ANDREW J GIORGIONE  
 ESQUIRE  
 OBERMAYER REBMANN MAXWELL  
 & HIPPEL  
 204 STATE STREET  
 HARRISBURG PA 17102

4a. Article Number  
 P 968 633 058

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/10

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996

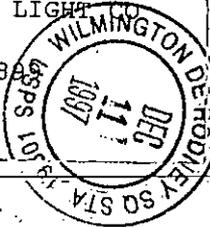
Domestic Return Receipt

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 RANDALL V GRIFFIN ESQUIRE  
 DELMARVA POWER & LIGHT CO  
 800 KING STREET  
 WILMINGTON DE 19808  
 R-00973953  


4a. Article Number  
 P 968 633 059  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 WILLIAM T HAWKE ESQUIRE  
 JANET L MILLER ESQUIRE  
 TODD S STEWART ESQUIRE  
 MALATESTA HAWKE & MCKEON  
 P O BOX 1778  
 HARRISBURG PA 17105-1778  
 R-00973953

4a. Article Number  
 P 968 633 061  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 12-10-97  
 8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 [Signature]  
 6. Signature: (Addressee or Agent)  
 X [Signature]  
 PS Form 3811, January, 1996 Domestic Return Receipt

5. Received By: (Print Name)  
 [Signature]  
 6. Signature: (Addressee or Agent)  
 X [Signature]  
 PS Form 3811, January, 1996 Domestic Return Receipt

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DERRICK WILLIAMSON  
 ESQUIRE  
 DAVID KLEPPINGER ESQUIRE  
 MCNEES WALLACE & NURICK  
 100 PINE STREET  
 P O BOX 1166  
 HARRISBURG PA 17108-1166  
 R-00973953

4a. Article Number  
 P 968 633 060  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 DEC 10 1997  
 8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 DAVID M BOONIN ESQUIRE  
 NEW ENERGY VENTURES INC  
 200 S BROAD STREET  
 SUITE 800  
 PHILADELPHIA PA 19102  
 R-00973953

4a. Article Number  
 P 968 633 062  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 12-12  
 8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 [Signature]  
 6. Signature: (Addressee or Agent)  
 X [Signature]  
 PS Form 3811, January 1996 Domestic Return Receipt

5. Received By: (Print Name)  
 [Signature]  
 6. Signature: (Addressee or Agent)  
 X [Signature]  
 PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

JOHN L. MUNSCHE ESQUIRE  
WPP COMPANY ALLEGHENY POW  
800 CABIN HILL DRIVE  
GREENSBURG PA 15601-1689

R-00973953

4a. Article Number

P 968 633 063

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

USPS

5. Received by: (Print Name)

6. Signature: (Addressee or Agent)

X Lois Blain

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

ALAN J BARAK ESQUIRE  
KATHLEEN O'REILLY ESQUIRE  
ROGER CLARK ESQUIRE  
ENVIRONMENTALISTS  
1417 BLUE MOUNTAIN  
HARRISBURG PA 17112

R-00973953

4a. Article Number

P 968 633 065

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

UNCLAIMED

5. Received by: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

PAUL RUSSELL  
PP&L  
TWO NORTH NINTH STREET  
ALLENTOWN, PA 18101

R-00973953

4a. Article Number

P 968 633 064

4b. Service Type  CERTIFIED

7. Date of Delivery

DEC 11 1997

8. Addressee's Address (Only if requested and fee is paid)

5. Received by: (Print Name)

6. Signature: (Addressee or Agent)

X M. D. Banks

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

DANIEL CLEARFIELD ESQUIRE  
ALAN KOHLER ESQUIRE  
ROBERT LONGWELL ESQUIRE  
305 NORTH FRONT STREET  
SUITE 401  
HARRISBURG PA 17101

R-00973953

4a. Article Number

P 968 633 066

4b. Service Type  CERTIFIED

7. Date of Delivery

12-11-97

8. Addressee's Address (Only if requested and fee is paid)

5. Received by: (Print Name)

6. Signature: (Addressee or Agent)

X J. Hoover

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 LANCE HAVER  
 6803 LAWNTON AVENUE  
 PHILADELPHIA PA 19126  
 R-00973953

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 968 633 067

4b. Service Type  CERTIFIED

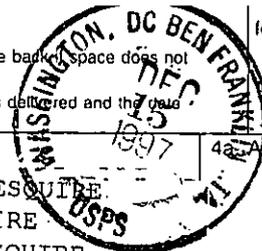
7. Date of Delivery  
 12/26

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.



3. Article Addressed to:  
 DEBORAH SWANSTROM ESQUIRE  
 JOEL D NEWTON ESQUIRE  
 PAUL E NORDSTROM ESQUIRE  
 VERNER LIIPFERT BERNHARD  
 MCPHERSON HAND  
 901 15TH STREET N W  
 WASHINGTON DC 20005-2301  
 R-00973953

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 968 633 067

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-11-97

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DONALD A KAPLAN ESQUIRE  
 PRESTON GATES & ELLIS  
 1735 NEW YORK AVENUE  
 WASHINGTON DC 20006  
 R-00973953

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 968 633 068

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 12 1997

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 H ALLAN KNOPP DIRECTOR  
 REGULATORY AFFAIRS  
 DUPONT POWER MARKETING  
 P O BOX 2197 CH-1038  
 HOUSTON TX 77252  
 R-00973953

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 968 633 070

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 12 1997

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 BILLIE RAMSEY EXEC DIR  
 ARIPPA  
 1300 MARKET STREET  
 EMOYNE PA 17043  
 R-00 973953

4a. Article Number  
 P 968 633 071

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 12-10-97

8. Addressee's Address (Only if requested and fee is paid)

3. Article  
 JOHN P. LAVELLE JR  
 JOSEPH A DWORETZKY  
 HANGLEY ARONCHICK SEGAL & PUDIN  
 ONE LOGAN SQUARE 12TH FLOOR  
 PHILADLEPHIA PA 19103  
 R-00 973953

4a. Article Number  
 P 968 633 073

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 DEC 12 1997

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 X *B Ramsey*

6. Signature: (Addressee or Agent)

5. Received By: (Print Name)  
 X *Ch. Formate*

6. Signature: (Addressee or Agent)

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 MICHAEL L KESSLER  
 AMERICAN ENERGY SOLUTIONS INC  
 111 SOUTH ALFRED STREET  
 ALEXANDRIA VA 22314  
 R-00973953

4a. Article Number  
 P 968 633 072

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 12-11

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 ETHAN GIDDINGS  
 217 RODMAN AVENUE  
 JENKINTOWN PA 19046  
 R-00973953

4a. Article Number  
 P 968 633 074

4b. Service Type  **CERTIFIED**

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 X *Alyson Brooks*

6. Signature: (Addressee or Agent)

5. Received By: (Print Name)  
 X

6. Signature: (Addressee or Agent)

PS Form 3811, January 1996 Domestic Return Receipt

UNCLAIMED

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOELLE OGG R-00973953  
 GORDON J SMITH ESQUIRE  
 JOHN & HENGERER  
 1200 17TH STREET NW SUITE 600  
 WASHINGTON DC 20036

4a. Article Number  
 P 968 633 075

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/11/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 KEITH SAPPENFIELD II  
 DIRECTOR OF MARKETING SUPPORT  
 P O BOX 2628  
 HOUSTON TX 77252-2628  
 R-00973953

4a. Article Number  
 P 968 633 077

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 12 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOHN R ORR ESQUIRE  
 ONE WESTCHASE CENTER  
 10777 WESTHEIMER  
 SUITE 650  
 HOUSTON TX 77042  
 R-00973953

4a. Article Number  
 P 968 633 076

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid) KJR

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 CRAIG G GOODMAN ESQUIRE  
 3333 K STREET NW  
 SUITE 425  
 WASHINGTON DC 20007  
 R-00973953

4a. Article Number  
 P 968 633 078

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/11/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

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 2.  Restricted Delivery  
 Consult postmaster for fee.

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-973953  
 PAUL I. ZEIGLER ESQUIRE  
 ZEIGLER & ZIMMERMAN  
 355 N 21ST STREET STE 304  
 P O BOX 1080  
 CAMP HILL PA 17011-3707

4a. Article Number  
 P 968 633 079

4b. Service Type  CERTIFIED

7. Date of Delivery  
 10 1997

8. Addressee's Address (Only if requested and fee is paid)  
 CAMP HILL PA 17011

3. Article Addressed to:  
 R-00973953  
 USHER FOGEL ESQUIRE  
 ROLAND FOGEL KOBLENZ &  
 CARR LLP  
 1 COLUMBIA PLACE  
 ALBANY NY 12207

4a. Article Number  
 P 968 633 081

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-11-97

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

5. Received By: (Print Name)  
 X *Mary Anne Clark*

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
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 2.  Restricted Delivery  
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**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 GARY A JEFFRIES ESQ  
 CNG ENERGY SERVICES  
 ONE PARK RIDGE CENTER  
 PO BOX 15746  
 PITTSBURGH PA 15244-0746

4a. Article Number  
 P 968 633 080

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-11-97

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 R-00973953  
 SUSAN SHANAMAN  
 212 N. THIRD STREET  
 SUITE 203  
 HARRISBURG, PA 17101

4a. Article Number  
 P 968 633 082

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-12-97

8. Addressee's Address (Only if requested and fee is paid)

5. Rec.  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

5. Received By: (Print Name)  
 X *Tamara A. Stunt*

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**

- Complete items 1 and/or 2 for additional services.
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I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

R-00973953

GERALD GORNISH ESQUIRE  
12TH FLOOR PACKARD BLDG  
111 S 15TH STREET  
PHILADELPHIA PA 19102-2678

4a. Article Number

P 968 633 083

4b. Service Type  CERTIFIED

7. Date of Delivery

DEC 11

8. Addressee's Address (Only if requested and fee is paid)

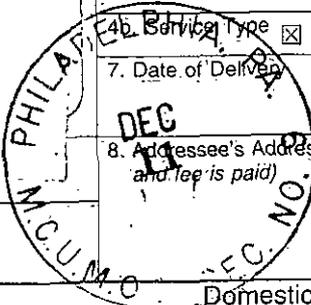
5. Received by:

6. Signature: (Addressee or Agent)

X *H. Vasuk*

PS Form 3811, January 1996

Domestic Return Receipt



I also wish to receive the following services (for an extra fee):

- Complete items 1 and/or 2 for additional services.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article

R-00973953

NORMA ROSNER ESQUIRE  
VASTAR POWER MARKETING INC  
200 WESTLAKE PARK BLVD  
HOUSTON TX 77079

4a. Article Number

P 968 633 085

4b. Service Type  CERTIFIED

7. Date of Delivery

12/11/97

8. Addressee's Address (Only if requested and fee is paid)

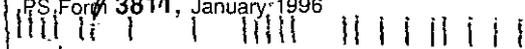
5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Joy Podwin*

PS Form 3811, January 1996

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

R-00973953

ROBERT A MILLS COUNSEL  
ROBERT WEISHOAR JR ESQ  
PA RETAILERS ASSN  
100 PINE STREET BOX 1166  
HARRISBURG PA 17108-1166

4a. Article Number

P 968 633 084

4b. Service Type  CERTIFIED

7. Date of Delivery

DEC 10 1997

8. Addressee's Address (Only if requested and fee is paid)

DEC 10 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Jay*

PS Form 3811, January 1996

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

R-00973953

JOHN HAUCKE EXEC V P  
PA ASSN PLUMB HEAT COOL  
CONTRACTORS  
4015 JONESTOWN ROAD  
HARRISBURG PA 17109-9109

4a. Article Number

P 968 633 086

4b. Service Type  CERTIFIED

7. Date of Delivery

12/11

8. Addressee's Address (Only if requested and fee is paid)

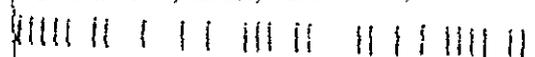
5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, January 1996

Domestic Return Receipt



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3. Article Addressed to:  
 R-00973953  
 LINDA C SMITH ESQUIRE  
 FREDERICK D OCHSENSHIRT  
 DILWORTH PAZSON KALISH &  
 KAUFFMAN LLP  
 305 N FRONT STREET STE  
 403  
 HARRISBURG PA 17101-1236

4a. Article Number  
 P 968 633 087

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 12-15-97

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X S. Robinson

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
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3. Article Addressed to:  
 R-00973953  
 JOHN P ZINKAND EXEC V P  
 PA PETROLEUM ASSN  
 SUITE 121 BLDG 2  
 2001 N FRONT STREET  
 HARRISBURG PA 17102

4a. Article Number  
 P 968 633 089

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 12-10-97

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X Melissa Long

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

PS Form 3811, January 1996 Domestic Return Receipt

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3. Article Addressed to:  
 R-00973953  
 RUFUS L MILEY  
 22 LEOPARD RUN  
 GLEN MILLS PA 19342

4a. Article Number  
 P 968 633 088

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 12-11-97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 X [Signature]

6. Signature: (Addressee or Agent)  
 X [Signature]

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

5. Received By: (Print Name)  
 X [Signature]

6. Signature: (Addressee or Agent)  
 X [Signature]

**SENDER:**  
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 R-00973953  
 JAMES H NORRIS ESQUIRE  
 ECKERT SEAMANS CHERIN &  
 MELLOTT  
 600 GRANT STREET 42ND FL  
 PITTSBURGH PA 15219

4a. Article Number  
 P 968 633 090

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 12-11-97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 X [Signature]

6. Signature: (Addressee or Agent)  
 X [Signature]

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

5. Received By: (Print Name)  
 X [Signature]

6. Signature: (Addressee or Agent)  
 X [Signature]

PS Form 3811, January 1996 Domestic Return Receipt

PS Form 3811, January 1996 Domestic Return Receipt

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

KENNETH HURWITZ  
MAUREEN HURLEY  
VENABLE BAETJER HOWARD &  
CIVILETTI LLP  
1201 NEW YORK AVE NW SUITE  
1000  
WASHINGTON DC 20005-3917

4a. Article Number  
P 968 633 091

4b. Service Type  **CERTIFIED**

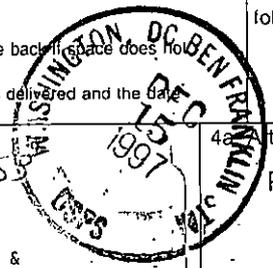
7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*James M. Johnson*

PS Form 3811, January 1996 Domestic Return Receipt



**SENDER:**

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DAVID CRUTHIRDS  
ELECTRIC CLEARINGHOUSE  
INC  
1000 LOUISIANA  
SUITE 5800  
HOUSTON TX 77002-5050

4a. Article Number  
P 968 633 093

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
DEC 16 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*Larry Hutch*

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BRIAN A RIDER PRES  
PA RETAILERS ASSN  
224 PINE STREET  
HARRISBURG PA 17101-1325

4a. Article Number  
P 968 633 092

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
12-10-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*James M. Johnson*

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**

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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ALBERT M BENINCASA DIR  
REGULATORY AFFAIRS  
SLIPPING STONE  
46 9TH AVENUE  
SEA CLIFF NY 11579

4a. Article Number  
P 968 633 094

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
12-11-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*Al Benincasa*

PS Form 3811, January 1996 Domestic Return Receipt

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00 973953  
 VICKIREN S AESCHLEMAN  
 DIRECTOR  
 QST ENERGY INC  
 300 HAMILTON BLVD STE 330  
 PEORIA IL 61601

4a. Article Number  
 P 968 633 095

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-15-97

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 ROBERT I FREEMAN RPA PRES  
 BLDG OWNERS & MANAGERS ASSN  
 TWO PENN CENTER PLAZA  
 SUITE 310  
 PHILADELPHIA PA 19102  
 R-00973953

4a. Article Number  
 P 968 633 097

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-12-98

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 X *Connie Leadley*

6. Signature: (Addressee or Agent)  
 X *Connie Leadley*

PS Form 3811, January 1996 Domestic Return Receipt

5. Received By: (Print Name)  
 X *reclaimed*

6. Signature: (Addressee or Agent)  
 X *reclaimed*

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 MICHAEL BANTA ESQUIRE  
 DANIEL W MCGILL ESQUIRE  
 INDIANAPOLIS POWER & LIGHT  
 ONE MINNIT CIRCLE  
 INDIANAPOLIS IN 46051  
 R-00973953

4a. Article Number  
 P 968 633 096

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/15/97

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 PA. RURAL ELECTRIC ASSOCIATION  
 212 LOCUST STREET  
 P.O. BOX 1266  
 HARRISBURG, PA 17108-1266  
 R-00973953

4a. Article Number  
 P 968 633 098

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)  
 DEC 10 1997

5. Received By: (Print Name)  
 J Fisher

6. Signature: (Addressee or Agent)  
 X *J Fisher*

PS Form 3811, January 1996 Domestic Return Receipt

5. Received By: (Print Name)  
 X *John Green*

6. Signature: (Addressee or Agent)  
 X *John Green*

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

R-00973953  
 DEPT OF NAVY  
 NAVAL FACILITIES ENGINEER  
 COMMAND NAVY RATE INTERVENTION  
 901 M STREET SE BLDG 212  
 WASHINGTON DC 20374-5018

4a. Article Number

P 968 633 099

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

SAM DEFRAWI

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, January 1996

Domestic Return Receipt

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

R-00973953  
 G ROGER BOWERS ESQUIRE  
 VINCENT WALSH JR ESQUIRE  
 SEPTA  
 1234 MARKET STREET  
 5TH FLOOR  
 PHILADELPHIA PA 19107-3780

4a. Article Number

P 968 633 101

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, January 1996

Domestic Return Receipt

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

R-00973953  
 EDWARD G RENDELL MAYOR  
 CITY OF PHILADELPHIA  
 ROOM 215 CITY HALL  
 PHILADELPHIA PA 19107-3295

4a. Article Number

P 968 633 100

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

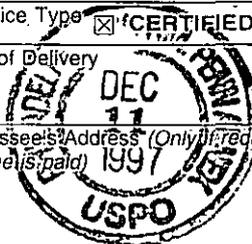
P/O Boyk

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, January 1996

Domestic Return Receipt

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

R-00973953  
 LAWRENCE GODLASKY  
 GPU ENERGY  
 100 APC BUILDING  
 800 N 3RD STREET  
 HARRISBURG PA 17102

4a. Article Number

P 968 633 102

4b. Service Type  CERTIFIED

7. Date of Delivery

12-20-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, January 1996

Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 SHEILA S HOLLIS ESQ  
 MARY ANN RALLS ESQS &  
 STEPHANIE A SUGRUE ESQ  
 1667 K STREET N W SUITE  
 700  
 WASHINGTON PA 20006-1608

6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 968 633 103

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/11/97

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 SCOTT J. RUBIN  
 PUBLIC UTILITY  
 CONSULTING  
 3 LOST CREEK DRIVE  
 SELINGROVE, PA 17870

5. Received By: (Print Name)  
 Scott Ruben

6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 968 633 105

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-10-97

8. Addressee's Address (Only if requested and fee is paid)

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PS Form 3811, January 1996 Domestic Return Receipt

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 Complete items 1 and/or 2 for additional services.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 R-00973953

5. Received By: (Print Name)  
 Dora W. Miller

6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 968 633 104

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-15-97

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 AUDREY VAN DYKE ASSOC  
 COUNSEL  
 DEPT OF NAVY  
 WASHINGTON NAVY YARD BLDG  
 218  
 ROOM 200  
 901 M STREET SE  
 WASHINGTON DC 20374-5018

5. Received By: (Print Name)  
 Dora W. Miller

6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 968 633 106

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/15/97

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

PS Form 3811, January 1996 Domestic Return Receipt

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 Complete items 1 and/or 2 for additional services.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ANGELO P TERRANA  
 STATE ANALYSIS CORPORATION  
 7700 LEESBURG PIKE STE 425  
 FALLS CHURCH VA 22043  
*R-00973953*

4a. Article Number  
 P 968 633 107

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-17-97

5. Received by: (Print name)

6. Signature: (Addressee or Agent)  
*KJR*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DAVID LANGER  
 BEVERAGE & DIAMOND  
 477 MADISON AVENUE  
 NEW YORK NY 10002  
*R-00973953*

4a. Article Number  
 P 968 633 109

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-14-97

5. Received by: (Print name)

6. Signature: (Addressee or Agent)  
*David Langer*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JAMES CUNNINGHAM  
 DAVID EPPLE  
 PA ELECTRIC ASSOCIATION  
 301 APC BLDG  
 800 N 3RD STREET  
 HARRISBURG PA 17102  
*R-00973953*

4a. Article Number  
 P 968 633 108

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-10-97

5. Received by: (Print name)

6. Signature: (Addressee or Agent)  
*Mary Jane Nelson*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 PATRICIA ARMSTRONG ESQUIRE  
 REGINA L MATZ ESQUIRE  
 JOHN A ALZAMAORA ESQUIRE  
 ROBERT F YOUNG ESQUIRE  
 212 LOCUST ST P O BOX 9500  
 HARRISBURG PA 17108-9500  
*R-00973953*

4a. Article Number  
 P 968 633 110

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 10 1997

5. Received by: (Print name)

6. Signature: (Addressee or Agent)  
*Patricia Armstrong*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  <div style="text-align: right; font-size: 1.2em;">R-00973953</div> STEVEN P HERSHEY ESQUIRE PHILIP A BERTOCCI ESQUIRE COMMUNITY LEGAL SERVICES 1424 CHESTNUT STREET PHILADELPHIA PA 19102		4a. Article Number  P 968 633 111	
5. Rec		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>		7. Date of Delivery 12-11-97	
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article A  <div style="text-align: right; font-size: 1.2em;">R-00973953</div> JOHN GALLAGHER ESQUIRE MICHAEL KLEIN ESQUIRE LEBOEUF LAMB GREENE & MCRAE 200 N THIRD STREET STE 300 P O BOX 12105 HARRISBURG PA 17108-2105		4a. Article Number  P 968 633 113	
5. Received By: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>		7. Date of Delivery DEC 10 1997	
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  <div style="text-align: right; font-size: 1.2em;">R-00973953</div> JOHN KLAUBERG ESQUIRE BRUCE MILLER ESQUIRE LEBOEUF LAMB GREEN & MCRAE 125 W 55TH STREET NEW YORK NY 10019-5389		4a. Article Number  P 968 633 112	
5. Rec		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>		7. Date of Delivery 12/11/97	
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  <div style="text-align: right; font-size: 1.2em;">R-00973953</div> FRANK NADOLNY DUQUESNE LIGHT COMPANY P O BOX 1930 PITTSBURGH PA 15230-1930		4a. Article Number  P 968 633 114	
5. Received By: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>		7. Date of Delivery 12/11/97	
PS Form 3811, January 1996		Domestic Return Receipt	

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DONALD A KAPLAN R-00973953  
 LISA M HELPERT EQS  
 PRESTON GATES ELLIS &  
 ROUVELAS MEEDS LLP  
 SUITE 500 1735 NEW YORK  
 AVENUE NW  
 WASHINGTON DC 20006

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
 X \_\_\_\_\_

4a. Article Number  
 P 968 633 1175

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 12 1997

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 JOHN LITZ  
 UGI UTILITIES  
 400 STEWART ROAD  
 P O BOX 3200  
 WILKES-BARRE PA 18773-3200

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
 X Sarah \_\_\_\_\_

4a. Article Number  
 P 968 633 117

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 10 1997

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 STEPHEN L FELD ESQUIRE  
 PA POWER COMPANY  
 1 EAST WASHINGTON STREET  
 PO BOX 891  
 NEW CASTLE PA 16103-0891

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
 X Juanita Romano

4a. Article Number  
 P 968 633 116

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-12-97

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 R-00973953  
 STANLEY LASKOWSKI ACT REGIONAL  
 ADMINISTRATION  
 EPA  
 841 CHESTNUT BUILDING  
 PHILADELPHIA PA 19107

5. Received By: (Print Name)  
 US ENVIRONMENTAL PROTECTION AGENCY  
 REGION III, SUPPLY ROOM 3rd FLOOR  
 841 CHESTNUT STREET, (3PM20)  
 PHILADELPHIA, PA 19107

6. Signature: (Addressee or Agent)  
 X \_\_\_\_\_

4a. Article Number  
 P 968 633 118

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 11 1997

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 JUDITH L. MONDRE  
 CITY OF PHILADELPHIA  
 MUNICIPAL ENERGY OFFICE  
 1401 JFK BOULEVARD  
 PHILADELPHIA, PA 19102-1665

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Ben Sachs*

4a. Article Number  
 P 968 633 119

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 12 1997

8. Addressee's Address (Only if requested and fee is paid) USPS

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 BILL SHANE, ESQUIRE  
 440 SCHOOL STREET  
 INDIANA, PA 15701

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Bill Shane*

4a. Article Number  
 P 968 633 121

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 12-11-97

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 EUGENE M. TRISKO  
 ATTORNEY FOR UMWA  
 P. O. BOX 596  
 BERKELEY SPRINGS, WV 25411

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 968 633 120

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 12-12-97

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 MR. PHIL PATITSAS  
 AIR PRODUCTS & CHEMICALS  
 WINDSOR 2  
 7201 HAMILTON BLVD.  
 ALLENTOWN, PA 18195-1501

5. Received By: (Print Name)  
 X *Darin Klingaman*

6. Signature: (Addressee or Agent)

4a. Article Number  
 P 968 633 122

4b. Service Type  **CERTIFIED**

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 THOMAS BROGAN ESQUIRE  
 KLETT LIEBER ROONEY & SCHORLING  
 240 NORTH THIRD STREET  
 SUITE 600  
 HARRISBURG PA 17101-1503  
 R-00973953

4a. Article Number  
 P 968 633 123

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-10-97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Anna M. Henry*

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 JAMIE WINEBRAKE  
 JUS DOE  
 1880 JFK BOULEVARD  
 SUITE 501  
 PHILADELPHIA PA 19103

4a. Article Number  
 P 968 633 126

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *R. Beremi*

PS Form 3811, January 1996 Domestic Return Receipt

PA 19103  
 DEC 12 1997  
 U.S. MAIL  
 KEY DESK

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 EASTERN MARKETING INC  
 REGULATORY AFFAIRS MANAGER  
 2900 EISENHOWER AVENUE  
 SUITE 300  
 ALEXANDRIA VA 22314

4a. Article Number  
 P 968 633 125

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/11/97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 LISA A. Young

6. Signature: (Addressee or Agent)  
 X *Lisa Young*

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 WICK HAVENS  
 DIV OF AIR RESOURCE MGMT  
 400 MARKET STREET 12TH FL  
 P O BOX 8468  
 HARRISBURG PA 17105-8468

4a. Article Number  
 P 968 633 127

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 10 1997

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Charles F. Leheny*

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DAN ROSENBLUM  
 MID-ATLANTIC ENERGY PROJECT  
 203 W. 22ND ST., APT. 3  
 NEW YORK, NY 10011-2748  
 R-00973953

4a. Article Number  
 P 968 633 128

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 13 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X [Signature]

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JAMES STEFFES DIR GOV'T AFFAIRS  
 ENRON CAPITAL & TRADE RESOURCES  
 1400 SMITH STREET  
 ED #2408  
 HOUSTON TX 77002  
 R-00973953

4a. Article Number  
 P 968 633 130

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-11-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X [Signature]

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 MR. GEORGE ELLIS  
 PENNSYLVANIA COAL ASSOCIATION  
 212 N. 3RD ST., SUITE 102  
 HARRISBURG, PA 17101  
 R-00973953

4a. Article Number  
 P 968 633 129

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-10-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X [Signature]

PS Form 3811, January 1996 Domestic Return Receipt

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JAMES BRODT  
 SMITH BARNEY INC  
 390 GREENWICH STREET  
 5TH FLOOR  
 NEW YORK NY 10013  
 R-00973953

4a. Article Number  
 P 968 633 131

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-11-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X [Signature]

PS Form 3811, January 1996 Domestic Return Receipt

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 2.  Restricted Delivery  
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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 DANIEL TUNNELL, PRESIDENT  
 PENNSYLVANIA GAS ASSOCIATION  
 800 N. 3RD STREET, 2ND FLOOR  
 HARRISBURG, PA 17102

5. Received By: (Print Name)  
 Christine J. New

6. Signature: (Addressee or Agent)  
 X *Christine J. New*

4a. Article Number  
 P 968 633 132

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-10-97

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 R-00973953  
 RICHARD H. COUNIHAN, VP  
 GOVERNMENT AFFAIRS  
 EDISON SOURCE  
 13391 CROSSROADS PARKWAY NORTH  
 CITY OF INDUSTRY, CA 91746

5. Received By: (Print Name)  
 [Signature]

6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 968 633 134

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/12

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 MIKE WELSH, SECRETARY/TREASURER  
 UTILITY WORKERS/PENNSYLVANIA  
 UTILITY CAUCUS  
 408-412 BROAD STREET  
 JOHNSTOWN, PA 15906

5. Received By: (Print Name)  
 Marilyn Yeager

6. Signature: (Addressee or Agent)  
 X *Marilyn Yeager*

4a. Article Number  
 P 968 633 133

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-11-97

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 R-00973953  
 MR. GEORGE EMMONS  
 17 N. LANCASTER LANE  
 NEWTOWN, PA 18940

5. Received By: (Print Name)  
 [Signature]

6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 968 633 135

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-11-97

8. Addressee's Address (Only if requested and fee is paid)

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 CHARLES ESTES  
 APPALACHIAN PACIFIC  
 1331 PENNSYLVANIA AVE., NW  
 SUITE 730  
 WASHINGTON, D.C. 20004  
 R-00973953

4a. Article Number  
 P 968 633 136

4b. Service Type  CERTIFIED

7. Date of Delivery

3. Article Addressed to:  
 R-00973953  
 JAMES ROYAL  
 PRESIDENT & C.O.O  
 NOBLE GROUP CORPORATION  
 3121 NORRIS STREET  
 PHILADELPHIA, PA 19121

4a. Article Number  
 P 968 633 138

4b. Service Type  CERTIFIED

7. Date of Delivery  
 R-K

5. Received by: (Print Name)  
 X *A. Pagenpohl*

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

5. Received by: (Print Name)  
 X *J. G. Bellie Royal*

8. Addressee's Address (Only if requested and fee is paid)

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 Domestic Return Receipt

PS Form 3811, January 1996  
 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 EDWARD PERMAR  
 UNIVERSITY OF PITTSBURGH  
 3400 FORBES AVENUE  
 PITTSBURGH PA 15260  
 R-00973953

4a. Article Number  
 P 968 633 137

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 11 1997

3. Article Addressed to:  
 R-00973953  
 ELLIOT M. LOYLES, P.E.  
 ENERGY COST MANAGEMENT  
 1901 CAMP FLORIDA ROAD  
 BRANDON, FL 33510

4a. Article Number  
 P 968 633 139

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-12-97

5. Received By: (Print Name)  
 X *MAMA*

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

5. Received by: (Print Name)  
 X *Elliot M. Loyless*

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

PS Form 3811, January 1996  
 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 MICHAEL WALKER  
 BRADFORD STERN  
 BUCHANAN INGERSOLL-COLLEGE CENTRE  
 500 COLLEGE ROAD EAST  
 PRINCETON, NJ 08540  
 R-00973953

4a. Article Number  
 P 968 633 140  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 12-11-93

3. Article Addressed to:  
 DAN DELANEY  
 KIRKPATRICK & LOCKHART  
 240 N. THIRD STREET  
 HARRISBURG, PA 17101  
 R-00973953

4a. Article Number  
 P 968 633 143  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 DEC 10 1993

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 Craig T Giles

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X Eric Fleming

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X Craig T Giles

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

PS Form 3811

**SENDER:**  
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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 BRIAN HICKEY  
 MED AMERICAN NATURAL RESOURCES  
 2005 WEST 8TH STREET SUITE 201  
 ERIE PA 16505  
 R-00973953

4a. Article Number  
 P 968 633 141  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 12/11/93

3. Article Addressed to:  
 ERIK HANSEN  
 DELMARVA POWER  
 800 KING STREET  
 WILIMINGTON, DE 19899  
 R-00973953

4a. Article Number  
 P 968 633 144  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 Stewart

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X Wendy Wainwright

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X Eric E. Stewart

8. Addressee's Address (Only if requested and fee is paid)

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PS Form 3811, January 1996 Domestic Return Receipt



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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 FRANK K. GATES  
 GREENLEE ASSOCIATES  
 P.O. BOX 291  
 HARRISBURG, PA 17108  
 R-00973953

4a. Article Number  
 P 968 633 145

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 10 1997

5. Rec

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X Kevin A. Allman

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 PETER THOMPSON  
 ANDREWS & KURTH LLP  
 1701 PA AVENUE NW  
 WASHINGTON DC 20006  
 R-00973953

4a. Article Number  
 P 968 633 148

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-11-97

5. Received by: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X M. LOH

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DAVID MAGNUS BOONIN PRES  
 NEW ENERGY VENTURES  
 200 S BROAD STREET  
 SUITE 800  
 PHILADELPHIA PA 19102  
 R-00973953

4a. Article Number  
 P 968 633 147

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-12

5. Received by: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X DM

PS Form 3811, January 1996 Domestic Return Receipt

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 HARRY GELLER ESQUIRE  
 PA UTILITY LAW PROJECT  
 118 LOCUST STREET  
 HARRISBURG PA 17101-1414  
 R-00973953

4a. Article Number  
 P 968 633 149

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/10/97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X Shuler Dupont

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 JOHN MOLINDA  
 STRATEGIC ENERGY LTD  
 2 GATEWAY CENTER  
 PITTSBURGH PA 15222  
 R-00973953

4a. Article Number  
 P 968 633 150

4b. Service Type  CERTIFIED

7. Date of Delivery

3. Article Addressed to:  
 TRAVIS PEYTON, PE  
 BALLINGER  
 2005 MARKET ST., STE. 1500  
 PHILADELPHIA, PA 19103-7088  
 R-00973953

4a. Article Number  
 P 968 633 152

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Lee D. Miller*

8. Addressee's Address (Only if requested and fee is paid)

5. Rec  
 6. Signature: (Addressee or Agent)  
 X *F. Hoch* F. Hoch PBC

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 AMY LEADER  
 LEGISLATIVE DIRECTOR  
 DECHERT PRICE & RHOADS  
 30 N. 3RD STREET  
 HARRISBURG, PA 17101  
 R-00973953

4a. Article Number  
 P 968 633 151

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-11-97

8. Addressee's Address (Only if requested and fee is paid)

3. Article:  
 JOHN V. KULIK, VP  
 GOVERNMENT RELATIONS  
 PA. FOOD MERCHANTS ASSN.  
 1029 MUMMA ROAD  
 P.O. BOX 870  
 CAMP HILL, PA 17011  
 R-00973953

4a. Article Number  
 P 968 633 153

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/11/97

8. Addressee's Address (Only if requested and fee is paid)

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 R-00973953  
 RODNEY R AKERS ASST CITY SOL  
 DEPT OF LAW  
 313 CITY COUNTY BLDG  
 414 GRANT STREET  
 PITTSBURGH PA 15219

4a. Article Number  
 P 968 633 154

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 12 1997

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

3. Article Addressed to:  
 R-00973953  
 BYRON WILLIAMSON  
 ENGELHARD POWER MARKETING INC  
 101 WOOD AVENUE  
 ISELIN NJ 08830-0770

4a. Article Number  
 P 968 633 156

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received by: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

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**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 BILL MCCUE  
 MERCK & CO., INC.  
 SUMNEYTOWN PIKE  
 P.O. BOX 4, WP2-1  
 WEST POINT, PA 19486-0004

4a. Article Number  
 P 968 633 155

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 12 1997  
 WEST POINT PA 19486  
 USPS

5. Received by: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *A. Kuehl Merck 12/12/97*

3. Article  
 R-00973953  
 GLENN WINDER PE  
 1847 RADNOR ROAD  
 YORK PA 17402

4a. Article Number  
 P 968 633 157

4b. Service Type  CERTIFIED

7. Date of Delivery  
 December 10, 1997

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *Margorie Winter*

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 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 MICHAEL KARP  
 31 APPALOOSA ROAD  
 BELLINGHAM WA 98226  
*R-00973953*

4a. Article Number  
 P 968 633 158

4b. Service Type  CERTIFIED  
 Date of Delivery  
 DEC 20 1997  
 BELLINGHAM, WA  
 USPS

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

5. Received by: (Print Name)  
 6. Signature: (Addressee or Agent)  
*X [Signature]*  
 PS Form 3811, January 1996

Domestic Return Receipt

3. Article Addressed to:  
 TIMOTHY W. MERRILL, JR.  
 ENSERCH ENERGY SERVICES, INC.  
 PENN CENTER WEST, BLDG. 4,  
 SUITE 200  
 PITTSBURGH, PA 15276  
*R-00973953*

4a. Article Number  
 P 968 633 160

4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 12-15-97

8. Addressee's Address (Only if requested and fee is paid)

5. Received by: (Print Name)  
 6. Signature: (Addressee or Agent)  
*X [Signature]*  
 PS Form 3811, January 1996

Domestic Return Receipt

**SENDER:**  
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DEBORAH SCHACHTER  
 163 SILK FARM ROAD  
 CONCORD, NH 03301  
*R-00973953*

4a. Article Number  
 P 968 633 159

4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 DEC 10 1997  
 CONCORD, NH 03301  
 USPS

8. Addressee's Address (Only if requested and fee is paid)

5. Received by: (Print Name)  
 6. Signature: (Addressee or Agent)  
*X [Signature]*  
 PS Form 3811, January 1996

Domestic Return Receipt

**SENDER:**  
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 RALPH L. LENTZ, REGISTRAR  
 CHM., POLITICAL EDUCATION  
 COMM.  
 I.B.E.W. LOCAL UNION 777  
 740 ANNA MAY STREET  
 YORK, PA 17404-1366  
*R-00973953*

4a. Article Number  
 P 968 633 161

4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 DEC 10 1997

8. Addressee's Address (Only if requested and fee is paid)

5. Received by: (Print Name)  
 6. Signature: (Addressee or Agent)  
*X [Signature]*  
 PS Form 3811, January 1996

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**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

Article Addressed to:  
 RICHARD W. BAIN  
 CENTERIOR ENERGY  
 5761 WEST AVENUE  
 EDINBORO, PA 16412-1342

4a. Article Number  
 P 968 633 162

4b. Service Type  **CERTIFIED**

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

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**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

Article Addressed to:  
 TROND GRENAGER, PRES./CEO  
 LEBANON METHANE RECOVERY, INC.  
 920 ROSSTOWN ROAD  
 LEWISBERRY, PA 17339

4a. Article Number  
 P 968 633 164

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 12-10

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

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**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

Article Addressed to:  
 RICH HEIDORN, JR.  
 THE PHILADELPHIA INQUIRER  
 P.O. BOX 8263  
 PHILADELPHIA, PA 19101

4a. Article Number  
 P 968 633 163

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 12-12-97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

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**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

Article Addressed to:  
 DONNA GEHLHAART  
 REGULATORY PUB. AFFRS. MGR.  
 INTERNATIONAL PAPER  
 320 W. MARKET ST., SUITE 600  
 HARRISBURG, PA 17101

4a. Article Number  
 P 968 633 165

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 12/10/97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 SCOTT HELM  
 EXPENSE AUDIT & CONSULTING  
 516 KENHORST BLVD.  
 READING, PA 19610  
*R-00973953*

4a. Article Number  
 P 968 633 166

4b. Service Type  CERTIFIED

7. Date of Delivery  
*12/19/97*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

3. Article Addressed to:  
 JOEL BLAU REG CNS  
 WHEELED ELECTRIC POWER  
 32 WINDSOR COURT  
 DELMAR NY 12054  
*R-00973953*

4a. Article Number  
 P 968 633 168

4b. Service Type  CERTIFIED

7. Date of Delivery  
*1-2-98*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)  
**UNCLAIMED**

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**SENDER:**  
 ■ Complete items 1 and/or 2 for additional services.  
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 TAMASIN STERNER  
 PURE ENERGY  
 531 W. FREDERICK STREET  
 LANCASTER, PA 17603  
*R-00973953*

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 968 633 167

4b. Service Type  CERTIFIED

7. Date of Delivery  
*12-20-97*

5. Received By: (Print Name)  
*Tony O...*

6. Signature: (Addressee or Agent)  
*[Signature]*

**SENDER:**  
 ■ Complete items 1 and/or 2 for additional services.  
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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3. Article Addressed to:  
 DAVID HUGHES  
 4037 LUDWICK STREET  
 PITTSBURGH, PA 15217  
*R-00973953*

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 968 633 169

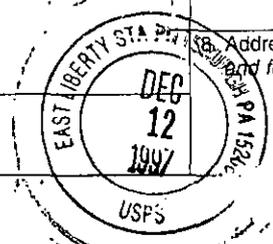
4b. Service Type  CERTIFIED

7. Date of Delivery  
*12-22-97*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)



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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 DENIS E. GEORGE, VP  
 STAND ENERGY CORPORATION  
 1077 CELESTIAL STREET  
 ROOKWOOD BLDG., SUITE 110  
 CINCINNATI, OH 45202

4a. Article Number  
 P 968 633 170

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/11/97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X Karen Palmer

3. Article  
 FRANK E. SPARROW  
 EQUITABLE GAS  
 423 WALNUT STREET  
 SUITE 220  
 HARRISBURG, PA 17101

4a. Article Number  
 P 968 633 172

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-10-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X Beverly Lendemuth

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I also wish to receive the following services (for an extra fee):  
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 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 GINNY KREITLER  
 KREITLER CONSULTING  
 1004 HAMPSTEAD ROAD  
 WYNEWOOD, PA 19096

4a. Article Number  
 P 968 633 171

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/11/97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X Ginny Kreidler

3. Article Addressed to:  
 DR JOHN O'BRIEN PRES  
 WHEELED ELECTRIC POWER  
 50 LINDBERGH BLVD  
 SUITE 400  
 UNIONDALE NY 11553

4a. Article Number  
 P 968 633 175

4b. Service Type  CERTIFIED

7. Date of Delivery

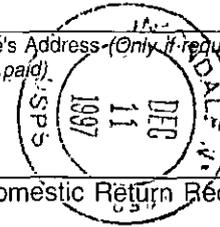
5. Received By: (Print Name)  
 J. BRES

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X [Signature]

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 SUSAN WEINSTOCK  
 AARP  
 501 E STREET, NW  
 WASHINGTON, DC 20049  
 R. 00973953

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
 X *Shonda Jackson*

4a. Article Number  
 P 968 633 176

4b. Service Type  CERTIFIED

7. Date of Delivery  
 \_\_\_\_\_

8. Addressee's Address (Only if requested and fee is paid)  
 \_\_\_\_\_

3. Article Addressed to:  
 R. 00973953  
 NEAL K. CODY  
 MAPSA  
 ENERGY INVESTMENT ADVISORS  
 7004 CLIFTON FOREST DRIVE  
 CLIFTON, VA 20124

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
 X *Neal K. Cody*

4a. Article Number  
 P 968 633 178

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/26/97

8. Addressee's Address (Only if requested and fee is paid)  
 \_\_\_\_\_

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R. 00973953  
 STEVE R. CORWELL  
 QST ENERGY, INC.  
 300 HAMILTON BLVD.  
 SUITE 330  
 PEORIA, IL 61602

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
 X *Amy Horman*

4a. Article Number  
 P 968 633 177

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-12-97

8. Addressee's Address (Only if requested and fee is paid)  
 \_\_\_\_\_

3. Article Addressed to:  
 R. 00973953  
 CHRISTOPHER ZETTEMAYER  
 REED SMITH SHAW & MCCLAY  
 213 MARKET STREET  
 P.O. BOX 11844  
 HARRISBURG, PA 17108

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
 X *Christopher Zettlemoyer*

4a. Article Number  
 P 968 633 179

4b. Service Type  CERTIFIED

7. Date of Delivery  
 \_\_\_\_\_

8. Addressee's Address (Only if requested and fee is paid)  
 \_\_\_\_\_

DEC 10 1997

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3. Article /

DIANE S. MEYER  
 VP - RATES & REGULATORY  
 AFFAIRS  
 PEOPLES GAS  
 625 LIBERTY AVENUE  
 PITTSBURGH, PA 15222-3197  
 R-00973953

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 968 633 181

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/11/97

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article /

ANTHONY MIRABILE  
 UNITED REGIONAL ENERGY  
 3200 MELLON BANK CENTER  
 1735 MARKET STREET  
 PHILADELPHIA, PA 19103  
 R-00973953

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 968 633 183

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 12 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *K. Meyer*

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Anthony Mirabile*

8. Addressee's Address (Only if requested and fee is paid)

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3. Article /

JOSEPH GOLDBERG  
 CHIEF DEPUTY ATTORNEY GENERAL  
 DIR., BUR. OF CONSUMER  
 PROTECTION  
 14TH FLOOR- STRAWBERRY SQUARE  
 HARRISBURG, PA 17120  
 R-00973953

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 968 633 182

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 12 1997

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article /

NORMAN H. STARK  
 MACDONALD, ILLIG, JONES & BRITTON  
 SUITE 700  
 100 STATE STREET  
 ERIE, PA 16507  
 R-00973953

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 968 633 184

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-12-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Joseph Goldberg*

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 M COONEY

6. Signature: (Addressee or Agent)  
 X *M Cooney*

8. Addressee's Address (Only if requested and fee is paid)

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article:  
 JAY LAYMAN  
 CAPITAL ASSOCIATES, INC.  
 200 NORTH 3RD STREET, SUITE 1402  
 P.O. BOX 1085  
 HARRISBURG, PA 17108-1085  
 R-00973953

4a. Article Number  
 P 968 633 185

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 11 1997

5. Received By: (Print Name)  
 JAY LAYMAN

6. Signature: (Addressee or Agent)  
 Jay Layman

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article:  
 ANDREW ALTMAN  
 CLEAN AIR COUNCIL  
 135 S. 19TH STREET  
 SUITE 300  
 PHILADELPHIA, PA 19108  
 R-00973953

4a. Article Number  
 P 968 633 188

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-11

5. Received By: (Print Name)  
 Andrew Altman

6. Signature: (Addressee or Agent)  
 Andrew Altman

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article:  
 MARY LAYSHOCK  
 DOWNES ASSOCIATES, INC.  
 2129 NORTHWOOD DRIVE  
 SALISBURY, MD 21801  
 R-00973953

4a. Article Number  
 P 968 633 187

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/11/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 M. Layshock

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article:  
 DENNIS KALBARCZYK  
 UTILITY RATES RESOURCES  
 910 PIKETOWN ROAD  
 HARRISBURG, PA 17112  
 R-00973953

4a. Article Number  
 P 968 633 190

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-16-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 Dennis Kalbarczyk

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

1. Article Addressed to:

*R-00973953*

ROCCO PUGLIESE  
 PUGLIESE ASSOCIATES  
 208 N. 3RD STREET  
 SUITE 410  
 HARRISBURG, PA 17101

4a. Article Number

P 968 633 191

4b. Service Type  CERTIFIED

7. Date of Delivery

*12-10-97*

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

*X R. L. Swear*

PS Form 3811, January 1996

Domestic Return Receipt

3. Article

*R-00973953*

ROGER ODISIO  
 170 DRAKE ROAD  
 BETHEL PARK, PA 15102

4a. Article Number

P 968 633-193

4b. Service Type  CERTIFIED

7. Date of Delivery

*12/11/97*

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

*X R. Odasio*

PS Form 3811, January 1996

Domestic Return Receipt

**SENDER:**

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I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**

Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article

*R-00973953*

ELISA J. GRAMMER  
 MONIQUE PENN-JENKINS  
 GRAMMER KISSEL ROBINS  
 SKANCKE & EDWARDS  
 1225 EYE ST., NW, STE. 1225  
 WASHINGTON, D.C. 20005

4a. Article Number

P 968 633 192

4b. Service Type  CERTIFIED

7. Date of Delivery

*12/11/97*

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

*X Eliza Grammer*

PS Form 3811, January 1996

Domestic Return Receipt

3. Article

*R-00973953*

ROBERT E. STEWART  
 PA GOVT. NEWS & ADVISORY SERVICE  
 100 SOUTH 21ST STREET  
 HARRISBURG, PA 17104

4a. Article Number

P 968 633 196

4b. Service Type  CERTIFIED

7. Date of Delivery

*12/10/97*

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

*X Robert Stewart*

PS Form 3811, January 1996

Domestic Return Receipt

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 R-00973953  
 JAMES H. CAWLEY  
 RHOADS & SINON, LLP  
 ONE SOUTH MARKET SQUARE  
 P.O. BOX 1146  
 HARRISBURG, PA 17108-1146

4a. Article Number  
 P 968 633 194

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X

8. Addressee's Address (Only if requested and fee is paid)  
 DEC 10 1997

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 R-00973953  
 JOSEPH WYDRA  
 SHUMAKER WILLIAMS GOVERNANCE  
 RESOURCE GROUP  
 P.O. BOX 88  
 HARRISBURG, PA 17108

4a. Article Number  
 P 968 633 197

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X

8. Addressee's Address (Only if requested and fee is paid)  
 1661 AT 330  
 DEC 10 1997

PS Form 3811, January 1996 Domestic Return Receipt

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 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 R-00973953  
 ELIZABETH R. BENSON, PRESIDENT  
 ENERGY ASSOCIATES  
 7303 TIMBER LANE  
 FALLS CHURCH, VA 22046-2735

4a. Article Number  
 P 968 633 195

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-16-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 R-00973953  
 JACK JOHNSON  
 GEOPHONICS  
 332 SPRINGFIELD AVENUE  
 SUMMIT, NJ 07901

4a. Article Number  
 P 968 633 198

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/15

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 WILLIAM KAHOC  
 NORSTAR ENERGY  
 26 TOLCHESTER LANE  
 BEL AIRE, MD 21014  
 R. 00973953

5. Received By: (Print Name)  
 X Anna Kahoc

6. Signature: (Addressee or Agent)  
 X Anna Kahoc

4a. Article Number  
 P 968 633 199

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-2

8. Addressee's Address (Only if requested and fee is paid)

3. Article  
 GLENN BERGER  
 1440 NEW YORK AVENUE, NW  
 SIXTH FLOOR  
 WASHINGTON, D.C. 20005  
 R. 00973953

5. Received By: (Print Name)  
 X M. Majette

6. Signature: (Addressee or Agent)  
 X

4a. Article Number  
 P 968 633 201

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-2-97

8. Addressee's Address (Only if requested and fee is paid)  
 NJK

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 STEVEN B. LOUX, RESEARCH  
 ASSOCIATE  
 THE COMMONWEALTH FOUNDATIO  
 3544 NORTH PROGRESS AVENUE  
 SUITE 101  
 HARRISBURG, PA 17110  
 R. 00973953

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Wendy Lentzowsky

4a. Article Number  
 P 968 633 200

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-10-97

8. Addressee's Address (Only if requested and fee is paid)

3. Article  
 RALPH J. WEED  
 311 EDINBURGH ROAD  
 CHAMBERS FORD, PA 17317  
 UNCLAIMED  
 R. 00973953

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X

4a. Article Number  
 P 968 633 202

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-16-98

8. Addressee's Address (Only if requested and fee is paid)  
 KJR  
 unclaimed

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 TOM SCOTT  
 KILLIAN & GEPHART  
 218 PINE STREET  
 P.O. BOX 886  
 HARRISBURG, PA 17108

5. Received By: (Print Name)  
 X *Cornel Woodhouse*

6. Signature: (Addressee or Agent)  
 X *Cornel Woodhouse*

4a. Article Number  
 P 968 633 203

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 10 1997

8. Addressee's Address (Only if requested and fee is paid)

3. Article  
 DENNIS BLOOM  
 IBEW LOCAL 272  
 1099 MARSHALL ROAD  
 MONACA, PA 15061

5. Received By: (Print Name)  
 X *Dennis Bloom*

6. Signature: (Addressee or Agent)  
 X *Dennis Bloom*

4a. Article Number  
 P 968 633 205

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-12-97

8. Addressee's Address (Only if requested and fee is paid)

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3. Article  
 TERRY HOLT  
 HILLS DEPARTMENT STORES  
 3010 GREENGARDEN ROAD  
 ALIQUIPPA, PA 15001

5. Received By: (Print Name)  
 X *G. Sadler*

6. Signature: (Addressee or Agent)  
 X *G. Sadler*

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 968 633 204

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-11-97

8. Addressee's Address (Only if requested and fee is paid)

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article  
 EDWARD WYLAND  
 UWUA LOCAL 102  
 338 WEST MAIDEN STREET  
 WASHINGTON, PA 15301

5. Received By: (Print Name)  
 X *Edward Wyland*

6. Signature: (Addressee or Agent)  
 X *Edward Wyland*

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 968 633 206

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-11-97

8. Addressee's Address (Only if requested and fee is paid)

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 RICH LUCZKO  
 LEGISLATIVE COORDINATOR  
 IBEW  
 5144 CASTE DRIVE  
 PITTSBURGH, PA 15236

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
 X *Donna Luczko*

4a. Article Number  
 P 968 633 207

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-13-97

8. Addressee's Address (Only if requested and fee is paid)  
 \_\_\_\_\_

3. Article Addressed to:  
 TIM MORAN  
 SYSTEM COUNCIL U10, IBEW  
 986 GREENTREE ROAD  
 PITTSBURGH, PA 15220

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
 X *John Musker*

4a. Article Number  
 P 968 633 210

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/11/97

8. Addressee's Address (Only if requested and fee is paid)  
 \_\_\_\_\_

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 LISA YOHO  
 COLUMBIA GAS TRANSMISSION CORP.  
 1700 MACCORKLE AVENUE, S.E.  
 P.O. BOX 1273  
 CHARLESTON, WV 25325-1273

5. Received By: (Print Name)  
*Jim Mills*

6. Signature: (Addressee or Agent)  
 X *Jim Mills*

4a. Article Number  
 P 968 633 208

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-11-97

8. Addressee's Address (Only if requested and fee is paid)  
 \_\_\_\_\_

3. Article  
 JAMES P. MCCORMICK  
 UTILITY OPERATIONS CONSULTANT  
 1940 ROBERT ROAD  
 MEADOWBROOK, PA 19046  
 R-00973953

5. Received By: (Print Name)  
 \_\_\_\_\_

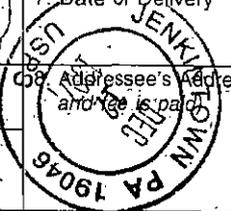
6. Signature: (Addressee or Agent)  
 X *J.P. McCormick*

4a. Article Number  
 P 968 633 211

4b. Service Type  CERTIFIED

7. Date of Delivery  
 \_\_\_\_\_

8. Addressee's Address (Only if requested and fee is paid)  
 \_\_\_\_\_



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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 GLENN D. CLOWNEY  
 DELMARVA POWER  
 CHRISTIANA BUILDING  
 252 CHAPMAN ROAD  
 P.O. BOX 6066  
 NEWARK, DE 19714-6066  
 R-00973953

4a. Article Number  
 P 968 633 212

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 D.S. Drenan

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 JAMES KIRKPATRICK, PROGRAM MGR.  
 ELECTRIC UNIT  
 PENNDOT  
 DISTRICT 6-0  
 ST. DAVIDS, PA

4a. Article Number  
 P 968 633 214

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-10-97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 Susan R. Jones

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 ROBERT N. GRANT  
 PRINCIPAL FOR MGMT. CONSULTING  
 DELTA DEVELOPMENT GROUP, INC.  
 207 HOUSE AVENUE, SUITE 103  
 CAMP HILL, PA 17011  
 R-00973953

4a. Article Number  
 P 968 633 213

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 JANE DRENAN  
 1216 - 16TH STREET, NW  
 WASHINGTON, DC 20036

4a. Article Number  
 P 968 633 21

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-11-97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 TIM MCCORRY, PRESIDENT  
 MACK SERVICES GROUP  
 45 BRANCH AVENUE  
 BERWYN, PA 19312

4a. Article Number  
 P 968 633 216

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-11-97

3. Article Addressed to:  
 R-00973953  
 JEFF SIMPSON  
 SHIPLEY OIL COMPANY  
 550 E. KING STREET  
 YORK, PA 17403

4a. Article Number  
 P 968 633 218

4b. Service Type  CERTIFIED

7. Date of Delivery  
 10 DEC 1997

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Frank [Signature]*

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *John R. Stensberg*

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

PS Form 3811, January 1996 Domestic Return Receipt

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**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 BARRY GOODSTADT, PH.D.  
 VICE PRESIDENT  
 ITRON, INC.  
 P.O. BOX 1160  
 COLUMBIA, MD 21044

4a. Article Number  
 P 968 633 217

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/16/97

3. Article Addressed to:  
 R-00973953  
 BERNIE MCNAMEE, GENERAL MANAGER  
 COMPASS MANAGEMENT AND LEASING  
 MELLON INDEPENDENCE CENTER  
 701 MARKET STREET, SUITE 2384  
 PHILADELPHIA, PA 19106

4a. Article Number  
 P 968 633 219

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 1997

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Charles Kellogg*

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Charles Kellogg*

8. Addressee's Address (Only if requested and fee is paid)

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 2.  Restricted Delivery  
 Consult postmaster for fee.

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. ARLEN K. BOLSTAD  
 ROBERT A. OMBERG  
 DIV. OF LEGISLATIVE SERVICES  
 GENERAL ASSEMBLY BLDG. - 2ND FLOOR  
 910 CAPITOL STREET  
 RICHMOND, VA 23219  
 R-00973953

4a. Article Number  
 P 968 633 220

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/12/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Jim Hall*

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 R-00973953  
 ERIC WOYCHIK  
 SI  
 9901 CALODEN LANE  
 OAKLAND, CA 94605  
 OAKLAND CA 94605  
 DEC 15 1997  
 U.S. POST OFFICE

4a. Article Number  
 P 968 633 222

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *E. Woychik*

8. Addressee's Address (Only if requested and fee is paid)

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 J. JOHN FLUHARTY  
 CHESAPEAKE ENTERPRISES  
 1800 K STREET, NW  
 SUITE 629  
 WASHINGTON, D.C. 20006  
 R-00973953

4a. Article Number  
 P 968 633 221

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/11/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *J. Fluharty*

8. Addressee's Address (Only if requested and fee is paid)

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 R-00973953  
 TODD GLASS  
 HELLER, EHRMAN, WHITE &  
 MCAULIFFE  
 200 SOUTHWEST MARKET STREET  
 SUITE 1750  
 PORTLAND, OR 97201

4a. Article Number  
 P 968 633 223

4b. Service Type  CERTIFIED

7. Date of Delivery  
 15 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *T. Glass*

8. Addressee's Address (Only if requested and fee is paid)

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 2.  Restricted Delivery  
 Consult postmaster for fee.

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 MARYLOU BARTON, ASSISTANT COUNSEL  
 BUREAU OF REGULATORY COUNSEL  
 R-00973953  
 RCSOB  
 400 MARKET STREET, 9TH FLOOR  
 P.O. BOX 8464  
 HARRISBURG, PA 17105-8464

4a. Article Number:  
 P 968 633 224  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 DEC 10 1997

3. Article Addressed to:  
 ED PANAVICH  
 WESTINGHOUSE ELECTRIC CORP.  
 11 STANWIX STREET  
 PITTSBURGH, PA 15222-1384  
 R-00973953

4a. Article Number:  
 P 968 633 226  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 12/11/97

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X Charles F. Leaherty

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 STEVE HASTIE  
 RESOURCE MANAGEMENT, INC.  
 111 PRESIDENTIAL BLVD.  
 SUITE 127  
 BALA CYNWYD, PA 19004  
 R-00973953

4a. Article Number:  
 P 968 633 225  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 12-11-97

3. Article Addressed to:  
 SIEGFRIED DOERRER  
 XENERGY, INC.  
 3 BURLINGTON WOODS  
 BURLINGTON, MA 01803  
 R-00973953

4a. Article Number:  
 P 968 633 227  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received By: (Print Name)  
 Joy L. Valtz  
 6. Signature: (Addressee or Agent)  
 X [Signature]

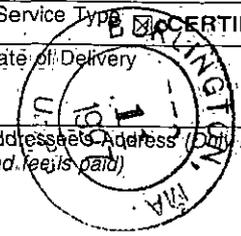
8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 WALTER HANS  
 TRD  
 PO BOX 2820  
 CHERRY HILL, NJ 08034-0246  
 R-00973953

4a. Article Number  
 P 968 633 228

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 R-00973953  
 JOHN HORTON ANALYST  
 MC<sup>2</sup>  
 701 EAST 22ND STREET  
 LOMBARD IL 60146-5072

4a. Article Number  
 P 968 633 232

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 13 1997

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)  
 X *[Signature]*



PS Form 3811, January 1996  
 Domestic Return Receipt

5. Received By: (Print Name)  
 Miller

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996  
 Domestic Return Receipt

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 RUSSELL HENN  
 LG & E POWER MARKETING  
 12500 FAIR LAKES CIRCLE  
 SUITE 350  
 FAIRFAX VA 22033-3804

4a. Article Number  
 P 968 633 231

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-11-97

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:  
 R-00973953  
 JAMES KIMBALL  
 ONLOCATION, INC.  
 8100 OAK STREET  
 SUITE 300  
 DUNN LORING, VA

4a. Article Number  
 P 968 633 233

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-11-97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996  
 Domestic Return Receipt

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996  
 Domestic Return Receipt

- Complete items 1 and/or 2 for additional services.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

- Complete items 1 and/or 2 for additional services.
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- following services (for an extra fee):
  - Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. A  
 JOHN HAPP R-00973953  
 NORAM ENERGY  
 1600 SMITH STREET  
 SUITE 1161  
 HOUSTON, TX 77002-7345

4a. Article Number  
 P 968 633 234

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 1 1997

5. Received By: (Print Name)  
 Mario Rodriguez

6. Signature: (Addressee or Agent)  
 X Mario Rodriguez

8. Addressee's Address (Only if requested and fee is paid)

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3. Article  
 R-00973953  
 ROBERT O' DONNELL ESQUIRE  
 1515 MARKET STREET  
 SUITE 500  
 PHILADELPHIA PA 19102

4a. Article Number  
 P 968 633 236

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X [Signature]

8. Addressee's Address (Only if requested and fee is paid)  
 KJR

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3. Article Addressed to:  
 WILLIAM CAMPBELL  
 SEASONED ENERGY DEVELOPMENT LTD  
 P O BOX 7955  
 PHILADELPHIA PA 19101-7955  
 R-00973953

also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
 P 968 633 235

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 1 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

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3. Article  
 R-00973953  
 WILLIAM EDWARDS JR  
 PACIFICORP  
 1500 MARKET ST CENTER SQ  
 EAST TOWER -12TH FLOOR  
 PHILADELPHIA PA 19102

also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
 P 968 633 237

4b. Service Type  CERTIFIED

7. Date of Delivery

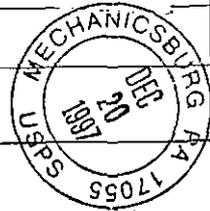
5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X W. Campbell

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: PETE LANGBEIN GPU - ADVANCED RESOURCES 2675 MORGANTOWN ROAD SUITE GH2-3300 READING, PA 19607 <i>R-00973953</i>		4a. Article Number P 968 633 238		3. Article Addressed to: JAN JARRETT 1740 MAIN STREET LISBURN MECHANICSBURG PA 17055 <i>R-00973953</i>	
5. Received By: (Print Name) <i>Jan Jarrett</i>		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED		5. Received By: (Print Name) <i>Jan Jarrett</i>	
6. Signature: (Addressee or Agent) <i>X M.C. Gilbert</i>		7. Date of Delivery <i>12/10/97</i>		6. Signature: (Addressee or Agent) <i>X Jan Jarrett</i>	
PS Form 3811, January 1996		--Domestic Return Receipt		PS Form 3811, January 1996	



<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: ALBERT THOMAS TECHNEGLAS 60 OLD BOSTON ROAD PITTSBURGH, PA 15106 <i>R-00973953</i>		4a. Article Number P 968 633 239		3. Article Addressed to: JOE FISHER ASSOC EDITOR NATURAL GAS INTELLIGENCE 211 REGENCY SQUARE BLVD SUITE 221 HOUSTON TX 77036 <i>R-00973953</i>	
5. Received By: (Print Name) <i>Jeanne Schwan</i>		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED		5. Received By: (Print Name) <i>Roger Tanner</i>	
6. Signature: (Addressee or Agent) <i>X Jeanne Schwan</i>		7. Date of Delivery <i>12-10-97</i>		6. Signature: (Addressee or Agent) <i>X Roger Tanner</i>	
PS Form 3811, January 1996		Domestic Return Receipt		PS Form 3811, January 1996	

<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="text-align: right; margin: 0;"><i>R-00973953</i></p> <p>ROBERT SPAULDING            SPAULDING GROUP            5127 WALNUT RIDGE DRIVE            ERIE, PA 16506</p> </div>		4a. Article Number <p style="text-align: center;">P 968 633 243</p>	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery <p style="text-align: center;"><i>12/12/97</i></p>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>Robert Spaulding</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="text-align: right; margin: 0;"><i>R-00973953</i></p> <p>BROOKS MOUNTCASTLE            CLEAN AIR COUNCIL            3700 VARTAN WAY            HARRISBURG, PA 17110</p> </div>		4a. Article Number <p style="text-align: center;">P 968 633 246</p>	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery <p style="text-align: center;"><i>12-10-97</i></p>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>Brooks Mountcastle</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="text-align: right; margin: 0;"><i>R-00973953</i></p> <p>PAUL EDMUNDSON            PRICING AND PLANNING ANALYST            PLUM STREET ENERGY MARKETING            P.O. BOX 5001            507 PLUM STREET            SYRACUSE, NY 13204</p> </div>		4a. Article Number <p style="text-align: center;">P 968 633 244</p>	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery <p style="text-align: center;"><i>12/11/97</i></p>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>Sandy Quartier</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="text-align: right; margin: 0;"><i>R-00973953</i></p> <p>CARL ROBERT ARON EXEC. VICE            PRESIDENT            ITRON INC            2218 N SULLIVAN ROAD            SPOKANE WA 99216</p> </div>		4a. Article Number <p style="text-align: center;">P 968 633 247</p>	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery <p style="text-align: center;"><i>DEC 15 1997</i></p>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>S/O Kristi Hernandez</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R. 00973953  
 LIZ ROBINSON EXECUTIVE DIRECTOR  
 ENERGY COORDINATING AGENCY OF  
 PHILADELPHIA  
 1924 ARCH STREET  
 PHILADELPHIA PA 19103

4a. Article Number  
 P 968 633 248

4b. Service Type  CERTIFIED

7. Date of Delivery 12-11

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Vera Postell

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Adc.  
 R. 00973953  
 CRAIG A DOLL ESQUIRE  
 214 STATE STREET  
 HARRISBURG PA 17101

4a. Article Number  
 P 968 633 250

4b. Service Type  CERTIFIED

7. Date of Delivery 12-23-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Judy Abover

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 CYNTHIA DATIG  
 DOLLAR ENERGY FUND  
 P.O. BOX 42329  
 PITTSBURGH, PA 15203  
 R. 00973953

4a. Article Number  
 P 968 633 249

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Linda Burkhardt

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 RANDALL V GRIFFIN ESQUIRE  
 DELMARVA POWER & LIGHT CO.  
 800 KING STREET  
 WILMINGTON DE 19899  
 R. 00973953

4a. Article Number  
 P 968 633 251

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)  
 MARK A MITCHELL

6. Signature: (Addressee or Agent)  
 X Mary A Mitchell

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: DANIEL CLEARFIELD ESQUIRE <sup>R-00973953</sup> ALAN KOHLER ESQUIRE ROBERT LONGWELL ESQUIRE 305 NORTH FRONT STREET SUITE 401 HARRISBURG PA 17101		4a. Article Number P 968 633 252	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-23-97	
5. Received By: (Print Name) X Judy Bauer		8. Addressee's Address (Only if requested and fee is paid) KJR	
6. Signature: (Addressee or Agent) X Judy Bauer			

PS Form 3811, January 1996

Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: DERRICK WILLIAMSON <sup>R-00973953</sup> ESQUIRE DAVID KLEPPINGER ESQUIRE MCNEES WALLACE & NURICK 100 PINE STREET P O BOX 1166 HARRISBURG PA 17108-1166		4a. Article Number P 968 633 254	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-23-97	
5. Received By: (Print Name) X Chris Smith		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Chris Smith			

PS Form 3811, January 1996

Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: STEVEN P HERSHEY ESQUIRE <sup>R-00973953</sup> PHILIP A BERTOCCHI ESQUIRE 1425 CHESTNUT STREET PHILADELPHIA PA 19102-2502		4a. Article Number P 968 633 253	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-29-97	
5. Received By: (Print Name) X Walter T. Mills Jr. CCS		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Walter T. Mills Jr.			

PS Form 3811, January 1996

Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: SAM DEFRAWI DIR NAVY RATE <sup>R-00973953</sup> INTERVENTION DEPARTMENT OF NAVY WASHINGTON NAVY YARD BLDG 212 CODE 00RI 901 M STREET NE WASHINGTON DC 20374-5018		4a. Article Number P 968 633 255	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery	
5. Received By: (Print Name) SAM DeFRAWI		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Sam DeFrawi			

PS Form 3811, January 1996

Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: WILLIAM T HAWKE ESQUIRE <i>R-00973953</i> JANET L MILLER ESQUIRE <i>o/s</i> TODD S STEWART ESQUIRE MALATESTA HAWKE & MCKEON P O BOX 1778 HARRISBURG PA 17105-1778		4a. Article Number P 968 633 256	
5. Received By: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>		7. Date of Delivery <i>12-24-97</i>	
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: THE MCFARREN GROUP <i>R-00973953</i> 200 N THIRD STREET <i>o/s</i> SUITE 1100 HARRISBURG PA 17101		4a. Article Number P 968 633 258	
5. Received By: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>		7. Date of Delivery <i>12-29-97</i>	
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: LANCE HAVER <i>R-00973953</i> 6803 LAWNTON AVENUE <i>o/s</i> PHILADELPHIA PA 19126		4a. Article Number P 968 633 257	
5. Received By: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>		7. Date of Delivery <i>12-26-97</i>	
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: DAVID M BOONIN ESQUIRE <i>R-00973953</i> NEW ENERGY VENTURES INC <i>o/s</i> 200 S BROAD STREET SUITE 800 PHILADELPHIA PA 19102		4a. Article Number P 968 633 259	
5. Received By: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>		7. Date of Delivery <i>12-29</i>	
PS Form 3811, January 1996		Domestic Return Receipt	

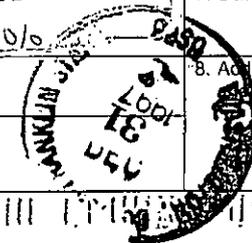
<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: DONALD A KAPLAN ESQUIRE o/o PRESTON GATES & ELLIS 1735 NEW YORK AVENUE WASHINGTON DC 20006		4a. Article Number P 968 633 260	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery DEC 29 1997	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X C MARTIN			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: JOHN L MUNSCH ESQUIRE WPP COMPANY ALLEGHENY POW 800 CABIN HILL DRIVE GREENSBURG PA 15601-1689 R-00973953 o/o		4a. Article Number P 968 633 262	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X [Signature]			
PS Form 3811, January 1996		Domestic Return Receipt	



<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: BRUCE A CONNELL ESQUIRE DUPONE POWER MARKETING INC 600 N DAIRY ASHFORD ML-1034 HOUSTON TX 77079 R-00973953 o/o		4a. Article Number P 968 633 261	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-30	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X [Signature]			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: DEBORAH SWANSTROM ESQUIRE JOEL D NEWTON ESQUIRE PAUL E NORDSTROM ESQUIRE VERNER LIIPFERT BERNHARD MCPHERSON HAND 901 15TH STREET N W WASHINGTON DC 20005-2301 R-00973953 o/o		4a. Article Number P 968 633 263	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X L. Hayes			
PS Form 3811, January 1996		Domestic Return Receipt	



<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: TERRANCE FITZPATRICK ESQ DAVID DESALLE ESQUIRE RYAN RUSSELL OGDEN & SELTZER 800 N THIRD STREET STE 101 HARRISBURG PA 17102  <i>R-00973953</i>		4a. Article Number  P 968 633 264	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery  <i>12-29-97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: H ALLAN KNOPP DIRECTOR REGULATORY AFFAIRS DUPONT POWER MARKETING P O BOX 2197 CH-1038 HOUSTON TX 77252  <i>R-00973953</i>		4a. Article Number  P 968 633 266	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery  <b>DEC 29 1997</b>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: PAUL RUSSELL PP&L TWO NORTH NINTH STREET ALLENTOWN, PA 18101  <i>R-00973953</i> <i>o/p</i>		4a. Article Number  P 968 633 265	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery  <b>DEC 24 1997</b>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  BILLIE RAMSEY EXEC DIR <i>o/p</i> ARIPPA 1300 MARKET STREET LEMOYNE PA 17043  <i>R-00973953</i>		4a. Article Number  P 968 633 267	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery  <i>12-29-97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 PAUL L ZEIGLER *R-00973953 o/p*  
 ZEIGLER & ZIMMERMAN  
 355 N 21ST STREET STE 304  
 P O BOX 1080  
 CAMP HILL PA 17011-3707

4a. Article Number  
 P 968 633 268

4b. Service Type  **CERTIFIED**

7. Date of Delivery  


8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 John P. Zeigler

6. Signature: (Addressee or Agent)  
 X *[Signature]*

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 MICHAEL I. KESSLER  
 AMERICAN ENERGY SOLUTIONS  
 INC  
 111 SOUTH ALFRED STREET  
 ALEXANDRIA VA 22314  
*R-00973953 o/p*

4a. Article Number  
 P 968 633 270

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 12-30

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 LINDA C SMITH ESQUIRE *R-00973953 o/p*  
 FREDERICK D OCHSENSHIRT  
 DILWORTH PAZSON KALISH &  
 KAUFFMAN LLP  
 305 N FRONT STREET STE  
 403  
 HARRISBURG PA 17101-1236

4a. Article Number  
 P 968 633 269

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 12-29-97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 GARY A JEFFRIES ESQ  
 CNG ENERGY SERVICES  
 ONE PARK RIDGE CENTER  
 PO BOX 15746  
 PITTSBURGH PA 15244-0746  
*R-00973953 o/p*

4a. Article Number  
 P 968 633 271

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 12-26-97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: RUFUS L MILEY 22 LEOPARD RUN GLEN MILLS PA 19342  <i>R-00973953</i> <i>yo</i>		4a. Article Number P 968 633 272	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 1-3-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X Rufus L. Miley</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: USHER FOGEL ESQUIRE ROLAND FOGEL KOBLENZ & CARR LLP 1 COLUMBIA PLACE ALBANY NY 12207  <i>R-00973953</i> <i>yo</i>		4a. Article Number P 968 633 274	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12/29	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X Mary Anne Clark</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article JOHN P LAVELLE JR JOSEPH A DWORETZKY HANGLEY ARONCHICK SEGAL & PUDIN ONE LOGAN SQUARE 12TH FLOOR PHILADLEPHIA PA 19103  <i>R-00973953</i> <i>yo</i>		4a. Article Number P 968 633 273	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12/29	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

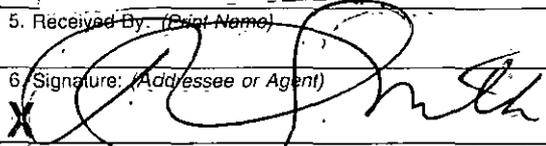
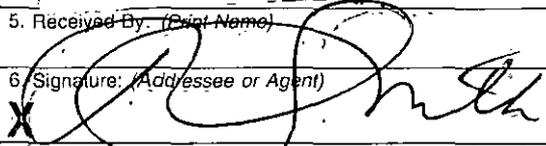
<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article JOHN P ZINKAND EXEC V P PA PETROLEUM ASSN SUITE 121 BLDG 2 2001 N FRONT STREET HARRISBURG PA 17102  <i>R-00973953</i> <i>yo</i>		4a. Article Number P 968 633 275	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-29-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X Cecilia Long</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

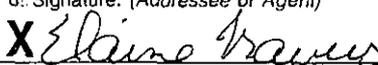
<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  ETHAN GIDDINGS 217 RODMAN AVENUE JENKINTOWN PA 19046  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 276	
5. Received By: (Print Name)  <i>Ethan Giddings</i>		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b> 7. Date of Delivery <i>12-26</i>	
6. Signature: (Addressee or Agent) <i>Ethan Giddings</i>		8. Addressee's Address (Only if requested and fee is paid) JENKINTOWN PA 19046 USPS DEC 30 1997	
PS Form 3811, January 1996		Domestic Return Receipt	

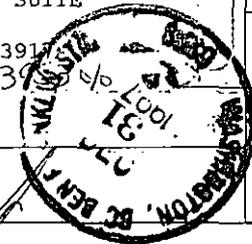
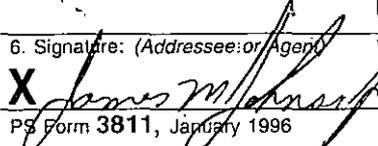
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3. Article Addressed to:  JAMES H NORRIS ESQUIRE ECKERT SEAMANS CHERIN & MELLOTT 600 GRANT STREET 42ND FL PITTSBURGH PA 15219  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 278	
5. Received By: (Print Name)  <i>Karen Schilf</i>		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b> 7. Date of Delivery <i>12-26</i>	
6. Signature: (Addressee or Agent) <i>Karen Schilf</i>		8. Addressee's Address (Only if requested and fee is paid) JENKINTOWN PA 19046 USPS DEC 30 1997	
PS Form 3811, January 1996		Domestic Return Receipt	

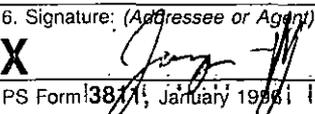
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3. Article Addressed to:  SUSAN SHANAMAN 212 N. THIRD STREET SUITE 203 HARRISBURG, PA 17101  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 277	
5. Received By: (Print Name)  <i>Tamara J. Stone</i>		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b> 7. Date of Delivery <i>12-29-97</i>	
6. Signature: (Addressee or Agent) <i>Tamara J. Stone</i>		8. Addressee's Address (Only if requested and fee is paid) JENKINTOWN PA 19046 USPS DEC 30 1997	
PS Form 3811, January 1996		Domestic Return Receipt	

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3. Article Addressed to:  JOELLE OGG GORDON J SMITH ESQUIRE JOHN & HENGERER 1200 17TH STREET NW SUITE 600 WASHINGTON DC 20036  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 279	
5. Received By: (Print Name)  <i>C. Kelly</i>		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b> 7. Date of Delivery <i>12/29/97</i>	
6. Signature: (Addressee or Agent) <i>C. Kelly</i>		8. Addressee's Address (Only if requested and fee is paid) JENKINTOWN PA 19046 USPS DEC 30 1997	
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3. Article Addressed to: GERALD GORNISH ESQUIRE 12TH FLOOR PACKARD BLDG 111 S 15TH STREET PHILADELPHIA PA 19102-2678  <i>R. 00973953</i> <i>o/p</i>		4a. Article Number P 968 633 280	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12-29-97</i>	
5. Received By: (Print Name) 		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X</i> 			
PS Form 3811, January 1996 Domestic Return Receipt			

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3. Article Addressed to: JOHN R ORR ESQUIRE ONE WESTCHASE CENTER 10777 WESTHEIMER SUITE 650 HOUSTON TX 77042  <i>R. 00973953</i> <i>o/p</i>		4a. Article Number P 968 633 282	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12-29</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X</i> 			
PS Form 3811, January 1996 Domestic Return Receipt			

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3. Article Addressed to: KENNETH HURWITZ MAUREEN HURLEY VENABLE BAETJER HOWARD & CIVILETTI LLP 1201 NEW YORK AVE NW SUITE 1000 WASHINGTON DC 20005-3915  <i>R-00973953</i> 		4a. Article Number P 968 633 281	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X</i> 			
PS Form 3811, January 1996 Domestic Return Receipt			

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3. Article Addressed to: ROBERT A MILLS COUNSEL ROBERT WEISHOAR JR ESQ PA RETAILERS ASSN 100 PINE STREET BOX 1166 HARRISBURG PA 17108-1166  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 283	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <b>DEC 24 1997</b>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X</i> 			
PS Form 3811, January 1996 Domestic Return Receipt			

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3. Article Addressed to: BRIAN A RIDER PRES PA RETAILERS ASSN 224 PINE STREET HARRISBURG PA 17101-1325  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 284	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-29-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			
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3. Article Addressed to: NORMA ROSNER ESQUIRE VASTAR POWER MARKETING INC 200 WESTLAKE PARK BLVD HOUSTON TX 77079  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 286	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-26-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			
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3. Article Addressed to: KEITH SAPPENFIELD II DIRECTOR OF MARKETING SUPPORT P O BOX 2628 HOUSTON TX 77252-2628  <i>R-00973953</i>		4a. Article Number P 968 633 285	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery DEC 29 1997	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			
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3. Article Addressed to: DAVID CRUTHIRDS ELECTRIC CLEARINGHOUSE INC 1000 LOUISIANA SUITE 5800 HOUSTON TX 77002-5050  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 287	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery DEC 29 1997	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			
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3. Article Addressed to: <del>CRIG-GOODMAN ESCQUIRE</del> 3333 K STREET NW SUITE 425 WASHINGTON DC 20007  <i>R-00973953</i> <i>o/o</i>		4a. Article Number P 968 633 288	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12/29/97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
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3. Article Addressed to: ALBERT M BENINCASA DIR REGULATORY AFFAIRS SLIPPING STONE 46 9TH AVENUE SEA CLIFF NY 11579  <i>R-00973953</i> <i>o/o</i>		4a. Article Number P 968 633 290	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12/26/97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
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3. Article Addressed to: <del>JOHN-HAUCKE EXEC V P</del> PA ASSN PLUMB HEAT COOL CONTRACTORS 4015 JONESTOWN ROAD HARRISBURG PA 17109-9109  <i>R-00973953</i> <i>o/o</i>		4a. Article Number P 968 633 289	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12-22</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
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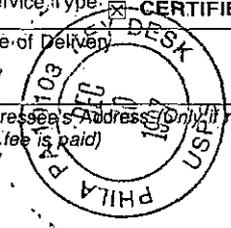
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3. Article Addressed to: <i>R-00973953</i> <i>o/o</i> VICKIREN S AESCHLEMAN DIRECTOR QST ENERGY INC 300 HAMILTON BLVD STE 330 PEORIA IL 61601		4a. Article Number P 968 633 291	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12-29-97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
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3. Article Addressed to: <p style="text-align: center;">R-00973953</p> SHEILA S HOLLIS ESQ o/p MARY ANN RALLS ESQ & STEPHANIE A SUGRUE ESQ 1667 K STREET N W SUITE 700 WASHINGTON PA 20006-1608		4a. Article Number <p style="text-align: center;">P 968 633 292</p>	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery <p style="text-align: center;">12/29/97</p>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid):	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			
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3. A <p style="text-align: center;">R-00973953 o/p</p> EDWARD B CANNON PRESIDENT BLDG OWNERS & MANAGERS ASSN SUITE 1560 CENTER CITY TOWER 650 SMITHFIELD STREET PITTSBURGH PA 15222		4a. Article Number <p style="text-align: center;">P 968 633 294</p>	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery <p style="text-align: center;">12/29</p>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			
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3. Article Addressed to: MICHAEL BANTA ESQUIRE DANIEL W MCGILL ESQUIRE INDIANAPOLIS POWER & LIGHT ONE MINNIT CIRCLE INDIANAPOLIS IN <del>46204</del> <p style="text-align: center;">R-00973953 o/p</p>		4a. Article Number <p style="text-align: center;">P 968 633 293</p>	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery <p style="text-align: center;">12/30/97</p>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			
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3. A ROBERT I FREEMAN RPA PRES BLDG OWNERS & MANAGERS ASSN TWO PENN CENTER PLAZA SUITE 310 PHILADELPHIA PA 19102 <p style="text-align: center;">R-00973953 o/p</p>		4a. Article Number <p style="text-align: center;">P 968 633 295</p>	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery <p style="text-align: center;">12/30/97</p>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953 2/0  
 STEVEN P HERSHEY ESQUIRE  
 PHILIP A BERTOCCI ESQUIRE  
 COMMUNITY LEGAL SERVICES  
 1424 CHESTNUT STREET  
 PHILADELPHIA PA 19102

4a. Article Number  
 P 968 633 300

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-24-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Walter T. Mills Jr. *WLM*

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 R-00973953 2/0  
 JOHN KLAUBERG ESQUIRE  
 BRUCE MILLER ESQUIRE  
 LEBOEUF LAMB GREEN & MCRAE  
 125 W 55TH STREET  
 NEW YORK NY 10019-5389

4a. Article Number  
 P 968 633 303

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-26-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953 2/0  
 ANGELO P TERRANA  
 STATE ANALYSIS CORPORATION  
 7700 LEEBURG PIKE STE 425  
 FALLS CHURCH VA 22043

4a. Article Number  
 P 968 633 302

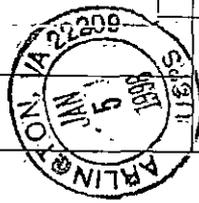
4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-5-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid):  
 Same



PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953 2/0  
 EDWARD G RENDELL MAYOR  
 CITY OF PHILADELPHIA  
 ROOM 215 CITY HALL  
 PHILADELPHIA PA 19107-3295

4a. Article Number  
 P 968 633 304

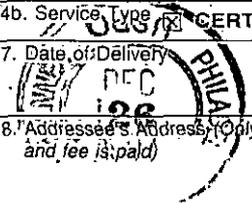
4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-5-98

5. Received By: (Print Name)  
 P/O Boyk

6. Signature: (Addressee or Agent)  
 X P/O Boyle

8. Addressee's Address (Only if requested and fee is paid)



PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:		4a. Article Number	
SCOTT J. RUBIN PUBLIC UTILITY CONSULTING 3 LOST CREEK DRIVE SELINGROVE, PA 17870 <i>R-00973953 o/p</i>		P 968 633 296	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery	
		12-24-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
Scott Rubin			
6. Signature: (Addressee or Agent)			
X <i>Scott Rubin</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee) 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:		4a. Article Number	
PA. RURAL ELECTRIC ASSOCIATION 212 LOCUST STREET P.O. BOX 1266 HARRISBURG, PA 17108-1266 <i>R-00973953 o/p</i>		P 968 633 296	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery	
		DEC 24 1997	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent)			
X <i>Ken Gray</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:		4a. Article Number	
PATRICIA ARMSTRONG ESQUIRE REGINA L MATZ ESQUIRE JOHN A ALZAMAORA ESQUIRE ROBERT F YOUNG ESQUIRE 212 LOCUST ST P O BOX 9500 HARRISBURG PA 17108-9500 <i>R-00973953 o/p</i>		P 968 633 297	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery	
		12-23-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent)			
X <i>Patricia Armstrong</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee) 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:		4a. Article Number	
AUDREY VAN DYKE ASSOC COUNSEL DEPT OF NAVY WASHINGTON NAVY YARD BLDG 218 ROOM 200 901 M STREET SE WASHINGTON DC 20374-5018 <i>R-00973953 o/p</i>		P 968 633 299	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery	
		12/24/97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
Dora L. Miller			
6. Signature: (Addressee or Agent)			
X <i>Dora L. Miller</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: JOHN GALLAGHER ESQUIRE MICHAEL KLEIN ESQUIRE LEBOEUF LAMB GREENE & MCRAE 200 N THIRD STREET STE 300 P O BOX 12105 HARRISBURG PA 17108-2105		4a. Article Number P 968 633 305	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-23-97	
5. Received By: (Print Name) X Judy Flower		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent)			

PS Form 3811, January 1996

Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: JAMES CUNNINGHAM DAVID EPPLE PA ELECTRIC ASSOCIATION 301 APC BLDG 800 N 3RD STREET HARRISBURG PA 17102		4a. Article Number P 968 633 307	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-29-97	
5. Received By: (Print Name) X Cunningham		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent)			

PS Form 3811, January 1996

Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: G ROGER BOWERS ESQUIRE VINCENT WALSH JR ESQUIRE SEPTA 1234 MARKET STREET 5TH FLOOR PHILADELPHIA PA 19107-3780		4a. Article Number P 968 633 306	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12/29/97	
5. Received By: (Print Name) X [Signature]		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent)			

PS Form 3811, January 1996

Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: FRANK NADOLNY DUQUESNE LIGHT COMPANY P O BOX 1930 PITTSBURGH PA 15230-1930		4a. Article Number P 968 633 308	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12/26/97	
5. Received By: (Print Name) X [Signature]		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent)			

PS Form 3811, January 1996

Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: LAWRENCE GODLASKY GPU ENERGY 100 APC BUILDING 800 N 3RD STREET HARRISBURG PA 17102  <i>R-00973953 o/p</i>		4a. Article Number P 968 633 309	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery 12-29-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>J. Thompson</i>			

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: DONALD A KAPLAN LISA M HELPERT EQS PRESTON GATES ELLIS & ROUVELAS MEEDS LLP. SUITE 500 1735 NEW YORK AVENUE NW WASHINGTON, DC. 20006  <i>R-00973953 o/p</i>		4a. Article Number P 968 633 311	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery  <b>DEC 29 1997</b>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>C. MARTIN</i>			

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: DAVID LANGER BEVERAGE & DIAMOND 477 MADISON AVENUE NEW YORK NY 10002  <i>R-00973953 o/p</i>		4a. Article Number P 968 633 310	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery 12/29/97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>M. Sobacco</i>			

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  STEPHEN L FELD ESQUIRE PA POWER COMPANY 1 EAST WASHINGTON STREET PO BOX 891 NEW CASTLE PA 16103-0891  <i>R-00973953 o/p</i>		4a. Article Number P 968 633 311	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery <b>DEC 30 1997</b>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>Juanita Romano</i>			

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="text-align: right; font-size: 1.2em;">R-00973953 o/o</div> ALFRED MILLER JAN FREEMAN DIR OF PUBLIC POLICY PECO ENERGY COMPANY 2301 MARKET STREET S21-1 PHILADELPHIA PA 19101		4a. Article Number P 968 633 313	
5. Received By: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature: (Addressee or Agent) <b>X</b> <i>M Green</i>		7. Date of Delivery 12/26/97	
PS Form 3811, January 1996 Domestic Return Receipt		8. Addressee's Address (Only if requested and fee is paid)	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: EASTERN MARKETING INC REGULATORY AFFAIRS MANAGER 2900 EISENHOWER AVENUE SUITE 300 ALEXANDRIA VA 22314 <div style="text-align: right; font-size: 1.2em;">R-00973953 o/o</div>		4a. Article Number P 968 633 315	
5. Received By: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>		7. Date of Delivery 12/29/97	
PS Form 3811, January 1996 Domestic Return Rec		8. Addressee's Address (Only if requested and fee is paid)	

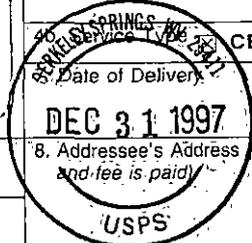
<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="text-align: right; font-size: 1.2em;">R-00973953 o/o</div> JOHN LITZ UGI UTILITIES 400 STEWART ROAD P O BOX 3200 WILKES-BARRE PA 18773-3200		4a. Article Number P 968 633 314	
5. Received by: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature: (Addressee or Agent) <b>X</b> <i>Sarah Singh</i>		7. Date of Delivery DEC 24 1997	
PS Form 3811, January 1996 Domestic Return Receipt		8. Addressee's Address (Only if requested and fee is paid)	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="text-align: right; font-size: 1.2em;">R-00973953 o/o</div> JAMIE WINEBRAKE US DOE 1880 JFK BOULEVARD SUITE 501 PHILADELPHIA PA 19103		4a. Article Number P 968 633 317	
5. Received by: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature: (Addressee or Agent) <b>X</b> <i>Rob Cohen</i>		7. Date of Delivery 12-29-97 11	
PS Form 3811, January 1996 Domestic Return Re		8. Addressee's Address (Only if requested and fee is paid)	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="text-align: right; margin: 0;">R-00973953 o/p</p> <p>DANIEL TUNNELL, PRESIDENT            PENNSYLVANIA GAS ASSOCIATION            800 N. 3RD STREET, 2ND FLOOR            HARRISBURG, PA 17102</p> </div>		4a. Article Number P 968 633 318	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery 12-29-97	
5. Received by: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="text-align: right; margin: 0;">R-00973953 o/p</p> <p>MIKE WELSH, SECRETARY/TREASURER            UTILITY WORKERS/PENNSYLVANIA            UTILITY CAUCUS            408-412 BROAD STREET            JOHNSTOWN, PA 15906</p> </div>		4a. Article Number P 968 633 320	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery 12-26-97	
5. Received by: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="text-align: right; margin: 0;">R-00973953 o/p</p> <p>JUDITH L. MONDRE            CITY OF PHILADELPHIA            MUNICIPAL ENERGY OFFICE            1401 JFK BOULEVARD            PHILADELPHIA, PA 19102-1665</p> </div>		4a. Article Number P 968 633 319	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery 12/26/97	
5. Received by: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="text-align: right; margin: 0;">R-00973953 o/p</p> <p>EUGENE M. TRISKO            ATTORNEY FOR UMWA            P. O. BOX 596            BERKELEY SPRINGS, WV 25411</p> </div>		4a. Article Number P 968 633 320	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery DEC 31 1997	
5. Received by: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DAN ROSENBLUM  
 MID-ATLANTIC ENERGY PROJECT  
 203 W. 22ND ST., APT. 3  
 NEW YORK, NY 10011-2748  
*R-00973953*  
*o/o*

4a. Article Number  
 P 968 633 322

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 1-22-98

5. Received by: (Print Name)  
 6. Signature: (Addressee or Agent)  
**X** *reclaimed*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 BILL SHANE, ESQUIRE  
 440 SCHOOL STREET  
 INDIANA, PA 15701  
*R-00973953*  
*o/o*

4a. Article Number  
 P 968 633 324

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 12/27/97

5. Received by: (Print Name)  
 6. Signature: (Addressee or Agent)  
**X** *Bill Shane*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 RICHARD H. COUNIHAN, VP  
 GOVERNMENT AFFAIRS  
 EDISON SOURCE  
 13191 CROSSROADS PARKWAY NORTH  
 CITY OF INDUSTRY, CA 91746  
*R-00973953*  
*o/o*

4a. Article Number  
 P 968 633 323

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 1/8/98

5. Received by: (Print Name)  
 6. Signature: (Addressee or Agent)  
**X** *Richard H. Counihan*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 MR. GEORGE ELLIS  
 PENNSYLVANIA COAL ASSOCIATION  
 212 N. 3RD ST., SUITE 102  
 HARRISBURG, PA 17101  
*R-00973953*  
*o/o*

4a. Article Number  
 P 968 633 325

4b. Service Type  **CERTIFIED**

7. Date of Delivery

5. Received by: (Print Name)  
 6. Signature: (Addressee or Agent)  
**X** *George Ellis*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: MR. GEORGE EMMONS 17 N. LANCASTER LANE NEWTOWN, PA 18940 <i>R-00973953 o/o</i>		4a. Article Number P 968 633 326	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery JVA 12 24 97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: JAMES STEFFES DIR GOV'T AFFAIRS ENRON CAPITAL & TRADE RESOURCES 1400 SMITH STREET ED #2408 HOUSTON TX 77002 <i>R-00973953 o/o</i>		4a. Article Number P 968 633 328	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-30-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature] 725</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: MR. PHIL PATITSAS AIR PRODUCTS & CHEMICALS WINDSOR 2 7201 HAMILTON BLVD. ALLENTOWN, PA 18195-1501 <i>R-00973953 o/o</i>		4a. Article Number P 968 633 327	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery DEC 27 1997	
5. Received by: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: CHARLES ESTES APPALACHIAN PACIFIC 1331 PENNSYLVANIA AVE., SUITE 730 WASHINGTON, D.C. 20004 <i>R-00973953 o/o</i>		4a. Article Number P 968 633 329	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12 31 1997	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: THOMAS BROGAN ESQUIRE KLETT LIEBER ROONEY & SCHORLING 240 NORTH THIRD STREET SUITE 600 HARRISBURG PA 17101-1503 <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 330	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-29-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: EDWARD PERMAR UNIVERSITY OF PITTSBURGH 3400 FORBES AVENUE PITTSBURGH PA 15260 <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 332	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery DEC 29 1997	
5. Received By: (Print Name) <i>[Signature]</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: JAMES BRODT SMITH BARNEY INC 390 GREENWICH STREET 5TH FLOOR NEW YORK NY 10013 <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 331	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-26-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: JAMES ROYAL PRESIDENT & C.O.O NOBLE GROUP CORPORATION 3121 NORRIS STREET PHILADELPHIA, PA 19121 <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 333	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-25	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;">           R-00 973953            RODNEY R AKERS ASST CITY SOL            DEPT OF LAW            313 CITY COUNTY BLDG            414 GRANT STREET            PITTSBURGH PA 15219         </div>		4a. Article Number P 968 633 334	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery: <b>DEC 26 1997</b>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;">           R-00973953            DAVID MAGNUS BOONIN PRES            NEW ENERGY VENTURES            200 S BROAD STREET            SUITE 800            PHILADELPHIA PA 19102         </div>		4a. Article Number P 968 633 336	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery: <b>12-29</b>	
5. Received by: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;">           R-00973953            ELLIOT M. LOYLESS, P.E.            ENERGY COST MANAGEMENT            1901 CAMP FLORIDA ROAD            BRANDON, FL 33510         </div>		4a. Article Number P 968 633 335	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery: <b>12-27-97</b>	
5. Received by: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;">           R-00973953            BILL MCCUE            MERCK &amp; CO., INC.            SUMNEYTOWN PIKE            P.O. BOX 4, WP2-1            WEST POINT, PA 19486-0004         </div>		4a. Article Number P 968 633 337	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery: <b>12-26-97</b>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="text-align: right; font-size: 1.2em;">R-00973953 o/s</div> MICHAEL WALKER BRADFORD STERN BUCHANAN INGERSOLL-COLLEGE CENTRE 500 COLLEGE ROAD EAST PRINCETON, NJ 08540		4a. Article Number P 968 633 338	
		4b. Service Type: <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-26-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Eric Fleming</i>			

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="text-align: right; font-size: 1.2em;">R-00973953 o/s</div> BYRON WILLIAMSON ENGELHARD POWER MARKETING, INC 101 WOOD AVENUE ISELIN NJ 08830-0770		4a. Article Number P 968 633 340	
		4b. Service Type: <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>[Signature]</i>			

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="text-align: right; font-size: 1.2em;">R-00973953 o/s</div> PETER THOMPSON ANDREWS & KURTH LLP 1701 PA AVENUE NW WASHINGTON DC 20006		4a. Article Number P 968 633 339	
		4b. Service Type: <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-30	
5. Received By: (Print Name) M. LOH		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X M. LOH			

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="text-align: right; font-size: 1.2em;">R-00973953 o/s</div> BRIAN HICKEY MED AMERICAN NATURAL RESOURCES 2005 WEST 8TH STREET SUITE 201 ERIE PA 16505		4a. Article Number P 968 633 341	
		4b. Service Type: <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-29	
5. Received By: (Print Name) BRIAN J. HICKEY		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Brian J. Hickey</i>			

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  HARRY GELLER ESQUIRE PA UTILITY LAW PROJECT 118 LOCUST STREET HARRISBURG PA 17101-1414  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 342	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery <i>12-29-97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>S. Nugent</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  ANTHONY LISANTI CONSOLIDATED EDISON COMPANY 511 THEODORE FREMONT AVENUE ROOM 112 RYE NY 10580  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 344	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery <i>12-29-97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>M. [unclear]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  GLENN WINDER PE 1847 RADNOR ROAD YORK PA 17402  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 343	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery <i>12-29-97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>Glenn Winder</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  JOHN MOLENDI STRATEGIC ENERGY LTD 2 GATEWAY CENTER PITTSBURGH PA 15222  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 345	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery <i>12-29-97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>C. Abbott</i>		<i>KJP</i>	
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: MICHAEL KARP 31 APPALOOSA ROAD BELLINGHAM WA 98226  <i>R-00973953</i> <i>o/o</i>		4a. Article Number P 968 633 346	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-27-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			

<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: AMY LEADER LEGISLATIVE DIRECTOR DECHERT PRICE & RHOADS 30 N. 3RD STREET HARRISBURG, PA 17101  <i>R-00973953</i> <i>o/o</i>		4a. Article Number P 968 633 348	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-30-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			

PS Form 3811, January 1996

Domestic Return Receipt

PS Form 3811, January 1996

Domestic Return Rec

<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: DAN DELANEY KIRKPATRICK & LOCKHART 240 N. THIRD STREET HARRISBURG, PA 17101  <i>R-00973953</i> <i>o/o</i>		4a. Article Number P 968 633 347	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery DEC 29 RECD	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>		KJR	

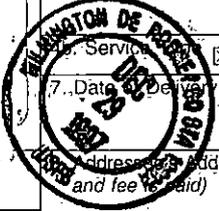
PS Form 3811, January 1996

Domestic Return Receipt

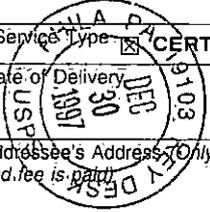
<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article: DEBORAH SCHACHTER 163 SILK FARM ROAD CONCORD, NH 03301  <i>R-00973953</i> <i>o/o</i>		4a. Article Number P 968 633 349	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery DEC 28 1997	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>			

PS Form 3811, January 1996

Domestic Return Rec

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: ERIK HANSEN DELMARVA POWER 800 KING STREET WILIMINGTON, DE 19899  <i>R-00973953</i> <i>dp</i>		4a. Article Number P 968 633 350	
		5. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery 	
5. Received By: (Print Name) MARY MITCHELL		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>Mary Mitchell</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: TIMOTHY W. MERRILL, JR. ENSERCH ENERGY SERVICES, INC. PENN CENTER WEST, BLDG. 4, SUITE 200 PITTSBURGH, PA 15276  <i>R-00973953</i> <i>dp</i>		4a. Article Number P 968 633 352	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery <i>12-26-97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>[Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: TRAVIS PEYTON, PE BALLINGER 2005 MARKET ST., STE. 1500 PHILADELPHIA, PA 19103-7088  <i>R-00973953</i> <i>dp</i>		4a. Article Number P 968 633 351	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery 	
5. Received By: (Print Name) <i>F. J. Joch</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>[Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

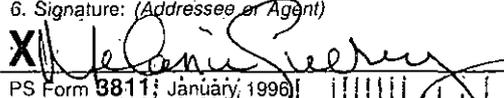
<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: FRANK K. GATES GREENLEE ASSOCIATES P.O. BOX 291 HARRISBURG, PA 17108  <i>R-00973953</i> <i>dp</i>		4a. Article Number P 968 633 353	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery <i>DEC 29 1997</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>[Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

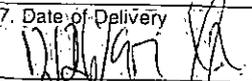
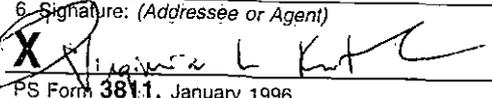
<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. A JOHN V. KULIK, VP GOVERNMENT RELATIONS PA. FOOD MERCHANTS ASSN. 1029 MUMMA ROAD P.O. BOX 870 CAMP HILL, PA 17011  <i>R-00973953.0/p</i>		4a. Article Number P 968 633 354	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12/24/97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>[Signature]</i>			
<b>X</b> PS Form 3811, January 1996		Domestic Return Receipt	

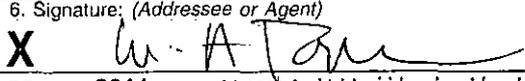
<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. A RICHARD W. BAIN CENTERIOR ENERGY 5761 WEST AVENUE EDINBORO, PA 16412-1342  <i>R-00973953.0/p</i>		4a. Article Number P 968 633 356	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12/26/97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>[Signature]</i>			
<b>X</b> PS Form 3811, January 1996		Domestic Return Receipt	

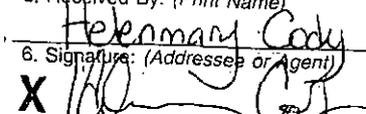
<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: RALPH L. LENTZ, REGISTRAR CHM., POLITICAL EDUCATION COMM. I.B.E.W. LOCAL UNION 777 740 ANNA MAY STREET YORK, PA 17404-1366  <i>R-00973953.0/p</i>		4a. Article Number P 968 633 355	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery DEC 26 1997	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>[Signature]</i>			
<b>X</b> PS Form 3811, January 1996		Domestic Return Receipt	

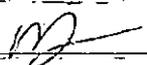
<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. A DENIS E. GEORGE, -VP STAND ENERGY CORPORATION 1077 CELESTIAL STREET ROOKWOOD BLDG., SUITE 110 CINCINNATI, OH 45202  <i>R-00973953.0/p</i>		4a. Article Number P 968 633 357	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12/26/97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>[Signature]</i>			
<b>X</b> PS Form 3811, January 1996		Domestic Return Receipt	

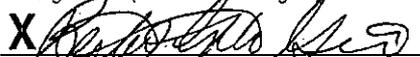
<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;">           STEVE R. CORWELL            QST ENERGY, INC.            300 HAMILTON BLVD.            SUITE 330            PEORIA, IL 61602            R-00973953 o/p         </div>		4a. Article Number: P 968 633 358	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery: 12-29-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) 			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;">           GINNY KREITLER            KREITLER CONSULTING            1004 HAMPSTEAD ROAD            WYNEWOOD, PA 19096            R-00973953 o/p         </div>		4a. Article Number: P 968 633 360	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery: 	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) 			
PS Form 3811, January 1996		Domestic Return Receipt	

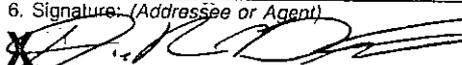
<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;">           RICH HEIDORN, JR.            THE PHILADELPHIA INQUIRER            P.O. BOX 8263            PHILADELPHIA, PA 19101            R-00973953 o/p         </div>		4a. Article Number: P 968 633 359	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery: 12-30	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) 			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;">           NEAL K. CODY            MAPSA            ENERGY INVESTMENT ADVISORS            7004 CLIFTON FOREST DRIVE            CLIFTON, VA 20124            R-00973953 o/p         </div>		4a. Article Number: P 968 633 361	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery: 1-6-98	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) 			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: TROND GREINAGER, PRES./CEO LEBANON METHANE RECOVERY, INC. 920 ROSSTOWN ROAD LEWISBERRY, PA 17339 R-00973953 o/p		4a. Article Number P 968 633 362	
5. Received By: (Print Name) 		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED 7. Date of Delivery 12-29	
6. Signature: (Addressee or Agent) X 		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: DONNA GEHLHAART REGULATORY PUB. AFFRS. MGR. INTERNATIONAL PAPER 320 W. MARKET ST., SUITE 600 HARRISBURG, PA 17101 R-00973953 o/p		4a. Article Number P 968 633 365	
5. Received By: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED 7. Date of Delivery DEC 30 1997	
6. Signature: (Addressee or Agent) X 		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: CHRISTOPHER ZETTEMAYER REED SMITH SHAW & MCCLAY 213 MARKET STREET P.O. BOX 11844 HARRISBURG, PA 17108 R-00973953 o/p		4a. Article Number P 968 633 364	
5. Received By: (Print Name) Jason Batz		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED 7. Date of Delivery DEC 24 1997	
6. Signature: (Addressee or Agent) X 		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: SCOTT HELM EXPENSE AUDIT & CONSULTING 516 KENHORST BLVD. READING, PA 19610 R-00973953 o/p		4a. Article Number P 968 633 366	
5. Received By: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED 7. Date of Delivery 12/24	
6. Signature: (Addressee or Agent) X 		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: LOUIS CARTER ESQUIRE 7300 CITY LINE AVENUE PHILADELPHIA PA 19151  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 367	
		4b. Service Type: <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: DANIEL DESMOND SUSTAINABLE SYSTEMS RESEARCH 1303 WHEATLAND AVENUE LANCASTER, PA 17603  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 370	
		4b. Service Type: <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12/20/97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: TAMASIN STERNER PURE ENERGY 531 W. FREDERICK STREET LANCASTER, PA 17603  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 369	
		4b. Service Type: <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12-26-97</i>	
5. Received By: (Print Name) <i>Terry [Signature]</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: DIANE S. MEYER VP - RATES & REGULATORY AFFAIRS PEOPLES GAS 625 LIBERTY AVENUE PITTSBURGH, PA 15222-3197  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 371	
		4b. Service Type: <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12-26-97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOEL BLAU REG CNS  
 WHEELED ELECTRIC POWER  
 32 WINDSOR COURT  
 DELMAR NY 12054  
*R-00973953 o/p*

4a. Article Number  
 P 968 633 372

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1/26

5. Received By: (Print Name)  
*Spiegel*

6. Signature: (Addressee or Agent)  
*X Nancy Spiegel*

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DAVID HUGHES  
 4037 LUDWICK STREET  
 PITTSBURGH, PA 15217  
*R-00973953 o/p*

4a. Article Number  
 P 968 633 374

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-26-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*X [Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

**PITTSBURGH, PA 15201**  
**30**  
**1997**  
**USPS**

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DR JOHN O'BRIEN PRES  
 WHEELED ELECTRIC POWER  
 50 LINDBERGH BLVD  
 SUITE 400  
 UNIONDALE NY 11553  
*R-00973953 o/p*

4a. Article Number  
 P 968 633 373

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 26 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*X [Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 SUSAN WEINSTOCK  
 AARP  
 601 E STREET, NW  
 WASHINGTON, DC 20049  
*R-00973953 o/p*

4a. Article Number  
 P 968 633 375

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-30

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*X [Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: ANTHONY MIRABILE UNITED REGIONAL ENERGY 3200 MELLON BANK CENTER 1735 MARKET STREET PHILADELPHIA, PA 19103  <i>R-00973953 o/p</i>		4a. Article Number P 968 633 376	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12/29/97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>Steph...</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: DENNIS KALBARCZYK UTILITY RATES RESOURCES 910 PIKETOWN ROAD HARRISBURG, PA 17112  <i>R-00973953 o/p</i>		4a. Article Number P 968 633 378	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12-24-97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>Dennis Kalbarczyk</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: NORMAN H. STARK MACDONALD, ILLIG, JONES & BRITTON SUITE 700 100 STATE STREET ERIE, PA 16507  <i>R-00973953 o/p</i>		4a. Article Number P 968 633 377	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12-26-97</i>	
5. Received By: (Print Name) <i>William R. Browny</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>William R. Browny</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: JOSEPH WYDRA SHUMAKER WILLIAMS GOVERNANCE RESOURCE GROUP P.O. BOX 88 HARRISBURG, PA 17108  <i>R-00973953 o/p</i>		4a. Article Number P 968 633 379	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>DEC 24 1997</i>	
5. Received By: (Print Name) <i>Frederick J. Dent</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>Frederick J. Dent</i>		<i>DEC 26 1997</i>	
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: JAY LAYMAN CAPITAL ASSOCIATES, INC. 200 NORTH 3RD STREET, SUITE 1402 P.O. BOX 1085 HARRISBURG, PA 17108-1085 <i>R-00973953 o/p</i>		4a. Article Number P 968 633 380	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery DEC 24 1997	
5. Received By: (Print Name) JAY LAYMAN		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>Jay Layman</i>			
PS Form 3811, January 1996 Domestic Return Receipt			

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: JACK JOHNSON GEOPHONICS 332 SPRINGFIELD AVENUE SUMMIT, NJ 07901 <i>R-00973953 o/p</i>		4a. Article Number P 968 633 382	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12/29/97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>J. Johnson</i>			
PS Form 3811, January 1996 Domestic Return Receipt			

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: ROCCO PUGLIESE PUGLIESE ASSOCIATES 208 N. 3RD STREET SUITE 410 HARRISBURG, PA 17101 <i>R-00973953 o/p</i>		4a. Article Number P 968 633 381	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-29-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>R. Swear</i>			
PS Form 3811, January 1996 Domestic Return Receipt			

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: JOE DUDICK PA RURAL DEVELOPMENT COUNCIL 506 FINANCE BUILDING HARRISBURG, PA 17120 <i>R-00973953 o/p</i>		4a. Article Number P 968 633 383	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery DEC 24 1997	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>James A. Mann</i>			
PS Form 3811, January 1996 Domestic Return Receipt			

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  ELISA J. GRAMMER MONIQUE PENN-JENKINS GRAMMER KISSEL ROBINS SKANCKE & EDWARDS 1225 EYE ST., NW, STE. 1225 WASHINGTON, D.C. 20005 <i>R-00973953 o/p</i>		4a. Article Number P 968 633 384	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12/29/97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X C. Switzer</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  ROGER ODISIO 170 DRAKE ROAD BETHEL PARK, PA 15102  <i>R-00973953 o/p</i>		4a. Article Number P 968 633 386	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12/26/97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X R. Odisio</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. A  WILLIAM KAHOC NORSTAR ENERGY 26 TOLCHESTER LANE BEL AIRE, MD 21014  <i>R-00973953 o/p</i>		4a. Article Number P 968 633 385	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12-26-97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X Anna Kahoc</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  STEVEN B. LOUX, RESEARCH ASSOCIATE THE COMMONWEALTH FOUNDATIO 3544 NORTH PROGRESS AVENUE SUITE 101 HARRISBURG, PA 17110  <i>R-00973953 o/p</i>		4a. Article Number P 968 633 387	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>1-5-98</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X Wendy V. Lentzovsky</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  MARY LAYSHOCK DOWNES ASSOCIATES, INC. 2129 NORTHWOOD DRIVE SALISBURY, MD 21801  <i>R-00973953 o/p</i>		4a. Article Number  P 968 633 388	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery  12-29	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X D. Huntley</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

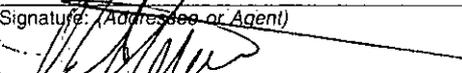
<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  GLENN BERGER 1440 NEW YORK AVENUE, NW SIXTH FLOOR WASHINGTON, D.C. 20005  <i>R-00973953 o/p</i>		4a. Article Number  P 968 633 390	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery  12-29-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  JAMES H. CAWLEY RHOADS & SIMON, LLP ONE SOUTH MARKET SQUARE P.O. BOX 1146 HARRISBURG, PA 17108-1146  <i>R-00973953 o/p</i>		4a. Article Number  P 968 633 389	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery  DEC 24 1997	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

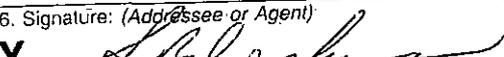
<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  ANDREW ALTMAN CLEAN AIR COUNCIL 135 S. 19TH STREET SUITE 300 PHILADELPHIA, PA 19103  <i>R-00973953 o/p</i>		4a. Article Number  P 968 633 391	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery  12/26/97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X Thero Heams</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

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3. Article Addressed to: ELIZABETH R. BENSON, PRESIDENT ENERGY ASSOCIATES 7303 TIMBER LANE FALLS CHURCH, VA 22046-2735  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 392	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery 02/27/97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> 			

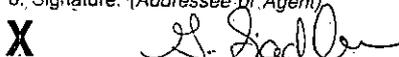
PS Form 3811, January 1996 Domestic Return Receipt

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3. Article Addressed to: ROBERT E. STEWART PA GOVT. NEWS & ADVISORY SERVICE 100 SOUTH 21ST STREET HARRISBURG, PA 17104  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 395	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery 12/26/97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> 			

PS Form 3811, January 1996 Domestic Return Receipt

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3. Article Addressed to: TOM SCOTT KILLIAN & GEPHART 218 PINE STREET P.O. BOX 886 HARRISBURG, PA 17108  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 393	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery DEC 24 1997	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> 			

PS Form 3811, January 1996 Domestic Return Receipt

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3. Article Addressed to: TERRY HOLT HILLS DEPARTMENT STORES 3010 GREENGARDEN ROAD ALIQUIPPA, PA 15001  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 396	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery 12-26-97	
5. Received By: (Print Name) G. Sadler		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> 			

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: RALPH S. WEED, CPA 311 EDINBURGH ROAD CHADDS FORD, PA 19317 <i>R-00973953</i> <i>o/o</i>		4a. Article Number P 968 633 397	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 1-16-98	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b>		<i>unclaimed.</i>	

PS Form 3811, January 1996

Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article EDWARD WYLAND UWUA LOCAL 102 338 WEST MAIDEN STREET WASHINGTON, PA 15301 <i>R-00973953</i> <i>o/o</i>		4a. Article Number P 968 633 399	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-26-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>Ed Wyland</i>			

PS Form 3811, January 1996

Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: DENNIS BLOOM IBEW LOCAL 272 1099 MARSHALL ROAD MONACA, PA 15061 <i>R-00973953</i> <i>o/o</i>		4a. Article Number P 968 633 398	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-25-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>Dennis Bloom</i>			

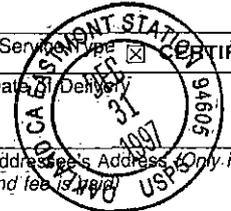
PS Form 3811, January 1996

Domestic Return Receipt

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3. Article JAMES KIRKPATRICK, PROGRAM MGR. ELECTRIC UNIT PENNDOT DISTRICT 6-0 ST. DAVIDS, PA 19003 <i>R-00973953</i> <i>o/o</i> <i>19087</i>		4a. Article Number P 968 633 400	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 3/12-29	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>M Evans</i>			

PS Form 3811, January 1996

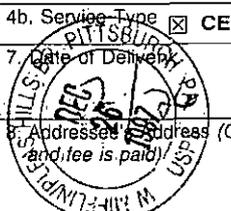
Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <p style="text-align: right;">R-00973953 o/o</p> ERIC WOYCHIK SI 9901 CALODEN LANE OAKLAND, CA 94605		4a. Article Number P 968 633 401	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 	
5. Received By: (Print Name) Eric Woychik		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> <i>[Signature]</i>			

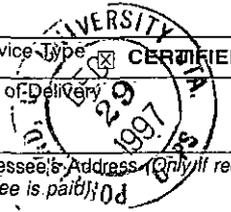
PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <p style="text-align: right;">R-00973953 o/o</p> JANE DRENAN 1216 - 16TH STREET, NW WASHINGTON, DC 20036		4a. Article Number P 968 633 403	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-29-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> <i>[Signature]</i>			

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <p style="text-align: right;">R-00973953 o/o</p> RICH LUCZKO LEGISLATIVE COORDINATOR IBEW 5144 CASTE DRIVE PITTSBURGH, PA 15236		4a. Article Number P 968 633 402	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 	
5. Received By: (Print Name) Robert J. Luczko		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> <i>[Signature]</i>			

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <p style="text-align: right;">R-00973953 o/o</p> TODD GLASS HELLER, EHRMAN, WHITE & MCAULIFFE 200 SOUTHWEST MARKET STREET SUITE 1750 PORTLAND, OR 97201		4a. Article Number P 968 633 404	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> <i>[Signature]</i>		KJR	

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;">           R-00973953            TIM MCCORRY, PRESIDENT            MACK SERVICES GROUP            45 BRANCH AVENUE            BERWYN, PA 19312         </div>		4a. Article Number P 968 633 406	
5. Received By: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>		7. Date of Delivery 12/26/97	
PS Form 3811, January 1996		8. Addressee's Address (Only if requested and fee is paid)	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;">           BARRY GOODSTADT, PH.D.            VICE PRESIDENT            ITRON, INC.            P.O. BOX 1160            COLUMBIA, MD 21044         </div>		4a. Article Number P 968 633 408	
5. Received By: (Print Name) BARRY GOODSTADT		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>		7. Date of Delivery 12/29/97	
PS Form 3811, January 1996		8. Addressee's Address (Only if requested and fee is paid)	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;">           EDWARD GALLAGHER            DAIRYLEA COOPERATIVE, INC.            5001 BRITTONFIELD PARKWAY            P.O. BOX 4844            SYRACUSE, NY 13221-4844         </div>		4a. Article Number P 968 633 407	
5. Received By: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>		7. Date of Delivery 12/29/97	
PS Form 3811, January 1996		8. Addressee's Address (Only if requested and fee is paid)	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;">           STEVE HASTIE            RESOURCE MANAGEMENT, INC.            111 PRESIDENTIAL BLVD.            SUITE 127            BALA CYNWYD, PA 19004         </div>		4a. Article Number P 968 633 409	
5. Received By: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>		7. Date of Delivery 12/29/97	
PS Form 3811, January 1996		8. Addressee's Address (Only if requested and fee is paid)	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: TIM MORAN SYSTEM COUNCIL U10, IBEW 986 GREENTREE ROAD PITTSBURGH, PA 15220  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 410	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12/26/97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: ED PANAVICH WESTINGHOUSE ELECTRIC CORP. 11 STANWIX STREET PITTSBURGH, PA 15222-1384  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 412	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12/26/97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

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3. Article Addressed to: JEFF SIMPSON SHIPLEY OIL COMPANY 550 E. KING STREET YORK, PA 17403  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 411	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>DEC 26 1997</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: JAMES P. MCCORMICK UTILITY OPERATIONS CONSULTANT 1940 ROBERT ROAD MEADOWBROOK, PA 19046  <i>R-00973953</i> <i>o/p</i>		4a. Article Number P 968 633 413	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>DEC 26 1997</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 BERNIE MCNAMEE, GENERAL MANAGER  
 COMPASS MANAGEMENT AND LEASING  
 MELLON INDEPENDENCE CENTER  
 701 MARKET STREET, SUITE 2384  
 PHILADELPHIA, PA 19106

4a. Article Number  
 P 968 633 414

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 29 1997

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 Charles Kellogg

6. Signature: (Addressee or Agent)  
 X Charles Kellogg

R-00973953  
 o/p

PAID  
 CERTIFIED  
 DEC 29 1997  
 USPS

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 GLENN D. CLOWNEY  
 DELMARVA POWER  
 CHRISTIANA BUILDING  
 252 CHAPMAN ROAD  
 P.O. BOX 6066  
 NEWARK, DE 19714-6066

4a. Article Number  
 P 968 633 416

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 DJ DORAN

6. Signature: (Addressee or Agent)  
 X DJ DORAN

R-00973953  
 o/p

NEWARK, DE  
 OFFICE  
 DEC 29 1997  
 USPS

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 SIEGFRIED DOERRER  
 XENERGY, INC.  
 3 BURLINGTON WOODS  
 BURLINGTON, MA 01803

4a. Article Number  
 P 968 633 415

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 30 1997

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 NANCY E. MARR

6. Signature: (Addressee or Agent)  
 X Nancy E. Marr

R-00973953  
 o/p

BURLINGTON MA 01803  
 DEC 30 1997  
 USPS

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 ARLEN K. BOLSTAD  
 ROBERT A. OMBERG  
 DIV. OF LEGISLATIVE SERVICES  
 GENERAL ASSEMBLY BLDG. - 2ND FLOOR  
 910 CAPITOL STREET  
 RICHMOND, VA 23219

4a. Article Number  
 P 968 633 417

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 28 1997

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 Jim Hall

6. Signature: (Addressee or Agent)  
 X Jim Hall

R-00973953  
 o/p

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 WALTER HANS  
 TRD  
 PO BOX 2820  
 CHERRY HILL, NJ 08034-0246  
 R-00973953  
 o/o

4a. Article Number  
 P 968 633 418

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-8-95

5. Received By: (Print Name)  
 W. A. Hans

6. Signature: (Addressee or Agent)  
 X *[Signature]*

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 J. JOHN FLUHARTY  
 CHESAPEAKE ENTERPRISES  
 1800 K STREET, NW  
 SUITE 629  
 WASHINGTON, D.C. 20006  
 R-00973953  
 o/o

4a. Article Number  
 P 968 633 420

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/29/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ROBERT N. GRANT  
 PRINCIPAL FOR MGMT. CONSULTING  
 DELTA DEVELOPMENT GROUP, INC.  
 207 HOUSE AVENUE, SUITE 103  
 CAMP HILL, PA 17011  
 R-00973953  
 o/o

4a. Article Number  
 P 968 633 419

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12/24/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 BARRY BLACKWELL  
 CINERGY CORP.  
 1000 E. MAIN STREET  
 PLAINFIELD, IN 46168  
 R-00973953  
 o/o

4a. Article Number  
 P 968 633 422

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-29-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R. 00973953  
 ROBERT O'DONNELL, ESQUIRE o/p  
 1515 MARKET STREET  
 SUITE 500  
 PHILADELPHIA PA 19102

4a. Article Number  
 P 968 633 423

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-30-97

8. Addressee's Address (Only if requested and fee is paid)  
 PHILA PA 19103  
 DEC 30 1997  
 MIDDLE CITY STATION  
 USPS

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R. 00973953  
 RUSSELL HENN  
 LG & E POWER MARKETING  
 12500 FAIR LAKES CIRCLE  
 SUITE 350  
 FAIRFAX VA 22033-3804

4a. Article Number  
 P 968 633 425

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-26-97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 BRUCE HAMILTON

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R. 00973953  
 JOE FISHER ASSOC EDITOR  
 NATURAL GAS INTELLIGENCE  
 7211 REGENCY SQUARE BLVD  
 SUITE 221  
 HOUSTON TX 77036

4a. Article Number  
 P 968 633 424

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-29-97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R. 00973953  
 WILLIAM EDWARDS JR  
 PACIFICORP  
 1500 MARKET ST CENTER SQ  
 EAST TOWER -12TH FLOOR  
 PHILADELPHIA PA 19102

4a. Article Number  
 P 968 633 42

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-30-97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: JOHN HORTON ANALYST MC <sup>2</sup> 701 EAST 22ND STREET LOMBARD IL 60148-5072 <i>R-00973953</i> <i>o/o</i>		4a. Article Number P 968 633 428	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery DEC 23 1997	
5. Received By: (Print Name) Miller		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Miller</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: ROBERT SPAULDING SPAULDING GROUP 5127 WALNUT RIDGE DRIVE ERIE, PA 16506 <i>R-00973953</i> <i>o/o</i>		4a. Article Number P 968 633 430	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-30-97	
5. Received By: (Print Name) Keady Spaulding		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Keady Spaulding</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: PETE LANGBEIN GPU - ADVANCED RESOURCES 2675 MORGANTOWN ROAD SUITE GH2-3300 READING, PA 19607 <i>R-00973953</i> <i>o/o</i>		4a. Article Number P 968 633 429	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-24-97	
5. Received By: (Print Name) MARY ANN DENNIS		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Mary Ann Dennis</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

*as per Gilbert*

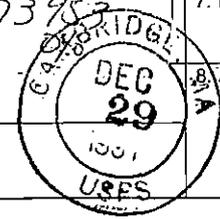
<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: ALBERT THOMAS TECHNEGLAS 60 OLD BOSTON ROAD PITTSBURGH, PA 15204 <i>R-00973953</i> <i>o/o</i>		4a. Article Number P 968 633 431	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-24-97	
5. Received By: (Print Name) MARY ANN DENNIS		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Mary Ann Dennis</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: PAUL EDMUNDSON PRICING AND PLANNING ANALYST PLUM STREET ENERGY MARKETING P.O. BOX 5001 507 PLUM STREET SYRACUSE, NY 13204 <i>R-00973953 o/p</i>		4a. Article Number P 968 633 433	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12/16/97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X Fred Edelson</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article JAN JARRETT 1740 MAIN STREET LISBURN MECHANICSBURG PA 17055 <i>R-00973953 o/p</i>		4a. Article Number P 968 633 435	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>12/28/97</i>	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X Jan Jarrett</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: JOHN HAPP NORAM ENERGY 1600 SMITH STREET SUITE 1161 HOUSTON, TX 77002-7345 <i>R-00973953 o/p</i>		4a. Article Number P 968 633 434	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <b>29 DEC 1997</b>	
5. Received By: (Print Name) <i>MARY De GEORGE</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X Mary DeGeorge</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article FRANK FELDER SR CONSULTANT THE ECONOMICS RESOURCE GROUP 1 MIFFLIN PLACE CAMBRIDGE MA 02138 <i>R-00973953</i>		4a. Article Number P 968 633 436	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery	
5. Received By: (Print Name) <i>X P Masse</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent)			
PS Form 3811, January 1996		Domestic Return Receipt	



<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: WILLIAM CAMPBELL SEASONED ENERGY DEVELOPMENT LTD P O BOX 7955 PHILADELPHIA PA 19101-7955  <i>R-00973953 o/p</i>		4a. Article Number P 968 633 437	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery DEC 29 1997	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, January 1996 Domestic Return Receipt			

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: BROOKS MOUNTCASTLE CLEAN AIR COUNCIL 3700 VARTAN WAY HARRISBURG, PA 17110  <i>R-00973953 o/p</i>		4a. Article Number P 968 633 439	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-26-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, January 1996 Domestic Return Receipt			

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: CYNTHIA DATIG DOLLAR ENERGY FUND P.O. BOX 42329 PITTSBURGH, PA 15203  <i>R-00973953 o/p</i>		4a. Article Number P 968 633 438	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-29-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, January 1996 Domestic Return Receipt			

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: LIZ ROBINSON EXECUTIVE DIRECTOR ENERGY COORDINATING AGENCY OF PHILADELPHIA 1924 ARCH STREET PHILADELPHIA PA 19103  <i>R-00973953 o/p</i>		4a. Article Number P 968 633 440	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-29	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, January 1996 Domestic Return Receipt			

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 CARL ROBERT ARON EXEC VICE  
 PRESIDENT  
 ITRON INC  
 2218 N SULLIVAN ROAD  
 SPOKANE WA 99216  
 2818 R-00973953

4a. Article Number  
 P 968 633 441

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-29-97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Melanie Johnson*

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 R-00973953  
 FRANK BENTLEY VICE  
 PRESIDENT  
 PA RURAL ELECTRIC ASSN  
 P O BOX 1266  
 HARRISBURG PA 17108-1266

4a. Article Number  
 P 968 633 443

4b. Service Type  CERTIFIED

7. Date of Delivery  
 DEC 24 1997

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Frank Bentley*

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 R-00973953  
 EDWARD ESSL COOR CAPITAL %  
 CITY TASK FORCE  
 AARP  
 225 MARKET STREET  
 SUITE 502  
 HARRISBURG PA 17101

4a. Article Number  
 P 968 633 442

4b. Service Type  CERTIFIED

7. Date of Delivery  
 12-30-97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Charles A McGee*

PS Form 3811, January 1996 Domestic Return Receipt

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 CHARLES AULT  
 ALLEGHENY POWER COMPANY  
 800 CABIN HILL DRIVE  
 GREENSBURG PA 15601

4a. Article Number  
 P 968 633 444

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Charles Ault*

PS Form 3811, January 1996 Domestic Return Receipt

<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: A-00108414C9701 O. A-00108414 TCC Transportation, Inc.		4a. Article Number P 968 633 498	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 12-31-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> <i>Roy G. [Signature]</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: A-00109461C9701 O. A-00109461 Kethan Macon		4a. Article Number P 968 633 609	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 1-5-98	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> <i>Deceased</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

<b>SENDER:</b> <input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article R-00973953 ALAN J BARAK ESQUIRE % KATHLEEN O'REILLY ESQUIRE ROGER CLARK ESQUIRE ENVIRONMENTALISTS 1417 BLUE MOUNTAIN PARKWAY HARRISBURG PA 17112		4a. Article Number P 968 912 500	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 1/3/98	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> <i>[Signature]</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

<b>SENDER:</b> <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: A-00109777C9701 O. A-00109777 Corogidon Cartage Corp		4a. Article Number P 968 633 616	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 1-5-98	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> <i>Unclaimed</i>			
PS Form 3811, January 1996		Domestic Return Receipt	

or 2 for additional services. front of the mailpiece, or on the back if space does not will show to whom the article was delivered and the date	I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
P. 00973953  <i>Jan Jones</i>	4a. Article Number P 968 633 890
Print Name R. Saucedo	4b. Service Type <input checked="" type="checkbox"/> CERTIFIED
Addressee or Agent R. Saucedo	7. Date of Delivery 12-29-97
January 1996	8. Addressee's Address (Only if requested and fee is paid) KJP
Domestic Return Receipt	

and/or 2 for additional services. the front of the mailpiece, or on the back if space does not will show to whom the article was delivered and the date	I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
P. 00973953 SA YOHU LUMBIA GAS TRANSMISSION CORP. 00 MACCORKLE AVENUE, S.E. O. BOX 1273 ARLESTON, WV 25325-1273	4a. Article Number P 968 633 890
Print Name R. Saucedo	4b. Service Type <input checked="" type="checkbox"/> CERTIFIED
Addressee or Agent <i>Mills</i>	7. Date of Delivery 12-29-97
January 1996	8. Addressee's Address (Only if requested and fee is paid)
Domestic Return Receipt	

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 LOUIS CARTER ESQUIRE  
 1300 CITY LINE AVENUE  
 PHILADELPHIA PA 19151  
 R-00973953 0/0  
 (name)

4a. Article Number  
 P 969 320 301  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *Lebra LaHarra*

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 THOMAS STERNER  
 SURE ENERGY  
 214 W. FREDERICK STREET  
 LANCASTER, PA 17603  
 R-00973953 0/0  
 5. Received By: (Print Name)

4a. Article Number  
 P 969 320 303  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 K. AD 11/17/98  
 8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *ATC*

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 GARY STOCKBRIDGE VP  
 STEPHEN HUNTOON ESQUIRE  
 HORIZON ENERGY COMPANY  
 2301 MARKET STREET S20-1  
 PHILADELPHIA PA 19103  
 R-00973953 0/0  
 5. Received By: (Print Name)  
 Robin Krongold

4a. Article Number  
 P 969 320 302  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *Robin L. Krongold*

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 DANIEL DESMOND  
 SUSTAINABLE SYSTEMS RESEARCH  
 1303 WHEATLAND AVENUE  
 LANCASTER, PA 17603  
 R-00973953 0/0  
 5. Received By: (Print Name)  
 D. M. M. M.

4a. Article Number  
 P 969 320 304  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 JAN 17 1999  
 8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DIANE S. MEYER  
 VP - RATES & REGULATORY AFFAIRS  
 PEOPLES GAS  
 625 LIBERTY AVENUE  
 PITTSBURGH, PA 15222-3197  
 R-00973953 O/O

4a. Article Number  
 P 969 320 305

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ROSEMON H. STARK  
 MARSHALL, ILLIG, JONES & BRITTON  
 SUITE 700  
 100 STATE STREET  
 DALLAS, TX 75202

4a. Article Number  
 P 969 320 311

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)  
 R-00973953 O/O  
 MCOONEY

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOEL BLAU REG CNS  
 WINDSOR ELECTRIC POWER  
 7 WINDSOR COURT  
 WINDSOR, NY 12054  
 R-00973953 O/O

4a. Article Number  
 P 969 320 306

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)  
 JOEL BLAU

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DENNIS KALBARCZYK  
 UTILITY RATES RESOURCES  
 910 PIKETOWN ROAD  
 HARRISBURG, PA 17112  
 R-00973953 O/O

4a. Article Number  
 P 969 320 312

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-17-98

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
 X *[Signature]* KJR

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 JOSEPH WYDRA  
 SHUMAKER WILLIAMS GOVERNANCE  
 RESOURCE GROUP  
 P.O. BOX 88  
 HARRISBURG, PA 17108  
 R-00973953 0/0

4a. Article Number  
 P 969 320 313

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Frederick G. Dent*

8. Addressee's Address  
 JAN 20 1998

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**SENDER:**  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 ROCCO PUGLIESE  
 PUGLIESE ASSOCIATES  
 208 N. 3RD STREET  
 SUITE 410  
 HARRISBURG, PA 17101  
 R-00973953 0/0

4a. Article Number  
 P 969 320 315

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *R. Swager*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 S. LEVYMAN  
 FEDERAL ASSOCIATES, INC.  
 200 NORTH 3RD STREET, SUITE 1402  
 P.O. BOX 1085  
 HARRISBURG, PA 17108-1085  
 R-00973953 0/0

4a. Article Number  
 P 969 320 314

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)  
 CLAUDIA CARDINALE

6. Signature: (Addressee or Agent)  
 X *Claudia Cardinale*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JACK JOHNSON  
 GEOPHONICS  
 332 SPRINGFIELD AVENUE  
 SUMMIT, NJ 07901  
 R-00973953 0/0

4a. Article Number  
 P 969 320 314

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1/20

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 WILK  
 ECONOMIC DEVELOPMENT COUNCIL  
 FINANCE BUILDING  
 HARRISBURG, PA 17120  
 R-00973953 0/0

4a. Article Number  
 P 969 320 317

4b. Service Type  CERTIFIED

7. Date of Delivery  
 JAN 20 1998

8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *[Signature]*

3. Article Addressed to:  
 ROGER ODISIO  
 170 DRAKE ROAD  
 BETHEL PARK, PA 15102  
 R-00973953 0/0

4a. Article Number  
 P 969 320 320

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

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 Restricted Delivery  
 Consult postmaster for fee.

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 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. A  
 WILLIAM KAHOC  
 NORSTAR ENERGY  
 26 TOLCHESTER LANE  
 BEL AIRE, MD 21014  
 R-00973953 0/0

4a. Article Number  
 P 969 320 319

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-97

8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

3. B  
 STEVEN B. LOUX, RESEARCH ASSOCIATE  
 THE COMMONWEALTH FOUNDATION  
 3544 NORTH PROGRESS AVENUE  
 SUITE 101  
 HARRISBURG, PA 17110  
 R-00973953 0/0

4a. Article Number  
 P 969 320 321

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

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3. Article Addressed to:  
 MARY LAYSHOCK  
 MARY ASSOCIATES, INC.  
 2122 NORTHWOOD DRIVE  
 ENLESBURY, MD 21801  
 R-00973953 O/O

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
 X *S. Hultley*

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 969 320 322

4b. Service Type  CERTIFIED

7. Date of Delivery  
 - 1-20-98

8. Addressee's Address  
 \_\_\_\_\_

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 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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3. Article Addressed to:  
 GLENN BERGER  
 1440 NEW YORK AVENUE, NW  
 SIXTH FLOOR  
 WASHINGTON, D.C. 20005  
 R-00973953 O/O

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
 X *Korang*

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 969 320 324

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

8. Addressee's Address  
 \_\_\_\_\_

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 JAMES H. CAWLEY  
 RHOADS & SINON, LLP  
 ONE SOUTH MARKET SQUARE  
 P.O. BOX 1146  
 HARRISBURG, PA 17108-1146  
 R-00973953 O/O

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
 X *JDR*

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 969 320 323

4b. Service Type  CERTIFIED

7. Date of Delivery  
 \_\_\_\_\_

8. Addressee's Address  
 \_\_\_\_\_

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 ANDREW ALTMAN  
 CLEAN AIR COUNCIL  
 135 S. 19TH STREET  
 SUITE 300  
 PHILADELPHIA, PA 19103  
 R-00973953 O/O

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
 X *Andrew Altman*

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 969 320 325

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1/20/98

8. Addressee's Address  
 \_\_\_\_\_

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

ELIZABETH R. BENSON, PRESIDENT  
 ENERGY ASSOCIATES  
 7303 TIMBER LANE  
 FALLS CHURCH, VA 22046-2735  
 R-00973953 0/0

3. Article Addressed to:  
 4a. Article Number  
 P 969 320 326  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1/20/94  
 8. Addressee's Address

3. Article Addressed to:  
 DR. FERBER  
 CITIZENS LEHMAN POWER, LLC  
 501 ATLANTIC AVENUE  
 SEATTLE, WA 02210  
 R-00973953 0/0  
 4a. Article Number  
 P 969 320 328  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1-21  
 8. Addressee's Address

Received By: (Print Name)  
 Signature: (Addressee or Agent)  
*[Signature]*

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
*[Signature]*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

TOM SCOTT  
 KILLIAN & GEPHART  
 218 PINE STREET  
 P.O. BOX 886  
 HARRISBURG, PA 17108  
 R-00973953 0/0

3. Article Addressed to:  
 4a. Article Number  
 P 969 320 327  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 8. Addressee's Address  
 JAN 20 1998

3. Article Addressed to:  
 ROBERT E. STEWART  
 PA GOVT. NEWS & ADVISORY SERVICE  
 100 SOUTH 21ST STREET  
 HARRISBURG, PA 17104  
 R-00973953 0/0  
 4a. Article Number  
 P 969 320 329  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1/20/98  
 8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
*[Signature]*

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
*[Signature]*

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I also wish to receive the following services (for an extra fee):  
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3. Article Addressed to:  
 TERRY HOLT  
 HILLS DEPARTMENT STORES  
 3010 GREENGARDEN ROAD  
 ALIQUIPPA, PA 15001  
 R-00973953 0/0

4a. Article Number  
 P 969 320 330

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1/20/98

8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *G. Sedler*

3. Article Addressed to:  
 JAMES KIRKPATRICK, PROGRAM MGR.  
 ELECTRIC UNIT  
 PENNDOT  
 DISTRICT 6-0  
 ST. DAVIDS, PA  
 R-00973953 0/0

4a. Article Number  
 P 969 320 334

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-21-98

8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *M. Evans*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 EDWARD WYLAND  
 102 WEST MAIDEN STREET  
 WASHINGTON, PA 15301  
 R-00973953 0/0

4a. Article Number  
 P 969 320 333

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-23-98

8. Addressee's Address

5. Received By: (Print Name)  
 X EDWARD M. WYLAND  
 6. Signature: (Addressee or Agent)  
 X *Edward M. Wyland*

3. Article Addressed to:  
 ERIC WOYCHIK  
 ST  
 9901 CALODEN LANE  
 OAKLAND, CA 94605  
 R-00973953 0/0

JAN 22 1998  
 Postmark: Eastmont Station, 8633 MacArthur Bl., Oakland, CA 94605-9991

5. Received By: (Print Name)  
 X Deborah Woychik  
 6. Signature: (Addressee or Agent)  
 X *Deborah Woychik*

4a. Article Number  
 P 969 320 335

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-22-98

8. Addressee's Address  
 KJR

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
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**SENDER:**  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
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3. Article  
 JANE DRENAN  
 1216 - 16TH STREET, NW  
 WASHINGTON, DC 20036  
 R-00973953 O/O

4a. Article Number  
 P 969 320 337  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1-20-98

3. Article  
 MESA YOKO  
 COLUMBIA GAS TRANSMISSION CORP  
 1700 MACCORKLE AVENUE, S.E.  
 P.O. BOX 1273  
 CHESTERTON, WV 25325-1273  
 R-00973953 O/O

4a. Article Number  
 P 969 320 339  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 JAN 20 1998

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Barliner*

8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

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 Restricted Delivery  
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**SENDER:**  
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 TODD GLASS  
 HELLER, EHRMAN, WHITE & MCAULIFFE  
 200 SOUTHWEST MARKET STREET  
 SUITE 1750  
 PORTLAND, OR 97201  
 R-00973953 O/O

4a. Article Number  
 P 969 320 338  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1/22/98

3. Article Addressed to  
 TIM MCCORRY, PRESIDENT  
 MACK SERVICES GROUP  
 45 BRANCH AVENUE  
 BERWYN, PA 19312  
 R-00973953 O/O

4a. Article Number  
 P 969 320 340  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1/20/98

5. Received By: (Print Name)  
 David A. Ricucci  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address  
 KJR

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

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  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article

EDWARD GALLAGHER  
DAKRYONA COOPERATIVE, INC.  
1001 BRIFTONFIELD PARKWAY  
P.O. BOX 4844  
SYRACUSE, NY 13221-4844

R-00973953 0/0

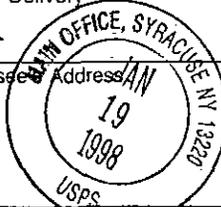
4a. Article Number

P 969 320 341

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address



5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *J. A. [Signature]*

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  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JEFF SIMPSON  
SHIPLEY OIL COMPANY  
550 E. KING STREET  
YORK, PA 17403

R-00973953 0/0

4a. Article Number

P 969 320 345

4b. Service Type  CERTIFIED

7. Date of Delivery

JAN 19 1998

8. Addressee's Address

5. Re

6. Signature: (Addressee or Agent)

X *[Signature]*

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**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BARRY GOODSTADT, PH.D.  
VICE PRESIDENT  
ITRON, INC.  
P.O. BOX 1160  
COLUMBIA, MD 21044

R-00973953 0/0

4a. Article Number

P 969 320 342

4b. Service Type  CERTIFIED

7. Date of Delivery

1/26/98

8. Addressee's Address

KJR

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ED PANAVICH  
WESTINGHOUSE ELECTRIC CORP.  
11 STANWIX STREET  
PITTSBURGH, PA 15222-1384

R-00973953 0/0

4a. Article Number

P 969 320 346

4b. Service Type  CERTIFIED

7. Date of Delivery

JAN 20 1998

8. Addressee's Address

KJR

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

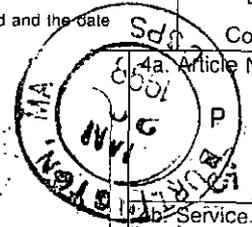
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.



3. Article Addressed to:  
 JAMES P. MCCORMICK  
 EFFICIENCY OPERATIONS CONSULTANT  
 1500 ROBERT ROAD  
 HANNAHAPROOK, PA 19046  
 R-00973953 0/0

4a. Article Number  
 P 969 320 347

4b. Service Type  CERTIFIED

7. Date of Delivery  
 JAN 21 1998

8. Addressee's Address  
 1300  
 USPS

3. Article Addressed to:  
 SIEGFRIED DOERRER  
 XENERGY, INC.  
 3 BURLINGTON WOODS  
 BURLINGTON, MA 01803  
 R-00973953 0/0

4a. Article Number  
 P 969 320 349

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1/20/98

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *J.P. McCormick*

6. Signature: (Addressee or Agent)  
 X *Ry Brink* BRINK

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 Consult postmaster for fee.

3. Article Addressed to:  
 BERNIE MCNAMEE, GENERAL MANAGER  
 COMPASS MANAGEMENT AND LEASING  
 MELLON INDEPENDENCE CENTER  
 701 MARKET STREET, SUITE 2384  
 PHILADELPHIA, PA 19106  
 R-00973953 0/0

4a. Article Number  
 P 969 320 348

4b. Service Type  CERTIFIED

7. Date of Delivery  
 JAN 20 1998

8. Addressee's Address  
 1300  
 USPS

3. Article Addressed to:  
 WILSON D. CLOWNEY  
 INTERVIA POWER  
 MISSISSIPPIANA BUILDING  
 2200 CHAPMAN ROAD  
 P.O. BOX 6066  
 NEWARK, DE 19714-6066  
 R-00973953 0/0

4a. Article Number  
 P 969 320 350

4b. Service Type  CERTIFIED

7. Date of Delivery  
 JAN 21 1998

5. Received By: (Print Name)  
*MARY MITCHELL*

8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *Charles Kellogg*

6. Signature: (Addressee or Agent)  
 X *Mary Mitchell*

PS Form 3811, December 1994 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

ARLEN K. BOLSTAD  
 ROBERT A. OMBERG  
 DIV. OF LEGISLATIVE SERVICES  
 GENERAL ASSEMBLY BLDG. - 2ND FLOOR  
 910 CAPITOL STREET  
 RICHMOND, VA 23219

R-00973953 0/0

4a. Article Number  
 P 969 320 351

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1/20/98

8. Addressee's Address  
 KJR

Received By: (Print Name)  
 Isaac Lyndbloom  
 Signature: (Addressee or Agent)  
*Isaac Lyndbloom*

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ROBERT N. GRANT  
 FEDERAL FOR MGMT. CONSULTING  
 EMPLOY DEVELOPMENT GROUP, INC.  
 25 HOUSE AVENUE, SUITE 103  
 CRAWFORD, PA 17011

R-00973953 0/0

4a. Article Number  
 P 969 320 353

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *D. Blincy*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

SCHL155 300712000 1B97 41 01/28/98  
 NOTIFY SENDER OF NEW ADDRESS  
 :SCHLUMBERGER  
 5430 METRIC PL #BLDG-300  
 NORCROSS GA 30092-2550

WALTER HANS  
 TRD  
 PO BOX 2820  
 CHERRY HILL, NJ 08034-0246

R-00973953 0/0

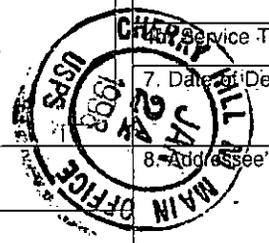
4a. Article Number  
 P 969 320 352

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *W. A. [Signature]*



DANIEL MONCINO  
 SCHLUMBERGER INDUSTRIES  
 3155-B NORTHWOODS PARKWAY  
 NORCROSS, GA 30071

R-00973953

4a. Article Number  
 P 969 320 355

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2/2/98

8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *S. Hall*

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 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ROBERT O'DONNELL ESQUIRE  
 1515 MARKET STREET  
 SUITE 500  
 PHILADELPHIA PA 19102  
 R-00973953 0/0  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 969 320 357  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 8. Addressee's Address  
 KJR  
 JAN 22 1998  
 PHILADELPHIA PA 19102

3. Article Addressed to:  
 RICHARD HENN  
 1005 POWER MARKETING  
 17500 FAIR LAKES CIRCLE  
 SUITE 380  
 WILDFAX VA 22033-3804  
 R-00973953 0/0  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 969 320 359  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1/20/98  
 8. Addressee's Address  
 KJR

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 Consult postmaster for fee.

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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOE FISHER ASSOC EDITOR  
 NATURAL GAS INTELLIGENCE  
 211 REGENCY SQUARE BLVD  
 SUITE 221  
 HOUSTON TX 77036  
 R-00973953 0/0  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 969 320 358  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1-20-98  
 8. Addressee's Address

3. Article Addressed to:  
 WILLIAM EDWARDS JR  
 PACIFICORP  
 1500 MARKET ST CENTER SQ  
 EAST TOWER -12TH FLOOR  
 PHILADELPHIA PA 19102  
 R-00973953 0/0  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 969 320 360  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1-21-98  
 8. Addressee's Address

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. A  
 JOSE HORTON ANALYST  
 202  
 701 EAST 22ND STREET  
 LOMBARD IL 60148-5072  
 R-00973953 0/0

4a. Article Number  
 P 969 320 362

4b. Service Type  CERTIFIED

7. Date of Delivery  
 JAN 21 1998

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Miller

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. A  
 PAUL EDMUNDSON  
 PRICING AND PLANNING ANALYST  
 PLUM STREET ENERGY MARKETING  
 P.O. BOX 5001  
 507 PLUM STREET  
 SYRACUSE, NY 13204  
 R-00973953 0/0

4a. Article Number  
 P 969 320 367

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1/20/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X S.M. Quartier

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 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Adc  
 ALBERT THOMAS  
 TECHNEGLAS  
 60 OLD BOSTON ROAD  
 PITTSTON, PA 18640  
 R-00973953 0/0

4a. Article Number  
 P 969 320 366

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)  
 JOANNE LEHMAN

6. Signature: (Addressee or Agent)  
 X Joanne Lehman

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Adc  
 JOHN PAAP  
 URGENT ENERGY  
 1600 SMITH STREET  
 SUITE 1161  
 HOUSTON, TX 77002-7345  
 R-00973953 0/0

4a. Article Number  
 P 969 320 368

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)  
 MARY DeGeorge

6. Signature: (Addressee or Agent)  
 X Mary DeGeorge

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I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article

JAN JARRETT  
1740 MAIN STREET LISBURN  
MECHANICSBURG PA 17055

R-00973953 0/0

4a. Article Number

P 969 320 369

4b. Service Type  CERTIFIED

7. Date of Delivery

-1-21-98

8. Addressee's Address

5. Received By: (Print Name)

Jan Jarrett

6. Signature: (Addressee or Agent)

X *Jan Jarrett*

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I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article

WILLIAM CAMPBELL  
SEARCHED ENERGY DEVELOPMENT LTD  
P O BOX 7955  
PHILADELPHIA PA 19101-7955

R-00973953 0/0

4a. Article Number

P 969 320 371

4b. Service Type  CERTIFIED

7. Date of Delivery

1-25-98

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article

FRANK FELDER SR CONSULTANT  
THE ECONOMICS RESOURCE GROUP  
1 MIFFLIN PLACE  
CAMBRIDGE MA 02138

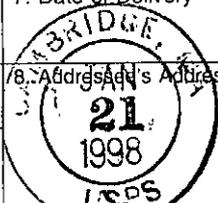
R-00973953 0/0

4a. Article Number

P 969 320 370

4b. Service Type  CERTIFIED

7. Date of Delivery



8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *R. Cavaliere*

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I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article

CYNTHIA DATIG  
DOLLAR ENERGY FUND  
P.O. BOX 42329  
PITTSBURGH, PA 15203

R-00973953 0/0

4a. Article Number

P 969 320 372

4b. Service Type  CERTIFIED

7. Date of Delivery

1/20/98

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *J. B. [Signature]*

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 The Return Receipt will show to whom the article was delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 HENRIKS, MOUNTCASTLE  
 USARAF AIR COUNCIL  
 7100 VARTAN WAY  
 HANOVERBURG, PA 17110  
 R-00973953 0/0

4a. Article Number  
 P 969 320 373

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 op  
 Carl Robert Aron  
 Eye UP

4a. Article Number  
 P 969 320 375

4b. Service Type  CERTIFIED

7. Date of Delivery  
 21-9

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 op  
 LIZ ROBINSON Exec  
 Dir

4a. Article Number  
 P 969 320 374

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. A  
 MARGRET MURDOCH MAYOR  
 MUNICIPAL BLDG  
 100 GARRETT ROAD  
 UPPER DARBY PA 19082-3135  
 R-00973953 0/0

4a. Article Number  
 P 969 320 376

4b. Service Type  CERTIFIED

7. Date of Delivery  
 21-9

5. Received By: (Print Name)  
 Roy Taylor

6. Signature: (Addressee or Agent)  
 X *[Signature]*

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<input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <i>R 009 73953</i> RONNIE L. KRONGOLD PARALEGAL DAVE DONNEY ESQUIRE BOB SMITH ESQUIRE TOMMY McFALL HOPPER ESQUIRE SCOTT H. TRASK ESQUIRE ENVO ENERGY COMPANY 2201 MARKET STREET PHILADELPHIA PA 19101-8699		4a. Article Number P 969 321 125	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address	
6. Signature: (Addressee or Agent) <i>Paul Bonney</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

<input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: ALAN J BARAK ESQUIRE KATHLEEN O'REILLY ESQUIRE ROGER CLARK ESQUIRE ENVIRONMENTALISTS 1417 BLUE MOUNTAIN PARKWAY HARRISBURG PA 17112 R-00973953 O/O		4a. Article Number P 969 321 127	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>1-17</i>	
5. Received By: (Print Name)		8. Addressee's Address	
6. Signature: (Addressee or Agent) <i>[Signature]</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

<input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: WALTER W COHEN ESQUIRE ANDREW J GIORGIONE ESQUIRE OBERMAYER REBMANN MAXWELL & HIPPEL 204 STATE STREET HARRISBURG PA 17102 R-00973953 O/O		4a. Article Number P 969 321 126	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>1/20/98</i>	
5. Received By: (Print Name)		8. Addressee's Address	
6. Signature: (Addressee or Agent) <i>Savis [Signature]</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

<input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: CRAIG A DOLL ESQUIRE 201 STATE STREET HARRISBURG PA 17101 R-00973953 O/O		4a. Article Number P 969 321 128	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery <i>1/20/98</i>	
5. Received By: (Print Name)		8. Addressee's Address	
6. Signature: (Addressee or Agent) <i>P. Wetty</i>			
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

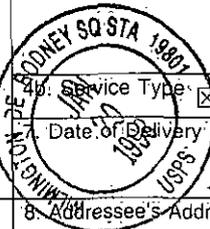
3. Article Addressed to:

RANDALL V GRIFFIN ESQUIRE  
 DELMARVA POWER & LIGHT CO  
 800 KING STREET  
 WILMINGTON DE 19899

R-00973953 0/0

4a. Article Number

P 969 321 129



4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address

5. Received By: (Print Name)  
 Carol Peterson

6. Signature: (Addressee or Agent)

X Carol Peterson

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**SENDER:**  
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DERRICK WILLIAMSON ESQUIRE  
 DAVID KLEPPINGER ESQUIRE  
 MCNEES WALLACE & NURICK  
 100 PINE STREET  
 P O BOX 1166  
 HARRISBURG PA 17108-1166

R-00973953 0/0

4a. Article Number

P 969 321 131

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DANIEL CLEARFIELD ESQUIRE  
 ALAN KOHLER ESQUIRE  
 ROBERT LONGWELL ESQUIRE  
 305 NORTH FRONT STREET  
 SUITE 401  
 HARRISBURG PA 17101

R-00973953 0/0

4a. Article Number

P 969 321 130

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

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Domestic Return Receipt

**SENDER:**  
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article

SAN DEFRAWI DIR NAVY RATE  
 INTERVENTION  
 DEPARTMENT OF NAVY  
 WASHINGTON NAVY YARD  
 BLDG 212 CODE 00RI  
 333 M STREET NE  
 WASHINGTON DC 20374-5018

R-00973953 0/0

4a. Article Number

P 969 321 132

4b. Service Type  CERTIFIED

7. Date of Delivery

1/21/98

8. Addressee's Address

5. Received By: (Print Name)

Linda Cady

6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3811, December 1994

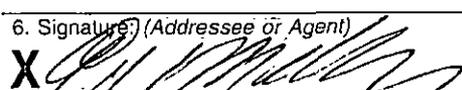
Domestic Return Receipt

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 WILLIAM T HAWKE ESQUIRE  
 JANET L MILLER ESQUIRE  
 TODD S STEWART ESQUIRE  
 MALATESTA HAWKE & MCKEON  
 P O BOX 1778  
 HARRISBURG PA 17105-1778  
  
 R-00973953 O/O

4a. Article Number  
 P 969 321 133  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery  
 JAN 20 1998

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
 X 

8. Addressee's Address

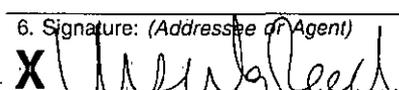
PS Form 3811, December 1994 Domestic Return Receipt

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 THE MCFARREN GROUP  
 200 N THIRD STREET  
 SUITE 1100  
 HARRISBURG PA 17101  
  
 R-00973953 O/O

4a. Article Number  
 P 969 321 135  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
 X 

8. Addressee's Address

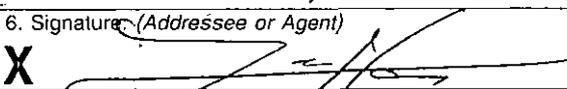
PS Form 3811, December 1994 Domestic Return Receipt

- SENDER:**
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  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 LANCE HAVER  
 6803 LAWNTON AVENUE  
 PHILADELPHIA PA 19126  
  
 R-00973953 O/O

4a. Article Number  
 P 969 321 134  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery  
 2/5/98

5. Received By: (Print Name)  
 Lance Haver  
 6. Signature: (Addressee or Agent)  
 X 

8. Addressee's Address

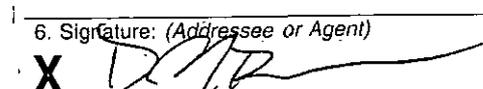
PS Form 3811, December 1994 Domestic Return Receipt

- SENDER:**
- Check box at right if you require restricted delivery.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DAVID M BOONIN ESQUIRE  
 NEW ENERGY VENTURES INC  
 200 S BROAD STREET  
 SUITE 800  
 PHILADELPHIA PA 19102  
  
 R-00973953 O/O

4a. Article Number  
 P 969 321 131  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
 X 

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. DONALD A KAPLAN ESQUIRE  
 PRESTON GATES & ELLIS  
 1735 NEW YORK AVENUE  
 WASHINGTON DC 20006  
  
 R-00973953 O/O

4a. Article Number  
 P 969 321 137  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery  
 JAN 20 1998

3. Article  
 JOHN L MUNSCH ESQUIRE  
 WPP COMPANY ALLEGHENY POW  
 800 CABIN HILL DRIVE  
 GREENSBURG PA 15601-1689  
  
 R-00973953 O/O

4a. Article Number  
 P 969 321 139  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery  
 JAN 20 1998

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
*X Donald V. Mack*

8. Addressee's Address

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
*X [Signature]*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 BRUCE A CONNELL ESQUIRE  
 DIRECT POWER MARKETING INC 600 N  
 GILBY ASHFORD ML-1034  
 HOUSTON TX 77079  
  
 R-00973953 O/O  
  
 5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
*X Charlotte Sturtz for Bruce Connell*

4a. Article Number  
 P 969 321 138  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery  
  
 8. Addressee's Address

3. DEBORAH SWANSTROM ESQUIRE  
 JOEL D NEWTON ESQUIRE  
 PAUL E NORDSTROM ESQUIRE  
 VERNER LIIPFERT BERNHARD  
 MCPHERSON HAND  
 901 15TH STREET N W  
 WASHINGTON DC 20005-2301  
  
 R-00973953 O/O  
  
 5. Received By: (Print Name)  
*[Signature]*  
 6. Signature: (Addressee or Agent)  
*X [Signature]*

4a. Article Number  
 P 969 321 140  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery  
 1/20 98  
  
 8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

PS Form 3811, December 1994 Domestic Return Receipt

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TERRANCE FITZPATRICK ESQ  
DAVID DESALLE ESQUIRE  
EVAN RUSSELL OGDEN & SELTZER  
245 N THIRD STREET STE 101  
MARKESBURG PA 17102

R-00973953 0/0

5. R#

6. Signature: (Addressee or Agent)

**X** *T. O'Ray*

PS Form 3811, December 1994

4a. Article Number

P 969 321 141

4b. Service Type  CERTIFIED

7. Date of Delivery

1.20.98

8. Addressee's Address

Domestic Return Receipt

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article

H ALLAN KNOPP DIRECTOR  
REGULATORY AFFAIRS  
DUPONT POWER-MARKETING  
P O BOX 2197 CH-1038  
HOUSTON TX 77252

R-00973953 0/0

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

**X** *S. Jilly*

PS Form 3811, December 1994

4a. Article Number

P 969 321 143

4b. Service Type  CERTIFIED

7. Date of Delivery

JAN 20 1998

8. Addressee's Address

Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PAUL RUSSELL ESQUIRE  
PP&L  
TWO NORTH NINTH STREET  
ALLENTOWN, PA 18101

R-00973953 0/0

6. Signature: (Addressee or Agent)

**X** *M. Banks*

PS Form 3811, December 1994

4a. Article Number

P 969 321 142

4b. Service Type  CERTIFIED

7. Date of Delivery

JAN 20 1998

8. Addressee's Address

Domestic Return Receipt

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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3.

W. J. RAMSEY EXEC DIR  
ADLER  
1000 MARKET STREET  
ALLENTOWN PA 17043

R-00973953 0/0

5. Received By: (Print Name)

*MARY McCORMICK*

6. Signature: (Addressee or Agent)

**X** *Mary McCormick*

PS Form 3811, December 1994

4a. Article Number

P 969 321 144

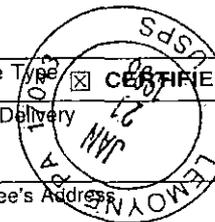
4b. Service Type  CERTIFIED

7. Date of Delivery

JAN 21 1998

8. Addressee's Address

Domestic Return Receipt



**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 PAUL L ZEIGLER ESQUIRE  
 ZEIGLER & ZIMMERMAN  
 355 N 21ST STREET STE 304  
 P O BOX 1080  
 CAMP HILL PA 17011-3707  
 R-00973953 0/0  
 5. Received By: (Print Name)  
 John P. Zeigler  
 6. Signature: (Addressee or Agent)  
 X *John P. Zeigler*

4a. Article Number  
 P 969 321 145  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1/20/98  
 8. Addressee's Address  
 CAMP HILL, PA  
 17011-3707  
 USPS

3. Article Addressed to:  
 MICHAEL L KESSLER  
 AMERICAN ENERGY SOLUTIONS INC  
 111 SOUTH ALFRED STREET  
 ALEXANDRIA VA 22314  
 R-00973953 0/0  
 5. Received By: (Print Name)  
 P. HORD  
 6. Signature: (Addressee or Agent)  
 X *P. HORD*

4a. Article Number  
 P 969 321 147  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1/21/98  
 8. Addressee's Address  
 KJR

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 LINDA C SMITH ESQUIRE  
 FREDERICK D OCHSENSHIRT  
 DILWORTH PAZSON KALISH &  
 KAUFFMAN LLP  
 305 N FRONT STREET STE 403  
 HARRISBURG PA 17101-1236  
 R-00973953 0/0  
 5. Received By: (Print Name)  
 Fred Ochsenhirt  
 6. Signature: (Addressee or Agent)  
 X *Fred Ochsenhirt*

4a. Article Number  
 P 969 321 146  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1-21-98  
 8. Addressee's Address

3. Article Addressed to:  
 GARY A JEFFRIES ESQ  
 CNG ENERGY SERVICES  
 ONE PARK RIDGE CENTER  
 PO BOX 15746  
 PITTSBURGH PA 15244-0746  
 R-00973953 0/0  
 5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Gary A Jeffries*

4a. Article Number  
 P 969 321 148  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1-21-98  
 8. Addressee's Address

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following services (for an extra fee):  
 Restricted Delivery  
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3. Article Number  
 P 969 321 149

4a. Article Number  
 P 969 321 149

4b. Service Type  **CERTIFIED**

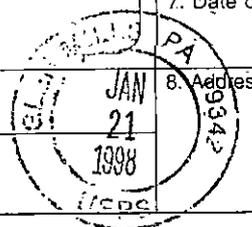
7. Date of Delivery  
 1-21-98

5. Received By: (Print Name)  
 R L Miley

6. Signature: (Addressee or Agent)  
 X *Rufus L Miley*

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 The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Number  
 P 969 321 151

4a. Article Number  
 P 969 321 151

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)  
 Mary Anne Clark

6. Signature: (Addressee or Agent)  
 X *Mary Anne Clark*

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Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Number  
 P 969 321 150

4a. Article Number  
 P 969 321 150

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 1/21

5. Received By: (Print Name)  
 John P Lavelle Jr

6. Signature: (Addressee or Agent)  
 X *John P Lavelle Jr*

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Number  
 P 969 321 152

4a. Article Number  
 P 969 321 152

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)  
 Cecelia Long

6. Signature: (Addressee or Agent)  
 X *Cecelia Long*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
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**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 EDNAW GIDDINGS  
 211 RODMAN AVENUE  
 PENNINTOWN PA 19046  
 R-00973953 0/0

4a. Article Number  
 P 969 321 153  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

3. Article Addressed to:  
 JAMES H NORRIS ESQUIRE  
 ECKERT SEAMANS CHERIN & MELLOTT  
 600 GRANT STREET 42ND FL  
 PITTSBURGH PA 15219  
 R-00973953 0/0

4a. Article Number  
 P 969 321 155  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1-20

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address  
 PENNINTOWN PA 19046  
 JUN 24 1998  
 USPS

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 SUSAN SHANAMAN  
 212 N. THIRD STREET  
 SUITE 203  
 HARRISBURG, PA 17101  
 R-00973953 0/0

4a. Article Number  
 P 969 321 154  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1-20-98  
 8. Addressee's Address

3. Article Addressed to:  
 DEBBIE OGG  
 THOMAS J SMITH ESQUIRE  
 DEAN A HENGERER  
 1100 17TH STREET NW SUITE 600  
 WASHINGTON DC 20036  
 R-00973953 0/0

4a. Article Number  
 P 969 321 156  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1/20/98  
 8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *[Signature]*

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article  
 GERALD GORNISH ESQUIRE  
 12TH FLOOR PACKARD BLDG  
 111 S 15TH STREET  
 PHILADELPHIA PA 19102-2678  
 R-00973953 0/0

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 969 321 157

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-21-98

5. Received By: (Print Name)  
*[Signature]*

6. Signature: (Addressee or Agent)  
*[Signature]*

8. Addressee's Address  
 KJR

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**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article  
 JOHN R ORR ESQUIRE  
 ONE WESTCHASE CENTER  
 1477 WESTHEIMER  
 SUITE 550  
 HOUSTON TX 77042  
 R-00973953 0/0

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 969 321 159

4b. Service Type  CERTIFIED

7. Date of Delivery  
 JAN 20 1998

5. Received By: (Print Name)  
*[Signature]*

6. Signature: (Addressee or Agent)  
*[Signature]*

8. Addressee's Address  
 KJR

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article  
 KENNETH HURWITZ  
 MAUREEN HURLEY  
 VENABLE BAETJER HOWARD &  
 CIVILETTI LLP  
 1201 NEW YORK AVE NW SUITE 1000  
 WASHINGTON DC 20005-3917  
 R-00973953 0/0

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 969 321 158

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)  
*[Signature]*

6. Signature: (Addressee or Agent)  
*[Signature]*

8. Addressee's Address  
 ?

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article  
 ROBERT A MILLS COUNSEL  
 ROBERT WEISHAR JR ESQ  
 PA RETAILERS ASSN  
 100 PINE STREET BOX 1166  
 HARRISBURG PA 17108-1166  
 R-00973953 0/0

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 969 321 160

4b. Service Type  CERTIFIED

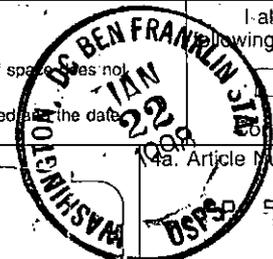
7. Date of Delivery  
 JAN 20 1998

5. Received By: (Print Name)  
*[Signature]*

6. Signature: (Addressee or Agent)  
*[Signature]*

8. Addressee's Address  
 ?

PS Form 3811, December 1994 Domestic Return Receipt



**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 BRIAN A RIDER PRES  
 PA RETAILERS ASSN  
 224 PINE STREET  
 HARRISBURG PA 17101-1325  
 R-00973953 0/0

4a. Article Number  
 P 969 321 161

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Karen L. Hoehner

Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 221 K STREET NW  
 SUITE 425  
 WASHINGTON DC 20007  
 P-00973953 0/0

4a. Article Number  
 P 969 321 163

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1/21/98

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X [Signature]

Domestic Return Receipt

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 KEITH SAPPENFIELD II  
 DIRECTOR OF MARKETING SUPPORT  
 P O BOX 2628  
 WASHINGTON TX 77252-2628  
 R-00973953 0/0

4a. Article Number  
 P 969 321 162

4b. Service Type  CERTIFIED

7. Date of Delivery  
 JAN 20 1998

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Will Rump

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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOHN FRANCHES BROS & SONS  
 PA ASSN PLUMB HEAT COOL CONTRACTORS  
 4015 JONESTOWN ROAD  
 HARRISBURG PA 17109-9109  
 R-00973953 0/0

4a. Article Number  
 P 969 321 164

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1/20

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X [Signature]

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 NORMA ROSNER ESQUIRE  
 VASTAR POWER MARKETING INC  
 200 WESTLAKE PARK BLVD  
 HOUSTON TX 77079  
 R-00973953 0/0

4a. Article Number  
 P 969 321 165

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *J. Adair*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ALBERT M BENINCASA DIR REGULATORY  
 AFFAIRS  
 SKIPPING STONE  
 46 9TH AVENUE  
 SEA CLIFF NY 11579  
 R-00973953 0/0

4a. Article Number  
 P 969 321 167

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-21-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Albert M Benincasa*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DAVID CRUTHIRDS  
 ELECTRIC CLEARINGHOUSE INC  
 1000 LOUISIANA  
 SUITE 5800  
 HOUSTON TX 77002-5050  
 R-00973953 0/0

4a. Article Number  
 P 969 321 166

4b. Service Type  CERTIFIED

7. Date of Delivery  
 JAN 20 1998

5. Received By: (Print Name)  
 DAVID ROSE

6. Signature: (Addressee or Agent)  
 X *David Rose*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 WIREN'S AESCHLEMAN DIRECTOR  
 CSI ENERGY INC  
 300 HAMILTON BLVD STE 330  
 PEORIA IL 61601  
 R-00973953 0/0

4a. Article Number  
 P 969 321 168

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-21-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Wiren's Aeschleman*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 SHEILA S HOLLIS ESQ  
 MARY ANN RALLS ESQS &  
 STEPHANIE A SUGRUE ESQ  
 1667 K STREET N W SUITE 700  
 WASHINGTON PA 20006-1608  
 R-00973953 0/0

4a. Article Number  
 P 969 321 169

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 EDWARD B CANNON PRESIDENT  
 BLDG OWNERS & MANAGERS ASSN  
 SUITE 1560 CENTER CITY TOWER  
 650 SMITHFIELD STREET  
 PITTSBURGH PA 15222  
 R-00973953 0/0

4a. Article Number  
 P 969 321 171

4b. Service Type  CERTIFIED

7. Date of Delivery  
 JAN 20 1998

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 MICHAEL BANTA ESQUIRE  
 DANIEL W MCGILL ESQUIRE  
 WASHINGTON POWER & LIGHT  
 ONE MINNIT CIRCLE  
 WASHINGTON DC  
 R-00973953 0/0

4a. Article Number  
 P 969 321 170

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-23

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)

8. Addressee's Address

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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ROBERT I FREEMAN RPA PRES  
 BLDG OWNERS & MANAGERS ASSN  
 TWO PENN CENTER PLAZA  
 SUITE 310  
 PHILADELPHIA PA 19102  
 R-00973953 0/0

4a. Article Number  
 P 969 321 172

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1/20/98

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)

8. Addressee's Address

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**SENDER:**  
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following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 SCOTT J. RUBIN  
 PUBLIC UTILITY CONSULTING  
 3 LOST CREEK DRIVE  
 SELINGROVE, PA 17870  
 R-00973953 O/O

4a. Article Number  
 P 969 321 173  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1-17-98

3. Article A  
 PA. RURAL ELECTRIC ASSOCIATION  
 212 LOCUST STREET  
 P.O. BOX 1266  
 HARRISBURG, PA 17108-1266  
 R-00973953 O/O

4a. Article Number  
 P 969 321 175  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X Scott Rubin

8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X Ken Ozue

8. Addressee's Address  
 JAN 20 1998

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 PATRICIA ARMSTRONG ESQUIRE  
 REGINA L MATZ ESQUIRE  
 JOHN A ALZAMAORA ESQUIRE  
 ROBERT F YOUNG ESQUIRE  
 212 LOCUST ST P O BOX 9500  
 HARRISBURG PA 17108-9500  
 R-00973953 O/O

4a. Article Number  
 P 969 321 174  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

AUDREY VAN DYKE ASSOC COUNSEL  
 DEPT OF NAVY  
 WASHINGTON NAVY YARD BLDG 218  
 ROOM 200  
 901 M STREET SE  
 WASHINGTON DC 20374-5018  
 R-00973953 O/O

4a. Article Number  
 P 969 321 176  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1/21/98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X [Signature]

8. Addressee's Address  
 JAN 20 1998

5. Received By: (Print Name)  
 DORA L. MILLER  
 6. Signature: (Addressee or Agent)  
 X Dora L. Miller

8. Addressee's Address

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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DEPT OF NAVY  
 NAVAL FACILITIES ENGINEER  
 COMMAND NAVY RATE INTERVENTION  
 201 M STREET SE BLDG 212  
 WASHINGTON DC 20374-5018  
 R-00973953 0/0

4a. Article Number  
 P 969 321 178  
 Service Type  CERTIFIED  
 Date of Delivery  
 1/21/98

5. Received By: (Print Name)  
 Linda Lady  
 6. Signature: (Addressee or Agent)  
 X *Linda Lady*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
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3. Article Addressed to:  
 JOHN KLAUBERG ESQUIRE  
 BRUCE MILLER ESQUIRE  
 LEBOEUF LAMB GREEN & MCRAE  
 125 W 55TH STREET  
 NEW YORK NY 10019-5389  
 R-00973953 0/0

4a. Article Number  
 P 969 321 180  
 Service Type  CERTIFIED  
 Date of Delivery  
 1/20/98

5. Received By: (Print Name)  
 E. James  
 6. Signature: (Addressee or Agent)  
 X *E. James*

8. Addressee's Address

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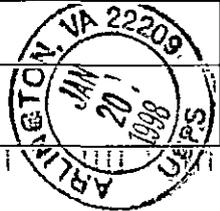
3. Article Addressed to:  
 ANGELO F TERANA  
 STATE ANALYSIS CORP  
 1911 NORTH FRONT MEYER DRV  
 SUITE 702  
 ARLINGTON VA 22209  
 R-00973953 0/0

4a. Article Number  
 P 969 321 179  
 Service Type  CERTIFIED  
 Date of Delivery  
 1-20-98

5. Received By: (Print Name)  
 [Signature]  
 6. Signature: (Addressee or Agent)  
 X [Signature]

8. Addressee's Address  
 Same  
 KJR

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

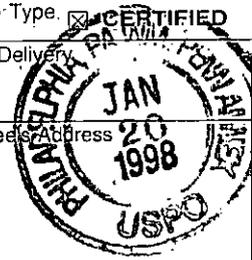
3. Article Addressed to:  
 EDWARD G RENDELL MAYOR  
 CITY OF PHILADELPHIA  
 ROOM 215 CITY HALL  
 PHILADELPHIA PA 19107-3295  
 R-00973953 0/0

4a. Article Number  
 P 969 321 181  
 Service Type  CERTIFIED  
 Date of Delivery

6. Signature: (Addressee or Agent)  
 X *PLO Bayk*

8. Addressee's Address

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<b>SENDER:</b> <input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
<b>3. Article Addressed to:</b> JOHN GALLAGHER ESQUIRE MICHAEL KLEIN ESQUIRE LEBOEUF LAMB GREENE & MCRAE 200 N THIRD STREET STE 300 P O BOX 12105 HARRISBURG PA 17108-2105  R-00973953 0/0		<b>4a. Article Number</b> P 969 321 182	
		<b>4b. Service Type</b> <input checked="" type="checkbox"/> CERTIFIED	
		<b>7. Date of Delivery</b>	
<b>5. Received By: (Print Name)</b>		<b>8. Addressee's Address</b>	
<b>6. Signature: (Addressee or Agent)</b> X <i>[Signature]</i>		<b>JAN 20 1998</b>	
PS Form 3811, December 1994		Domestic Return Receipt	

<b>SENDER:</b> <input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
<b>3. Article Addressed to:</b> JAMES CUNNINGHAM DAVID EPPLE PA ELECTRIC ASSOCIATION 301 APC BLDG 800 N 3RD STREET HARRISBURG PA 17102  R-00973953 0/0		<b>4a. Article Number</b> P 969 321 184	
		<b>4b. Service Type</b> <input checked="" type="checkbox"/> CERTIFIED	
		<b>7. Date of Delivery</b> 1. 20.98	
<b>5. Received By: (Print Name)</b>		<b>8. Addressee's Address</b>	
<b>6. Signature: (Addressee or Agent)</b> X <i>[Signature]</i>		<b>JAN 20 1998</b>	
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<b>SENDER:</b> <input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
<b>3. Article Addressed to:</b> RANGER BOWERS ESQUIRE VINCENT WALSH JR ESQUIRE SENATOR 1234 MARKET STREET 3TH FLOOR PHILADELPHIA PA 19107-3780  R-00973953 0/0		<b>4a. Article Number</b> P 969 321 183	
		<b>4b. Service Type</b> <input checked="" type="checkbox"/> CERTIFIED	
		<b>7. Date of Delivery</b>	
<b>5. Received By: (Print Name)</b>		<b>8. Addressee's Address</b>	
<b>6. Signature: (Addressee or Agent)</b> X <i>[Signature]</i>		<b>JAN 20 1998</b>	
PS Form 3811, December 1994		Domestic Return Receipt	

<b>SENDER:</b> <input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
<b>3. Article Addressed to:</b> FRANK NADOLNY DUQUESNE LIGHT COMPANY P O BOX 1930 PITTSBURGH PA 15230-1930  R-00973953 0/0		<b>4a. Article Number</b> P 969 321 185	
		<b>4b. Service Type</b> <input checked="" type="checkbox"/> CERTIFIED	
		<b>7. Date of Delivery</b> 1/20/98	
<b>5. Received By: (Print Name)</b>		<b>8. Addressee's Address</b>	
<b>6. Signature: (Addressee or Agent)</b> X <i>[Signature]</i>		<b>JAN 20 1998</b>	
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. A  
 LAWRENCE GODLASKY  
 OPS ENERGY  
 100 APC BUILDING  
 500 N 3RD STREET  
 HARRISBURG PA 17102  
 R-00973953 0/0

4a. Article Number  
 P 969 321 186  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1/20/98

3. Addressee to whom article is addressed to:  
 DONALD A. KAPLAN  
 LISA M. HELPERT EQS  
 PRESTON GATES ELLIS & ROUVELAS  
 MEEDS LLP  
 SUITE 500 1735 NEW YORK AVENUE NW  
 WASHINGTON DC 20006  
 R-00973953 0/0

4a. Article Number  
 P 969 321 186  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 JAN 20 1998

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X Judith Thompson

8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X Vincent Edward V.C. Mack

8. Addressee's Address

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PS Form 3811, December 1994 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. A  
 DAVID LANGER  
 BEVERAGE & DIAMOND  
 477 MADISON AVENUE  
 NEW YORK NY 10002  
 R-00973953 0/0

4a. Article Number  
 P 969 321 187  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1/22/98

3. Article  
 STEPHEN L. FELD ESQUIRE  
 POWER COMPANY  
 1 EAST WASHINGTON STREET  
 BOX 891  
 NEW CASTLE PA 16103-0891  
 R-00973953 0/0

4a. Article Number  
 P 969 321 189  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1-22-98

5. Received By: (Print Name)  
 DIANA POLO  
 6. Signature: (Addressee or Agent)  
 X Diana Polo

8. Addressee's Address

5. Received By: (Print Name)  
 Juanita Romano  
 6. Signature: (Addressee or Agent)  
 X Juanita Romano

8. Addressee's Address

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PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
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following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 ALFRED MILLER  
 JAN FREEMAN DIR OF PUBLIC POLICY  
 PECO ENERGY COMPANY  
 2301 MARKET STREET S21-1  
 PHILADELPHIA PA 19101  
 R-00973953 0/0

4a. Article Number  
 P 969 321 190

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-23-98

5. Received By: (Print Name)

8. Addressee's Address  
 KJP

6. Signature: (Addressee or Agent)  
 X *Colts*

PS Form 3811, December 1994 Domestic Return Receipt

3. Article Addressed to:  
 EASTERN ENERGY MARKETING INC  
 REGULATORY AFFAIRS MANAGER  
 2800 EISENHOWER AVENUE  
 ALEXANDRIA VA 22314  
 R-00973953 0/0

4a. Article Number  
 P 969 321 192

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)  
 LISA Young

6. Signature: (Addressee or Agent)  
 X *Lisa Young*

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**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 LEON LITZ  
 GAS UTILITIES  
 400 STEWART ROAD  
 P.O. BOX 3200  
 BARRE-BARRE PA 18773-3200  
 R-00973953 0/0

4a. Article Number  
 P 969 321 191

4b. Service Type  CERTIFIED

7. Date of Delivery  
 JAN 9 1998

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *Sarah Young*

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3. Article Addressed to:  
 HENRY LASKOWSKI ACT REGIONAL  
 ADMINISTRATION  
 841 CHESTNUT BUILDING  
 PHILADELPHIA PA 19107  
 R-00973953 0/0

4a. Article Number  
 P 969 321 193

4b. Service Type  CERTIFIED

7. Date of Delivery  
 JAN 21 1998

5. Received By: (Print Name)  
 US ENVIRONMENTAL PROTECTION AGENCY

6. Signature: (Addressee or Agent)  
 REGION III SUPPLY ROOM  
 841 CHESTNUT STREET

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3. Article Addressed to:  
 JAMIE WINEBRAKE  
 US DOE  
 1880 JFK BOULEVARD  
 SUITE 501  
 PHILADELPHIA PA 19103  
 R-00973953 0/0

4a. Article Number  
 P 969 321 194

4b. Service Type  CERTIFIED

7. Date of Delivery  
 JAN 20 1998

8. Addressee's Address  
 PHILADELPHIA PA 19103  
 JAN 20 1998  
 WINEBRAKE

3. Article Addressed to:  
 ROBERT L. MONDRE  
 CITY OF PHILADELPHIA  
 MUNICIPAL ENERGY OFFICE  
 1801 JFK BOULEVARD  
 PHILADELPHIA, PA 19102-1665  
 R-00973953 0/0

4a. Article Number  
 P 969 321 196

4b. Service Type  CERTIFIED

7. Date of Delivery  
 JAN 20 1998

8. Addressee's Address  
 PHILADELPHIA PA 19102  
 JAN 20 1998  
 WSPS

5. Received By: (Print Name)  
 X *Bob Seaman*

6. Signature: (Addressee or Agent)

5. Received By: (Print Name)  
 X *Bob Seaman*

6. Signature: (Addressee or Agent)

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DANIEL TUNNELL, PRESIDENT  
 PENNSYLVANIA GAS ASSOCIATION  
 800 N. 3RD STREET, 2ND FLOOR  
 HARRISBURG, PA 17102  
 R-00973953 0/0

4a. Article Number  
 P 969 321 195

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

8. Addressee's Address

3. Article Addressed to:  
 R-00973953  
 0/0  
 Robert Young

4a. Article Number  
 P 969 321 197

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

8. Addressee's Address

5. Received By: (Print Name)  
 X

6. Signature: (Addressee or Agent)

5. Received By: (Print Name)  
 X *A. Mucich-Brooks*

6. Signature: (Addressee or Agent)

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 Consult postmaster for fee.

3. Article Addressed to:  
 MIKE WELSH, SECRETARY/TREASURER  
 UTILITY WORKERS/PENNSYLVANIA  
 UTILITY CAUCUS  
 408-412 BROAD STREET  
 JOHNSTOWN, PA 15906  
  
 R-00973953 O/O

4a. Article Number  
 P 969 321 198  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
 X *J. Roberts*

8. Addressee's Address  
  
 PS Form 3811, December 1994

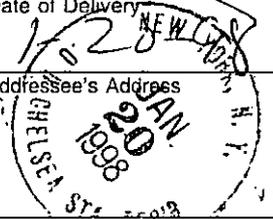
Domestic Return Receipt

3. Article Addressed to:  
 DAN ROSENBLUM  
 MID-ATLANTIC ENERGY PROJECT  
 203 W. 22ND ST., APT. 3  
 NEW YORK, NY 10011-2748  
  
 R-00973953 O/O

4a. Article Number  
 P 969 321 200  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
 X *Dan Rosenblum*

8. Addressee's Address  
  
 PS Form 3811, December 1994



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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
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3. Article Addressed to:  
 JANE M. TRISKO  
 TREASURER FOR UMWA  
 P.O. BOX 596  
 HUNTSVILLE SPRINGS, WV 25411  
  
 R-00973953 O/O

4a. Article Number  
 P 969 321 199  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery  
 1/21/98

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
 X *Jane M. Trisko*

8. Addressee's Address  
  
 PS Form 3811, December 1994

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 Restricted Delivery  
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3. A  
 RICHARD H. COUNIHAN, VP  
 GOVERNMENT AFFAIRS  
 EDISON SOURCE  
 13191 CROSSROADS PARKWAY NORTH  
 CITY OF INDUSTRY, CA 91746  
  
 R-00973953 O/O

4a. Article Number  
 P 969 321 201  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery  
 1/2

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
 X *Rebecca W. Wonschell*

8. Addressee's Address  
  
 PS Form 3811, December 1994

PS Form 3811, December 1994

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3. Article Addressed to:

EDMUND SHANE, ESQUIRE  
14 SCHOOL STREET  
LANCASTER, PA 17301

R-00973953 O/O

4a. Article Number  
P 969 321 202

4b. Service Type  CERTIFIED

7. Date of Delivery  
1/20/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X** *Edmund M. Shane*

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3. Article Addressed to:

MR. GEORGE EMMONS  
17 N. LANCASTER LANE  
NEWTOWN, PA 18940

R-00973953 O/O

4a. Article Number  
P 969 321 204

4b. Service Type  CERTIFIED

7. Date of Delivery  
JA 1.20.98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X** *[Signature]*

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I also wish to receive the following services (for an extra fee):

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- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

MR. GEORGE ELLIS  
PENNSYLVANIA COAL ASSOCIATION  
212 N. 3RD ST., SUITE 102  
HARRISBURG, PA 17101

R-00973953 O/O

4a. Article Number  
P 969 321 203

4b. Service Type  CERTIFIED

7. Date of Delivery  
1/20

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X** *[Signature]*

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3. Article Addressed to:

MR. PATITSAS  
AAA PRODUCTS & CHEMICALS  
DEPT 2  
100 HAMILTON BLVD.  
NEWTOWN, PA 18195-1501

R-00973953 O/O

4a. Article Number  
P 969 321 201

4b. Service Type  CERTIFIED

7. Date of Delivery  
JAN 19 1998

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X** *Bessel*

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I also wish to receive the following services (for an extra fee):  
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3. Article Addressed to:  
 JAMES STEFFES DIR GOV'T AFFAIRS  
 ENRON CAPITAL & TRADE RESOURCES  
 1400 SMITH STREET  
 ED #2408  
 HOUSTON TX 77002  
 R-00973953 0/0

4a. Article Number  
 P 969 321 206

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]* 725

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3. Article Addressed to:  
 THOMAS BROGAN ESQUIRE  
 MARTIN LIEBER ROONEY & SCHORLING  
 240 NORTH THIRD STREET  
 SUITE 600  
 HARTISBURG PA 17101-1503  
 R-00973953 0/0

4a. Article Number  
 P 969 321 208

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X C. Tanola

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3. Article Addressed to:  
 CHARLES ESTES  
 APPALACHIAN PACIFIC  
 1331 PENNSYLVANIA AVE., NW  
 SUITE 730  
 WASHINGTON, D.C. 20004  
 R-00973953 0/0

4a. Article Number  
 P 969 321 207

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-23-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

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3. Article Addressed to:  
 JAMES BRODT  
 SMITH BARNEY INC  
 390 GREENWICH STREET  
 5TH FLOOR  
 NEW YORK NY 10013  
 R-00973953 0/0

4a. Article Number  
 P 969 321 209

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]* 1/20/98

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3. Article Addressed to:  
 WARE ROYAL  
 WAREHISE & C.O.O  
 WARE GROUP CORPORATION  
 3125 MORRIS STREET  
 PHILADELPHIA, PA 19121  
 R-00973953 0/0

4a. Article Number  
 P 969 321 211  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1-20-98

3. Article Addressed to:  
 WALTER M. LOYLESS, P.E.  
 HIGHWAY COST MANAGEMENT  
 1511 CHINE FLORIDA ROAD  
 BRANTON, FL 33510  
 R-00973953 0/0

4a. Article Number  
 P 969 321 213  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Jacqueline Royal*

8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Jana Layler*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
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3. Article Addressed to:  
 RODNEY R AKERS ASST CITY SOL  
 DEPT OF LAW  
 313 CITY COUNTY BLDG  
 414 GRANT STREET  
 PITTSBURGH PA 15219  
 R-00973953 0/0

4a. Article Number  
 P 969 321 212  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1/20/98

3. Article Addressed to:  
 DAVID MAGNUS BOONIN PRES  
 NEW ENERGY VENTURES  
 200 S BROAD STREET  
 SUITE 800  
 PHILADELPHIA PA 19102  
 R-00973953 0/0

4a. Article Number  
 P 969 321 214  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Nora A Sandridge*

8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *DAVE*

8. Addressee's Address

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Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BILL MCCUE  
MERCK & CO., INC.  
SUMNEYTOWN PIKE  
P.O. BOX 4, WF2-1  
WEST POINT, PA 19486-0004

R-00973953 0/0

4a. Article Number  
P 969 321 215

4b. Service Type  CERTIFIED

7. Date of Delivery  
1-20-98

5. Received By: (Print Name)  
*R. Knisch*

6. Signature: (Addressee or Agent)  
*R. Knisch*

8. Addressee's Address

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3. Article Addressed to:

PETER THOMPSON  
ANDREWS & KURTH LLP  
1701 PA AVENUE NW  
WASHINGTON DC 20006

R-00973953 0/0

4a. Article Number  
P 969 321 217

4b. Service Type  CERTIFIED

7. Date of Delivery  
1-20-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*X B. Chambers*

8. Addressee's Address

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ROBERT WALKER  
ROBERT STERN  
CAROLAN INGERSOLL-COLLEGE CENTRE  
100 COLLEGE ROAD EAST  
PRINCETON, NJ 08540

R-00973953 0/0

4a. Article Number  
P 969 321 216

4b. Service Type  CERTIFIED

7. Date of Delivery  
1-20-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*X [Signature]*

8. Addressee's Address

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3. Article Addressed to:

BYRON WILLIAMSON  
ENGELHARD POWER MARKETING INC  
101 WOOD AVENUE  
ISELIN NJ 08830-0770

R-00973953 0/0

4a. Article Number  
P 969 321 218

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*X [Signature]*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Art  
 BREAN HOOKEY  
 1100 AMERICAN NATURAL RESOURCES  
 200 WEST 8TH STREET SUITE 201  
 LEAD PA 16505  
 R-00973953 0/0

4a. Article Number  
 P 969 321 219

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20

5. Received By: (Print Name)  
 Wendy Wesmiller

6. Signature: (Addressee or Agent)  
 X Wendy Wesmiller

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Art  
 GLENN WINTER PE  
 1847 RADNOR ROAD  
 YORK PA 17402  
 R-00973953 0/0

4a. Article Number  
 P 969 321 221

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1/17

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Glenn Winter

8. Addressee's Address

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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Art  
 HARRY GELLER ESQUIRE  
 PA UTILITY LAW PROJECT  
 118 LOCUST STREET  
 HARRISBURG PA 17101-1414  
 R-00973953 0/0

4a. Article Number  
 P 969 321 220

4b. Service Type  CERTIFIED

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X S. Nugent

8. Addressee's Address

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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Art  
 ANTHONY LISANTI  
 GENERALIZED EDISON COMPANY  
 611 THEODORE BREMO AVENUE  
 YORK PA 17402  
 R-00973953 0/0

4a. Article Number  
 P 969 321 222

4b. Service Type  CERTIFIED

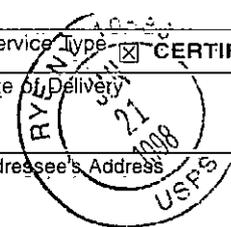
7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X [Signature]

8. Addressee's Address

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**INDEXED.**  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

JOHN MOLINDA  
 STRATEGIC ENERGY LTD  
 2 GATEWAY CENTER  
 PITTSBURGH PA 15222

R-00973953 0/0

4a. Article Number  
 P 969 321 223

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address

Received By: (Print Name)

Signature: (Addressee or Agent)

*Dan Rossano*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOHN MOLINDA  
 KENNEDY & LOCKHART  
 249 N. THIRD STREET  
 HARRISBURG, PA 17101  
 R-00973953 0/0

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*X K.A. Campbell*

PS Form 3811, December 1994

4a. Article Number  
 P 969 321 225

4b. Service Type  CERTIFIED

7. Date of Delivery  
 JAN 3 1998

8. Addressee's Address

Signature: (Addressee or Agent)

*[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

**INDEXED BELLINGHAM**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

MICHAEL KARP  
 31 APPALOOSA ROAD  
 BELLINGHAM WA 98226

R-00973953 0/0

**UNCLAIMED, BELLINGHAM**  
 RETURNED TO SENDER

4a. Article Number  
 P 969 321 224

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2/9/98

8. Addressee's Address

Received By: (Print Name)

Signature: (Addressee or Agent)

*unclaimed*

PS Form 3811, December 1994

Domestic Return Receipt

**SENDED**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

AMY LEADER  
 LEGISLATIVE DIRECTOR  
 DECHERT PRICE & RHOADS  
 30 N. 3RD STREET  
 HARRISBURG, PA 17101  
 R-00973953 0/0

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*X A. Rompenecker*

PS Form 3811, December 1994

4a. Article Number  
 P 969 321 226

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address

Signature: (Addressee or Agent)

*[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DEBORAH SCHACHTER  
 163 SILK FARM ROAD  
 CONCORD, NH 03301  
 R-00973953 O/O

4a. Article Number  
 P 969 321 227

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 2-11-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X**

8. Addressee's Address  
 unclaimed

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 TIMOTHY W. MERRILL, JR.  
 ENSERCH ENERGY SERVICES, INC.  
 PENN CENTER WEST, BLDG. 4,  
 SUITE 200  
 PITTSBURGH, PA 15276  
 R-00973953 O/O

4a. Article Number  
 P 969 321 230

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X** *Handwritten Signature*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 TRAVIS PEYTON, PE  
 BALLINGER  
 2005 MARKET ST., STE. 1500  
 PHILADELPHIA, PA 19103-7088  
 R-00973953 O/O

4a. Article Number  
 P 969 321 229

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 1-20-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X** *Handwritten Signature* PBC

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 FRANK Y. GATES  
 GATEWAY ASSOCIATES  
 P.O. BOX 291  
 HARRISBURG, PA 17108  
 R-00973953 O/O

4a. Article Number  
 P 969 321 231

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 JAN 20 1998

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X** *Handwritten Signature*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

- SENDER:**
- Check box at right if you require restricted delivery.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JOHN V. KULIK, VP  
GOVERNMENT RELATIONS  
PA. FOOD MERCHANTS ASSN.  
1029 MUMMA ROAD  
P.O. BOX 870  
CAMP HILL, PA 17011

R-00973953 O/O

4a. Article Number

P 969 321 232

4b. Service Type  CERTIFIED

7. Date of Delivery

1-19-98

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

- SENDER:**
- Check box at right if you require restricted delivery.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ROBERT W. BAIN  
DIRECTOR FOR ENERGY  
3101 WEST AVENUE  
EDINBURGH, PA 16412-1342

R-00973953 O/O

4a. Article Number

P 969 321 234

4b. Service Type  CERTIFIED

7. Date of Delivery

1-20-98

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RALPH L. LENTZ, REGISTRAR  
CHM., POLITICAL EDUCATION COMM.  
I.B.E.W. LOCAL UNION 777  
740 ANNA MAY STREET  
YORK, PA 17404-1366

R-00973953 O/O

4a. Article Number

P 969 321 233

4b. Service Type  CERTIFIED

7. Date of Delivery

JAN 17 1998

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DENIS E. GEORGE, VP  
STAND ENERGY CORPORATION  
1077 CELESTIAL STREET  
ROCKWOOD BLDG., SUITE 110  
CINCINNATI, OH 45202

R-00973953 O/O

4a. Article Number

P 969 321 235

4b. Service Type  CERTIFIED

7. Date of Delivery

1/20/98

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

**RESTRICTED DELIVERY:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**RESTRICTED DELIVERY:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 STEVE R. CORWELL  
 QST ENERGY, INC.  
 300 HAMILTON BLVD.  
 SUITE 330  
 PEORIA, IL 61602  
 R-00973953 0/0  
 5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X 

4a. Article Number  
 P 969 321 236  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1-21-98  
 8. Addressee's Address

3. Article Addressed to:  
 GINNY KREITLER  
 KREITLER CONSULTING  
 1004 HAMPSTEAD ROAD  
 WYNNWOOD, PA 19096  
 R-00973953 0/0  
 5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X 

4a. Article Number  
 P 969 321 238  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1/20/98  
 8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

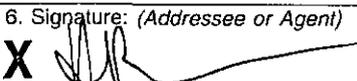
PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

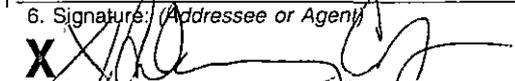
I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 NEAL K. CODY  
 MAPSA  
 ENERGY INVESTMENT ADVISORS  
 7004 CLIFTON FOREST DRIVE  
 CLIFTON, VA 20124  
 R-00973953 0/0  
 5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X 

4a. Article Number  
 P 969 321 237  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1-21  
 8. Addressee's Address

3. Article Addressed to:  
 NEAL K. CODY  
 MAPSA  
 ENERGY INVESTMENT ADVISORS  
 7004 CLIFTON FOREST DRIVE  
 CLIFTON, VA 20124  
 R-00973953 0/0  
 5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X 

4a. Article Number  
 P 969 321 239  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1/29/98  
 8. Addressee's Address  
 KJR

PS Form 3811, December 1994 Domestic Return Receipt

PS Form 3811, December 1994 Domestic Return Receipt

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

FRANK GRENAGER, PRES./CEO  
 LEBANON METHANE RECOVERY, INC.  
 800 ROSSTOWN ROAD  
 LEWISBERG, PA 17339  
 R-00973953 0/0

4a. Article Number

P 969 321 240

4b. Service Type  CERTIFIED

7. Date of Delivery

JAN 9 1 1008

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Nora Grenager

PS Form 3811, December 1994

Domestic Return Receipt

3. Article Addressed to:

CHRISTOPHER ZETTMLOYER  
 REED SMITH SHAW & MCCLAY  
 213 MARKET STREET  
 P.O. BOX 11844  
 HARRISBURG, PA 17108  
 R-00973953 0/0

4a. Article Number

P 969 321 242

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address

JAN 20 1998

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

FRANK E. SPARROW  
 EQUITABLE GAS  
 423 WALNUT STREET  
 SUITE 220  
 HARRISBURG, PA 17101  
 R-00973953 0/0

4a. Article Number

P 969 321 241

4b. Service Type  CERTIFIED

7. Date of Delivery

2w 1/20

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Beverly Lendemuth

PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DYNA GEHLHAART  
 REGULATORY PUB. AFFRS. MGR.  
 INTERNATIONAL PAPER  
 201 W. MARKET ST., SUITE 600  
 HARRISBURG, PA 17101  
 R-00973953 0/0

4a. Article Number

P 969 321 243

4b. Service Type  CERTIFIED

7. Date of Delivery

2w 1/20

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ERIC HELM  
 ECONOMIC AUDIT & CONSULTING  
 151 HENRICH BLVD.  
 HENRICH, PA 19610  
 R-00973953 0/0

5. Received By: (Print Name)  
 J. Stuffer

6. Signature: (Addressee or Agent)  
 X J. Stuffer

4a. Article Number  
 P 969 321 244

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address

3. Article  
 5007 HUGHES  
 4019 LUDWICK STREET  
 PITTSBURGH, PA 15217  
 R-00973953 0/0

5. Received By: (Print Name)  
 [Signature]

6. Signature: (Addressee or Agent)  
 X [Signature]

4a. Article Number  
 P 969 320 308

4b. Service Type  CERTIFIED

7. Date of Delivery  
 JAN 21 1994

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DR JOHN O'BRIEN PRES  
 WHEELED ELECTRIC POWER  
 50 LINDBERGH BLVD  
 SUITE 400  
 UNIONDALE NY 11553  
 R-00973953 0/0

5. Received By: (Print Name)  
 J. BREJ

6. Signature: (Addressee or Agent)  
 X [Signature]

4a. Article Number  
 P 969 320 307

4b. Service Type  CERTIFIED

7. Date of Delivery  
 JAN 21 1994

8. Addressee's Address

3. Article  
 ANTHONY MIRABILE  
 UNITED REGIONAL ENERGY  
 3200 MELLON BANK CENTER  
 1735 MARKET STREET  
 PHILADELPHIA, PA 19103  
 R-00973953 0/0

5. Received By: (Print Name)  
 [Signature]

6. Signature: (Addressee or Agent)  
 X [Signature]

4a. Article Number  
 P 969 320 310

4b. Service Type  CERTIFIED

7. Date of Delivery  
 JAN 21 1994

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ELISA J. GRAMMER  
 MONIQUE PENN-JENKINS  
 GRAMMER KISSEL ROBINS  
 SKANCKE & EDWARDS  
 1225 EYE ST., NW, STE. 1225  
 WASHINGTON, D.C. 20005  
 R-00973953 0/0

4a. Article Number  
 P 969 320 318  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1/20/98  
 8. Addressee's Address

DENNIS BLOOM  
 IBEW LOCAL 272  
 1099 MARSHALL ROAD  
 MONACA, PA 15061  
 R-00973953  
 5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Dennis Bloom*

4a. Article Number  
 P 969 320 332  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1-21-98  
 8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *Grace Sanders*  
 PS Form 3811, December 1994

Domestic Return Receipt

PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 969 320 331  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1-20-98  
 8. Addressee's Address

5. Received By: (Print Name)  
 NANCY WEED  
 6. Signature: (Addressee or Agent)  
 X *Nancy Weed*

3. Article Addressed to:  
 WIM LUCZKO  
 METEOROLOGICAL COORDINATOR  
 1544  
 5144 GASTE DRIVE  
 PITTSBURGH, PA 15236  
 R-00973953 0/0  
 5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Beth Luczko*

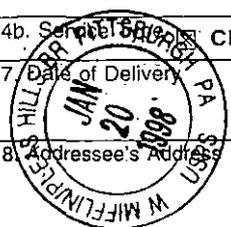
4a. Article Number  
 P 969 320 336  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1-20-98  
 8. Addressee's Address

PS Form 3811, December 1994

Domestic Return Receipt

PS Form 3811, December 1994

Domestic Return Receipt



- SENDER:**
- Check box at right if you require restricted delivery.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

- SENDER:**
- Check box at right if you require restricted delivery.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

STEVE HASTIE  
RESOURCE MANAGEMENT, INC.  
111 PRESIDENTIAL BLVD.  
SUITE 127  
BALA CYNWYD, PA 19004

R-00973953 O/O

4a. Article Number

P 969 320 343

4b. Service Type  CERTIFIED

7. Date of Delivery

1-20-98

3. Article Addressed to:

WILLIAM A GRAY ESQUIRE  
VUONO LAVELLE & GRAY  
2310 GRANT STREET  
PITTSBURGH PA 15219  
A-00109365F.1AM-C C/O

4a. Article Number

P 969 321 345

4b. Service Type  CERTIFIED

7. Date of Delivery

DEC 31 1997

5. Received By: (Print Name)

Joy Volz

6. Signature: (Addressee or Agent)

X *Joy Volz*

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Patty Zapp*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

PS Form 3811, December 1994 Domestic Return Receipt

- SENDER:**
- Check box at right if you require restricted delivery.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

- SENDER:**
- Check box at right if you require restricted delivery.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PIK MORAN  
SYSTEM COUNCIL U10, IBEW  
336 GREENTREE ROAD  
PITTSBURGH, PA 15220

R-00973953 O/O

4a. Article Number

P 969 320 344

4b. Service Type  CERTIFIED

7. Date of Delivery

1/20/98

3. Article Addressed to:

JOHN A PILLAR ESQUIRE  
MULROY & FERBER  
1106 FRICK BUILDING  
PITTSBURGH PA 15219  
A-00109546F.3AM-C C/O

4a. Article Number

P 969 321 346

4b. Service Type  CERTIFIED

7. Date of Delivery

12/31/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Joan Musher*

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *J. Parks*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

PS Form 3811, December 1994 Domestic Return Receipt

Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Art  
**JOHN A PILLAR ESQUIRE  
 MULROY & FERBER  
 1106 FRICK BUILDING  
 PITTSBURGH PA 15219  
 A-00086452F.2AM-D C/O**

4a. Article Number  
 P 969 321 348  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1-2-98

3. Art  
**PAUL J MALACK ESQUIRE  
 EGLER GARRETT & EGLER  
 2100 THE LAWYERS BLDG  
 428 FORBES AVENUE  
 PITTSBURGH PA 15219  
 A-00110846F.3,AM-A C/O**

4a. Article Number  
 P 969 321 351  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 12-31-97

5. Received By: (Print Name)  
 Barb Van Wormer  
 6. Signature: (Addressee or Agent)  
 X *Barb Van Wormer*

8. Addressee's Address

5. Received By: (Print Name)  
 M. Michaels  
 6. Signature: (Addressee or Agent)  
 X *M. Michaels*

8. Addressee's Address

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PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. A  
**JOHN A PILLAR ESQUIRE  
 MULROY & FERBER  
 1106 FRICK BUILDING  
 PITTSBURGH PA 15219  
 A-00086452F.2AM-E C/O**

4a. Article Number  
 P 969 321 349  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 12/31/97

5. Received By: (Print Name)  
 J. Parks  
 6. Signature: (Addressee or Agent)  
 X *J. Parks*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article addressed to:  
**J. JOHN FLUHARTY  
 CHESAPEAKE ENTERPRISES  
 1800 K STREET, NW  
 SUITE 629  
 WASHINGTON, D.C. 20006  
 R-00973953 0/0**

4a. Article Number  
 P 969 320 354  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 1/20/98

5. Received By:  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

WENY BLACKWELL  
 CHEROKEE CORP.  
 1007 E. MAIN STREET  
 SPANFELD, IN 46168  
  
 R-00973953 O/O

4a. Article Number  
 P 969 320 356  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery  
 1-20-98

DAVID DANNER  
 PO BOX 242  
 MT HOLLY SPRINGS PA 17065  
 A-00113992 C/O

4a. Article Number  
 P 969 321 361  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery



5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

5. Received By: (Print Name)  
 David Danner  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

JOHN A PILLAR ESQUIRE  
 MULROY & FERBER  
 1106 FRICK BUILDING  
 PITTSBURGH PA 15219  
 A-00114249 C/O

4a. Article Number  
 P 969 321 360  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery  
 12/31/97

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

PETE LANGBEIN  
 GPU - ADVANCED RESOURCES  
 2675 MORGANTOWN ROAD  
 SUITE GH2-3300  
 READING, PA 19607  
  
 R-00973953 O/O

4a. Article Number  
 P 969 320 363  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery  
 pl 1-20

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

PS Form 3811, December 1994 Domestic Return Receipt

Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article

ROBERT SPAULDING  
SPAULDING GROUP  
5127 WALNUT RIDGE DRIVE  
ERIE, PA 16506

R-00973953 0/0

4a. Article Number  
P 969 320 364

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)

*X Robert S. Spaulding*

8681  
21  
JAN  
ERIE PA  
899-6900

PS Form 3811, December 1994 Domestic Return Receipt

Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3

THOMAS A MAKOWSKI CHAIRMAN  
LUZERNE COUNTY  
200 NORTH RIVER ROAD  
WILKES-BARRE PA 18711  
A-00113745 0

4a. Article Number  
P 969 321 370

4b. Service Type  CERTIFIED

7. Date of Delivery  
JAN 05 1993

5. Received By: (Print Name)

*Richard Grabosky*

8. Addressee's Address

6. Signature: (Addressee or Agent)

*X*

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**

Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article At

JAMES KIMBALL  
ASSOCIATION, INC.  
1110 OAK STREET  
SUITE 300  
DUMFRIES, VA 22027

R-00973953 0/0

4a. Article Number  
P 969 320 365

4b. Service Type  CERTIFIED

7. Date of Delivery  
1-20

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)

*X J. N. Kimball*

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**SENDER:**

Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3

MALIK WALIYUDDIN  
BELL ATLANTIC-PA INC  
222 SOUTH MAIN STREET  
WILKES-BARRE PA 18701  
A-00113745 0

4a. Article Number  
P 969 321 370

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

*CAROL PASCOE*

8. Addressee's Address

6. Signature: (Addressee or Agent)

*X Carol Pascoe*

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**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. **PETER SARMONE**  
**PENNSYLVANIA-AMERICAN WATER**  
**20 EAST UNION STREET**  
**WILKES-BARRE PA 18701**  
**A-00113745**      **O**

4a. Article Number  
**P 969 321 373**

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
**JAN 02 1998**

3. **JOHN WALTERS**  
**READING & NORTHERN RR CO**  
**PO BOX 218**  
**PORT CLINTON PA 19549**  
**A-00113745**      **O**

4a. Article Number  
**P 969 321 378**

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
**JAN 05 1998**

5. Received By: (Print Name)

8. Addressee's Address

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)  
**X** *Ann Marie Kagan*

Domestic Return Receipt

6. Signature: (Addressee or Agent)  
**X** *John Walters*

Domestic Return Receipt

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**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
**WALTER BLEJWAS**  
**PG ENERGY**  
**511-517 E NORTHAMPTON ST**  
**WILKES-BARRE PA 18711**  
**A-00113745**      **O**

4a. Article Number  
**P 969 321 374**

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
**JAN 05 1998**

3. Article Addressed to:  
**A-0011258009701**      **CO**  
*Michael P. Lehatsky*

4a. Article Number  
**P 969 321 814**

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
**JAN 02 1998**

5. Received By: (Print Name)

8. Addressee's Address

5. Received By: (Print Name)  
*Michael P. Lehatsky*

8. Addressee's Address

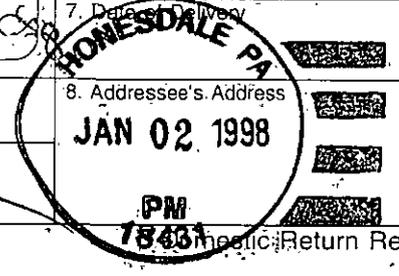
6. Signature: (Addressee or Agent)  
**X** *Walter Blejwas*

Domestic Return Receipt

6. Signature: (Addressee or Agent)  
**X** *Michael P. Lehatsky*

Domestic Return Receipt

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<b>SENDER:</b> <input type="checkbox"/> Check box at right if you require restricted delivery. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content;">           A-00114040      AEO             Patricia Armstrong         </div>		4a. Article Number P 969 321 819	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address  JAN - 2 1998	
6. Signature: (Addressee or Agent) X R Heffelfinger			
PS Form 3811, December 1994		Domestic Return Receipt	

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 TOM SCOTT  
 KILLIAN & GEPHART  
 218 PINE STREET  
 P.O. BOX 886  
 HARRISBURG, PA 17108  
 R-00973953 0/0

4a. Article Number  
 P 969 325 051  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

TERRY HOLT  
 HILLS DEPARTMENT STORES  
 3010 GREENGARDEN ROAD  
 ALIQUIPPA, PA 15001  
 R-00973953 0/0

4a. Article Number  
 P 969 325 051  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2-7-98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address  
 FEB - 6 1998

5. Received By: (Print Name)  
 JEFFREY SIMS  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

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PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

**SENDER:**  
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 ROBERT E. STEWART  
 PA GOVT. NEWS & ADVISORY SERVICE  
 100 SOUTH 21ST STREET  
 HARRISBURG, PA 17104  
 R-00973953 0/0

4a. Article Number  
 P 969 325 053  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2/7/98

RALPH J. WEBB CORP  
 311 EDINBURGH ROAD  
 CHADDS FORD, PA 19358  
 R-00973953 0  
 RETURNED TO SENDER UNCLAIMED

4a. Article Number  
 P 969 325 053  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2-17-97

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address  
 Unclaimed

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PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DENNIS BLOOM  
IBEW LOCAL 272  
1099 MARSHALL ROAD  
MONACA, PA 15061

R-00973953

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *R Bloom*

PS Form 3811, December 1994

4a. Article Number

P 969 325 056

4b. Service Type  CERTIFIED

7. Date of Delivery

2-9-98

8. Addressee's Address

Domestic Return Receipt

4a. Article Number

P 969 325 056

4b. Service Type  CERTIFIED

7. Date of Delivery

2/11/98

8. Addressee's Address

6. Signature: (Addressee or Agent)

X *Susan Jones*

PS Form 3811, December 1994

Domestic Return Receipt

**R:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

EDWARD WYLAND  
UWUA LOCAL 102  
338 WEST MAIDEN STREET  
WASHINGTON, PA 15301

R-00973953 0/0

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Eric Woychik*

PS Form 3811, December 1994

4a. Article Number

P 969 325 057

4b. Service Type  CERTIFIED

7. Date of Delivery

2-7-98

8. Addressee's Address

Domestic Return Receipt

3. Article Addressed to:

ERIC WOYCHIK  
SI  
9901 CALODEN LANE  
OAKLAND, CA 94605

R-00973953 0/0

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *E Woychik*

PS Form 3811, December 1994

4a. Article Number

P 969 325 057

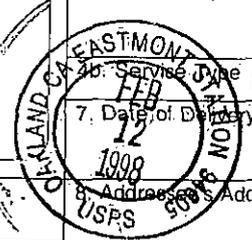
4b. Service Type  CERTIFIED

7. Date of Delivery

2/7/98

8. Addressee's Address

Domestic Return Receipt



- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 RICH LUCZKO  
 LEGISLATIVE COORDINATOR  
 TBW  
 5144 CASTLE DRIVE  
 PITTSBURGH, PA 15236  
 R-00973953 0/0

4a. Article Number  
 P 969 325 060

4b. Service Type  CERTIFIED

7. Date of Delivery  
 3-3-98

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *[Signature]*

*[Signature]*

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 TODD GLASS  
 HELLER, EHRMAN, WHITE & MCAULIFFE  
 200 SOUTHWEST MARKET STREET  
 SUITE 1750  
 PORTLAND, OR 97201  
 R-00973953 0/0

4a. Article Number  
 P 969 325 061

4b. Service Type  CERTIFIED

7. Date of Delivery  
 FEB 9 1998  
 PORTLAND, OR  
 USPS

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *[Signature]*

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 JANE DRENAN  
 1216 - 16TH STREET, NW  
 WASHINGTON, DC 20036  
 R-00973953 0/0

4a. Article Number  
 P 969 325 061

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-9-98

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *[Signature]*

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 LISA YOHO  
 COLUMBIA GAS TRANSMISSION CORP.  
 1700 MACCORKLE AVENUE, S.E.  
 P.O. BOX 1273  
 CHARLESTON, WV 25325-1273  
 R-00973953 0/0

4a. Article Number  
 P 969 325 061

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-9-98

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *[Signature]*

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

TIM MCCORRY, PRESIDENT  
 MACK SERVICES GROUP  
 45 BRANCH AVENUE  
 BERWYN, PA 19312  
 R-00973953 0/0

4a. Article Number  
 P 969 325 064

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-7-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 BARRY GOODSTADT, PH.D.  
 VICE PRESIDENT  
 ITRON, INC.  
 P.O. BOX 1160  
 COLUMBIA, MD 21044  
 R-00973953 0/0

4a. Article Number  
 P 969 325 0

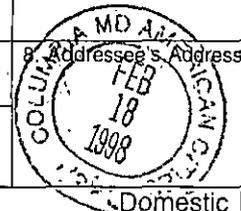
4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)  
 BARRY E. GOODSTADT

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address  
 KJR



PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 EDWARD GALLAGHER  
 DAIRYLEA COOPERATIVE, INC.  
 5001 BRITTONFIELD PARKWAY  
 P.O. BOX 4844  
 SYRACUSE, NY 13221-4844  
 R-00973953 0/0

4a. Article Number  
 P 969 325 065

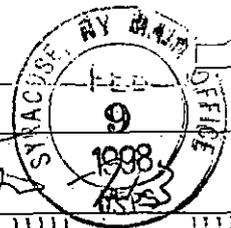
4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received by: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address



PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 STEVE HASTIE  
 RESOURCE MANAGEMENT, INC.  
 111 PRESIDENTIAL BLVD.  
 SUITE 127  
 BALA CYNWYD, PA 19004  
 R-00973953 0/0

4a. Article Number  
 P 969 325 0

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-9-98

5. Received By: (Print Name)  
 [Signature]

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 TIM MORAN  
 SYSTEM COUNCIL U10, IBEW  
 986 GREENTREE ROAD  
 PITTSBURGH, PA 15220  
 R-00973953 O/O

4a. Article Number  
 P 969 325 068

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2/7/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ED PANAVICH  
 WESTINGHOUSE ELECTRIC CORP.  
 11 STANWIX STREET  
 PITTSBURGH, PA 15222-1384  
 R-00973953 O/O

4a. Article Number  
 P 969 325

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2/7/98 FEB

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 969 325 069

4b. Service Type  CERTIFIED

7. Date of Delivery  
 FEB 9 1998

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 969 325 07

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-7-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 BERNIE MCNAMEE, GENERAL MANAGER  
 COMPASS MANAGEMENT AND LEASING  
 MELLON INDEPENDENCE CENTER  
 701 MARKET STREET, SUITE 2384  
 PHILADELPHIA, PA 19106  
 R-00973953 0/0

4a. Article Number  
 P 969 325 072  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received By: (Print Name)  
*Charles Kellogg*  
 6. Signature: (Addressee or Agent)  
*Charles Kellogg*  
 X

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 SIEGFRIED DOERRER  
 XENERGY, INC.  
 3 BURLINGTON WOODS  
 BURLINGTON, MA 01803  
 R-00973953 0/0

4a. Article Number  
 P 969 325 073  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
*2-10*

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
*Reg Brink*  
 X

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 GLENN D. CLOWNEY  
 DELMARVA POWER  
 CHRISTIANA BUILDING  
 252 CHAPMAN ROAD  
 P.O. BOX 6066  
 NEWARK, DE 19714-6066  
 R-00973953 0/0

4a. Article Number  
 P 969 325 074  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received By: (Print Name)  
*DO DORAN*  
 6. Signature: (Addressee or Agent)  
*DO DORAN*  
 X

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ARLEN K. BOLSTAD  
 ROBERT A. OMBERG  
 DIV. OF LEGISLATIVE SERVICES  
 GENERAL ASSEMBLY BLDG. - 2ND FLOOR  
 910 CAPITOL STREET  
 RICHMOND, VA 23219  
 R-00973953 0/0

4a. Article Number  
 P 969 325 075  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 FEB 9 1998

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
*Charles Collins*  
 X

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

WALTER HANS  
TRD  
PO BOX 2820  
CHERRY HILL, NJ 08034-0246

R-00973953 O/O

5. Received by: (Print Name)

6. Signature: (Addressee or Agent)

X 

PS Form 3811, December 1994

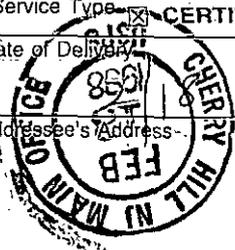
4a. Article Number

P 969 325 076

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address



Domestic Return Receipt

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 969 325 076

4b. Service Type  CERTIFIED

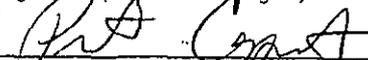
7. Date of Delivery

2/9/98

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**

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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 969 325 077

4b. Service Type  CERTIFIED

7. Date of Delivery

2/6/98

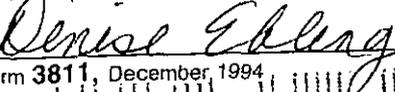
8. Addressee's Address

ROBERT N. GRANT  
PRINCIPAL FOR MGMT. CONSULTING  
DELTA DEVELOPMENT GROUP, INC.  
207 HOUSE AVENUE, SUITE 103  
CAMP HILL, PA 17011

R-00973953 O/O

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

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Domestic Return Receipt

**SE**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

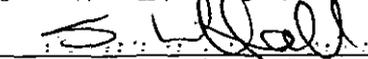
Consult postmaster for fee.

3. Article Addressed to:

DANIEL MONCINO  
SCHLUMBERGER INDUSTRIES  
3155-B NORTHWOODS PARKWAY  
NORCROSS, GA 30071

5. Received by: (Print Name)

6. Signature: (Addressee or Agent)

X 

PS Form 3811, December 1994

4a. Article Number

P 969 325 077

4b. Service Type  CERTIFIED

7. Date of Delivery

2/23/98

8. Addressee's Address

KJR

Domestic Return Receipt

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  BARRY BLACKWELL CINERGY CORP. 1000 E. MAIN STREET PLAINFIELD, IN 46168  R-00973953 O/O		4a. Article Number  P 969 325 080
5. Received By: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED
6. Signature: (Addressee or Agent) <b>X</b> <i>Tanja Blaschke 16475</i>		7. Date of Delivery <i>2-10-98 om</i>
PS Form 3811, December 1994		8. Addressee's Address
Domestic Return Receipt		

3. Article Addressed to:  JOE FISHER ASSOC EDITOR NATURAL GAS INTELLIGENCE 211 REGENCY SQUARE BLVD SUITE 221 HOUSTON TX 77036  R-00973953 O/O		4a. Article Number  P 969 325 080
5. Received By: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED
6. Signature: (Addressee or Agent) <b>X</b> <i>Roger Tanner</i>		7. Date of Delivery <i>2-10-98</i>
PS Form 3811, December 1994		8. Addressee's Address
Domestic Return Receipt		

<b>SENDER:</b> <input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to:  <i>Miller</i> <i>(M.C.)</i> ROBERT O'DONNELL ESQUIRE 1515 MARKET STREET SUITE 500 PHILADELPHIA PA 19102  R-00973953 O/O		4a. Article Number  P 969 325 081
5. Received By: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED
6. Signature: (Addressee or Agent) <b>X</b> <i>William Datta</i>		7. Date of Delivery <i>2-10-98</i>
PS Form 3811, December 1994		8. Addressee's Address
Domestic Return Receipt		

<b>SENDER:</b> <input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to:  RUSSELL HENN LG & E POWER MARKETING 12500 FAIR LAKES CIRCLE SUITE 350 FAIRFAX VA 22033-3804  R-00973953 O/O		4a. Article Number  P 969 325 081
5. Received By: (Print Name)		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED
6. Signature: (Addressee or Agent) <b>X</b> <i>W. Martin</i>		7. Date of Delivery <i>2/9/98</i>
PS Form 3811, December 1994		8. Addressee's Address
Domestic Return Receipt		

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
  
WILLIAM EDWARDS JR  
PACIFICORP  
1500 MARKET ST CENTER SQ  
EAST TOWER -12TH FLOOR  
PHILADELPHIA PA 19102  
  
R-00973953 0/0

4a. Article Number

P 969 325 084

4b. Service Type  CERTIFIED

7. Date of Delivery

*J-10-98*

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

**X** *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
  
JOHN HORTON ANALYST  
MC<sup>2</sup>  
701 EAST 22ND STREET  
LOMBARD IL 60148-5072  
  
R-00973953 0/0

4a. Article Number

P 969 325 081

4b. Service Type  CERTIFIED

7. Date of Delivery

**FEB 09 1998**

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

**X** *Miller*

PS Form 3811, December 1994

Domestic Return Receipt

- SENDER:**
- Check box at right if you require restricted delivery.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
  
VALERIE SMITH  
RURAL UTILITIES  
1400 INDEPENDENCE AVE SW  
MAIL STOP 1516  
RM 4027 SOUTH BLDG  
WASHINGTON DC 20250  
  
R-00973953 0/0

4a. Article Number

P 969 325 085

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

**X** *Debra W. Cooper*

PS Form 3811, December 1994

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- SENDER:**
- Check box at right if you require restricted delivery.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
  
PETE LANGBEIN  
GPU - ADVANCED RESOURCES  
2675 MORGANTOWN ROAD  
SUITE GH2-3300  
READING, PA 19607  
  
R-00973953 0/0

4a. Article Number

P 969 325 081

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

**X** *M.C. Gelber*

PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ROBERT SPAULDING  
 SPAULDING GROUP  
 5127 WALNUT RIDGE DRIVE  
 ERIE, PA 16506  
 R-00973953 O/O

4a. Article Number  
 P 969 325 088  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 FEB 10 1998  
 PA 16666

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X Robert K Spaulding

8. Addressee's Address

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**SENDER:**  
 Check box at right if you require restricted delivery.  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOHN HAPP  
 NORAM ENERGY  
 1600 SMITH STREET  
 SUITE 1161  
 HOUSTON, TX 77002-7345  
 R-00973953 O/O

4a. Article Number  
 P 969 325 090  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2-9-98

5. Received By: (Print Name)  
 MARY DeGeorge  
 6. Signature: (Addressee or Agent)  
 X Mary DeGeorge

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ALBERT THOMAS  
 TECHNEGLAS  
 60 OLD BOSTON ROAD  
 PITTSBURGH, PA 15222  
 R-00973953 O/O

4a. Article Number  
 P 969 325 090  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2-6-98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X Joanne Lehman

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JAN JARRETT  
 1740 MAIN STREET LISBURN  
 MECHANICSBURG PA 17055  
 R-00973953 O/O

4a. Article Number  
 P 969 325 090  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2/6/98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X Jan Jarrett

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

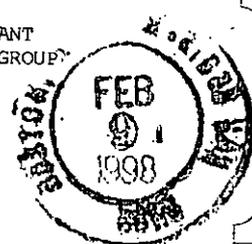
**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 FRANK FELDER SR CONSULTANT  
 THE ECONOMICS RESOURCE GROUP  
 1 MIFFLIN PLACE  
 CAMBRIDGE MA 02138  
 R-00973953 0/0



4a. Article Number  
 P 969 325 094  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received By: (Print Name)  
 P. Massé  
 6. Signature: (Addressee or Agent)  
 X P. Massé

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

3. Article Addressed to:  
 CYNTHIA DATIG  
 DOLLAR ENERGY FUND  
 P.O. BOX 42329  
 PITTSBURGH, PA 15203  
 R-00973953 0/0

4a. Article Number  
 P 969 325 0  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery 2/9/98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X Cynthia Burkhardt

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 WILLIAM CAMPBELL  
 SEASONED ENERGY DEVELOPMENT LTD  
 P O BOX 7955  
 PHILADELPHIA PA 19101-7955  
 R-00973953 0/0

4a. Article Number  
 P 969 325 095  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery 2/14/98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X [Signature]

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 BROOKS MOUNTCASTLE  
 CLEAN AIR COUNCIL  
 3700 VARTAN WAY  
 HARRISBURG, PA 17110  
 R-00973953 0/0

4a. Article Number  
 P 969 325 09  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery 2-9-98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X Judy A. Hancock

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 LIZ ROBINSON EXECUTIVE DIRECTOR  
 ENERGY COORDINATING AGENCY OF  
 PHILADELPHIA  
 1924 ARCH STREET  
 PHILADELPHIA PA 19103  
 R-00973953 0/0

4a. Article Number  
 P 969 325 098

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-9

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Elizabeth Finkel

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ROBERT YOUNG  
 MCQUAIDE BLASKO  
 811 UNIVERSITY DRIVE  
 STATE COLLEGE PA 16801  
 R-00973953 0/0

4a. Article Number  
 P 969 325 10

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2/9/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Margaret Brooks

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 CARL ROBERT ARON EXEC VICE PRESIDENT  
 ITRON INC  
 2218 N SULLIVAN ROAD  
 SPOKANE WA 99216  
 R-00973953 0/0

4a. Article Number  
 P 969 325 099

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-9-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Steven Grant 2/9

PS Form 3811, December 1994 Domestic Return Receipt

*Postmark: SPOKANE WA FEB 9 1998 USPS*

**SENDER:**  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 MARGRET MURDOCH MAYOR  
 MUNICIPAL BLDG  
 100 GARRETT ROAD  
 UPPER DARBY PA 19082-3135  
 R-00973953 0/0

4a. Article Number  
 P 969 325 10

4b. Service Type  CERTIFIED

7. Date of Delivery  
 9 1998

5. Received By: (Print Name)  
 Roy Taylor

6. Signature: (Addressee or Agent)  
 X Roy Taylor

PS Form 3811, December 1994 Domestic Return Receipt

*Postmark: UPPER DARBY PA FEB 9 1998 USPS*

**SENDER:**  
 Check box at right if you require restricted delivery.  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ROBIN L KRONGOLD PARALEGAL  
 PAUL BONNEY ESQUIRE  
 WARD SMITH ESQUIRE  
 MARY MCFALL HOPPER ESQUIRE  
 NOEL H TRASK ESQUIRE  
 PECO ENERGY COMPANY  
 2301 MARKET STREET  
 PHILADELPHIA PA 19101-8699

4a. Article Number  
 P 969 325 601

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)  
 Robin Krongold

6. Signature: (Addressee or Agent)  
 X Robin L. Krongold

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also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 WALTER W COHEN ESQUIRE  
 ANDREW J GIORGIONE ESQUIRE  
 OBERMAYER REBMAN MAXWELL & HIPPEL  
 204 STATE STREET  
 HARRISBURG PA 17102

4a. Article Number  
 P 969 325 601

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2/9/98

5. Received By: (Print Name)  
 Alan Cohen

6. Signature: (Addressee or Agent)  
 X Alan Cohen

PS Form 3811, December 1994

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also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 STEPHEN L FELD ESQUIRE  
 PA POWER COMPANY  
 1 EAST WASHINGTON STREET  
 PO BOX 891  
 NEW CASTLE PA 16103-0891

4a. Article Number  
 P 969 325 602

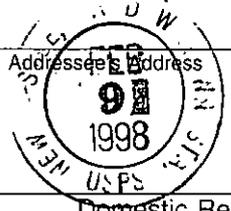
4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)  
 Juanita Romano

6. Signature: (Addressee or Agent)  
 X Juanita Romano

PS Form 3811, December 1994



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also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 Alan Barak

4a. Article Number  
 P 969 325 601

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)  
 R-00973953

6. Signature: (Addressee or Agent)  
 X Judy A. Hancock

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Domestic Return Receipt

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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CRAIG A DOLL ESQUIRE  
214 STATE STREET  
HARRISBURG PA 17101

R-00973953 O/O

4a. Article Number

P 969 325 605

4b. Service Type  CERTIFIED

7. Date of Delivery

2/9/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *P. Welty*

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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DANIEL CLEARFIELD ESQUIRE  
ALAN KOHLER ESQUIRE  
ROBERT LONGWELL ESQUIRE  
212 LOCUST STREET  
SUITE 300  
HARRISBURG PA 17101

R-00973953 O/O

4a. Article Number

P 969 325 606

4b. Service Type  CERTIFIED

7. Date of Delivery

2-5-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Alan Kohler*

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article

RANDALL V GRIFFIN ESQUIRE  
DELMARVA POWER & LIGHT CO  
800 KING STREET  
WILMINGTON DE 19899

R-00973953 O/O

4a. Article Number

P 969 325 606

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *R. F. Edwards*

PS Form 3811, December 1994

8. Addressee's Address



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**SENDER:**

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article

DERRICK WILLIAMSON ESQUIRE  
DAVID KLEPPINGER ESQUIRE  
MCNEES WALLACE & NURICK  
100 PINE STREET  
P O BOX 1166  
HARRISBURG PA 17108-1166

R-00973953 O/O

4a. Article Number

P 969 325 606

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Greg J.*

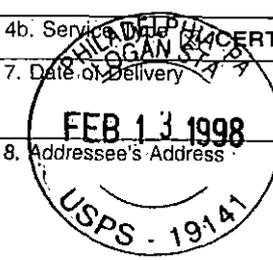
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8. Addressee's Address

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<b>SENDER:</b> <input type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  SAM DEFRAWI DIR NAVY RATE INTERVENTION DEPARTMENT OF NAVY WASHINGTON NAVY YARD BLDG 212 CODE 00RI 901 M STREET NE WASHINGTON DC 20374-5018  R-00973953 0/0		4a. Article Number  P 969 325 609	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery	
5. Received by: (Print Name)		8. Addressee's Address	
6. Signature: (Addressee or Agent) <i>X Linda M. Cady</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  LANCE HAVER 6803 LAWNTON AVENUE PHILADELPHIA PA 19126  R-00973953 0/0		4a. Article Number  P 969 325 6	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery	
5. Received by: (Print Name)		8. Addressee's Address	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, December 1994		Domestic Return	

<b>SENDER:</b> <input type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  WILLIAM T HAWKE ESQUIRE JANET L MILLER ESQUIRE TODD S STEWART ESQUIRE MALATESTA HAWKE & MCKEON P O BOX 1778 HARRISBURG PA 17105-1778  R-00973953 0/0		4a. Article Number  P 969 325 610	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

<b>SENDER:</b> <input type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  THE MCFARREN GROUP 200 N THIRD STREET SUITE 1100 HARRISBURG PA 17101  R-00973953 0/0		4a. Article Number  P 969 325 610	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery	
5. Received by: (Print Name)		8. Addressee's Address	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>		2-9-98	
PS Form 3811, December 1994		Domestic Return F	

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
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3. Article Addressed to:  
 DAVID M BOONIN ESQUIRE  
 NEW ENERGY VENTURES INC  
 1845 WALNUT STREET  
 SUITE 2525  
 PHILADELPHIA PA 19103  
 R-00973953 O/O

4a. Article Number  
 P 969 325 613  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2-9-98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
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3. Article Addressed to:  
 BRUCE A CONNELL ESQUIRE  
 DUPONT POWER MARKETING INC 600 N  
 DAIRY ASHFORD ML-1034  
 HOUSTON TX 77079  
 R-00973953 O/O

4a. Article Number  
 P 969 325 613  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received By: (Print Name)  
 Andy Armstrong  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
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3. Article Addressed to:  
 DONALD A KAPLAN ESQUIRE  
 PRESTON GATES & ELLIS  
 1735 NEW YORK AVENUE  
 WASHINGTON DC 20006  
 R-00973953 O/O

4a. Article Number  
 P 969 325 614  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 FEB 09 1998

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X C MARTINI

8. Addressee's Address

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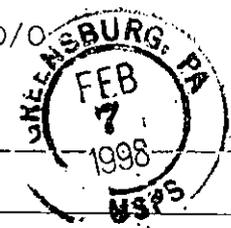
I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOHN L MUNSCHE ESQUIRE  
 WPP COMPANY ALLEGHENY POW  
 800 CABIN HILL DRIVE  
 GREENSBURG PA 15601-1689  
 R-00973953 O/O

4a. Article Number  
 P 969 325 616  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2/7/98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address



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I also wish to receive the following services (for an extra fee):  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DEBORAH SWANSTROM ESQUIRE  
 JOEL D NEWTON ESQUIRE  
 PAUL E NORDSTROM ESQUIRE  
 VERNER LIIPPERT BERNHARD  
 MCPHERSON HAND  
 901 15TH STREET N W  
 WASHINGTON DC 20005-2300  
 R-00973953 0/0



4a. Article Number  
 P 969 325 617

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-9-98

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)

8. Addressee's Address

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3. Article Addressed to:  
 PAUL RUSSELL ESQUIRE  
 PP&L  
 TWO NORTH NINTH STREET  
 ALLENTOWN, PA 18101  
 R-00973953 0/0

4a. Article Number  
 P 969 325 617

4b. Service Type  CERTIFIED

7. Date of Delivery  
 FEB 06 1998

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)

8. Addressee's Address

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**SENDER:**  
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 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 TERRANCE FITZPATRICK ESQ  
 DAVID DESALLE ESQUIRE  
 RYAN RUSSELL OGDEN & SELTZER  
 800 N THIRD STREET STE 101  
 HARRISBURG PA 17102  
 R-00973953 0/0

4a. Article Number  
 P 969 325 618

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2.9.98

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)

8. Addressee's Address

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3. Article Addressed to:  
 H ALLAN KNOPP DIRECTOR  
 REGULATORY AFFAIRS  
 DUPONT POWER MARKETING  
 P O BOX 2197 CH-1038  
 HOUSTON TX 77252  
 R-00973953 0/0

4a. Article Number  
 P 969 325 620

4b. Service Type  CERTIFIED

7. Date of Delivery  
 FEB 09 1998

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)

8. Addressee's Address

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**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 BILLIE RAMSEY EXEC DIR  
 ARIPPA  
 1300 MARKET STREET  
 LEMOYNE PA 17043  
 R-00973953 O/O

4a. Article Number  
 P 969 325 621

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-6-98

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *B Ramsey*

PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 LINDA C SMITH ESQUIRE  
 FREDERICK D OCHSENSHIRT  
 DILWORTH PAZSON KALISH &  
 KAUFFMAN LLP  
 305 N FRONT STREET STE 403  
 HARRISBURG PA 17101-1236  
 R-00973953 O/O

4a. Article Number  
 P 969 325 621

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-9-98

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *S Robinson*

PS Form 3811, December 1994

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 PAUL L ZEIGLER ESQUIRE  
 ZEIGLER & ZIMMERMAN  
 355 N 21ST STREET STE 304  
 P O BOX 1080  
 CAMP HILL PA 17011-3707  
 R-00973953 O/O

4a. Article Number  
 P 969 325 622

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2/6/95

8. Addressee's Address

5. Received By: (Print Name)  
 John P Zeigle

6. Signature: (Addressee or Agent)  
 X *J Zeigle*

PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 MICHAEL L KESSLER  
 AMERICAN ENERGY SOLUTIONS INC  
 111 SOUTH ALFRED STREET  
 ALEXANDRIA VA 22314  
 R-00973953 O/O

4a. Article Number  
 P 969 325 622

4b. Service Type  CERTIFIED

7. Date of Delivery  
 11 1999

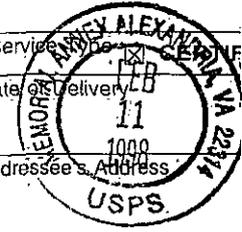
8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *A Brooks*

PS Form 3811, December 1994

Domestic Return Receipt



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- Check box at right if you require restricted delivery.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GARY A JEFFRIES ESQ  
 CNG ENERGY SERVICES  
 ONE PARK RIDGE CENTER  
 PO BOX 15746  
 PITTSBURGH PA 15244-0746

R-00973953 0/0

4a. Article Number

P 969 325 625

4b. Service Type  CERTIFIED

7. Date of Delivery

2-9-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

- SENDER:**
- Check box at right if you require restricted delivery.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

USHER FOGEL ESQUIRE  
 ROLAND FOGEL KOBLENZ & CARROLL  
 1 COLUMBIA PLACE  
 ALBANY NY 12207

R-00973953 0/0

4a. Article Number

P 969 325 625

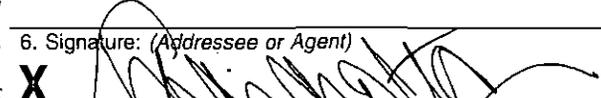
4b. Service Type  CERTIFIED

7. Date of Delivery

2-9-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

- SENDER:**
- Check box at right if you require restricted delivery.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RUFUS L MILEY  
 22 LEOPARD RUN  
 GLEN MILLS PA 19342

R-00973953 0/0

4a. Article Number

P 969 325 626

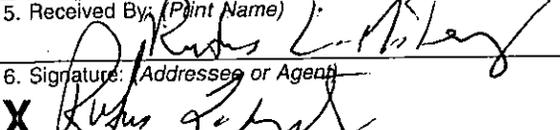
4b. Service Type  CERTIFIED

7. Date of Delivery

2-7-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

- SENDER:**
- Check box at right if you require restricted delivery.
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  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JOHN P ZINKAND EXEC V P  
 PA PETROLEUM ASSN  
 SUITE 121 BLDG 2  
 2001 N FRONT STREET  
 HARRISBURG PA 17102

R-00973953 0/0

4a. Article Number

P 969 325 626

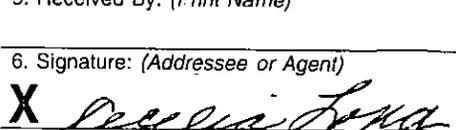
4b. Service Type  CERTIFIED

7. Date of Delivery

2-9-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

8. Addressee's Address

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- Check box at right if you require restricted delivery.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ETHAN GIDDINGS  
217 RODMAN AVENUE  
JENKINTOWN PA 19046

R-00973953 0/0

4a. Article Number

P 969 325 630

4b. Service Type  CERTIFIED

7. Date of Delivery

FFR 07 1998

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*[Signature]*

8. Addressee's Address

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- The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JAMES H NORRIS ESQUIRE  
ECKERT SEAMANS CHERIN & MELLOTT  
600 GRANT STREET 42ND FL  
PITTSBURGH PA 15219

R-00973953 0/0

4a. Article Number

P 969 325 630

4b. Service Type  CERTIFIED

7. Date of Delivery

2

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Thomas Jones*

8. Addressee's Address

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**SENDER:**

- Check box at right if you require restricted delivery.
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also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SUSAN SHANAMAN  
212 N. THIRD STREET  
SUITE 203  
HARRISBURG, PA 17101

R-00973953 0/0

4a. Article Number

P 969 325 631

4b. Service Type  CERTIFIED

7. Date of Delivery

29-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Thomas A. Shins*

8. Addressee's Address

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Domestic Return Receipt

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- The Return Receipt will show to whom the article was delivered and the date delivered.

also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JOELLE ROGG  
GORDON J SMITH ESQUIRE  
JOHN & HENGERER  
1200 17TH STREET NW SUITE 600  
WASHINGTON DC 20036

R-00973953 0/0

4a. Article Number

P 969 325 631

4b. Service Type  CERTIFIED

7. Date of Delivery

02-09-98

5. Received By: (Print Name)

K. QUINN

6. Signature: (Addressee or Agent)

X *K. Quinn*

8. Addressee's Address

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- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 GERALD GORNISH ESQUIRE  
 12TH FLOOR PACKARD BLDG  
 111 S 15TH STREET  
 PHILADELPHIA PA 19102-2678  
 R-00973953 0/0

4a. Article Number  
 P 969 325 634  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2-9-98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 JOHN R ORR ESQUIRE  
 ONE WESTCHASE CENTER  
 10777 WESTHEIMER  
 SUITE 650  
 HOUSTON TX 77042  
 R-00973953 0/0

4a. Article Number  
 P 969 325 631  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address  
 FEB 09 1998  
 HOUSTON TX U.S. SCMTS.  
 USPS

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  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 KENNETH HURWITZ  
 MAUREEN HURLEY  
 VENABLE BAETJER HOWARD &  
 CIVILETTI LLP  
 1201 NEW YORK AVE NW SUITE 1000  
 WASHINGTON DC 20005-3917  
 R-00973953 0/0

4a. Article Number  
 P 969 325 635  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2/10/98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

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  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ROBERT A MILLS COUNSEL  
 ROBERT WEISHOAR JR ESQ  
 EA RETAILERS ASSN  
 100 PINE STREET BOX 1166  
 HARRISBURG PA 17108-1166  
 R-00973953 0/0

4a. Article Number  
 P 969 325 631  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address  
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 Restricted Delivery  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 BRIAN A RIDER PRES  
 PA RETAILERS ASSN  
 224 PINE STREET  
 HARRISBURG PA 17101-1325  
 R-00973953 O/O

4a. Article Number  
 P 969 325 638

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2/9/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

3. Article Addressed to:  
 CRAIG G GOODMAN ESQUIRE  
 3333 K STREET NW  
 SUITE 425  
 WASHINGTON DC 20007  
 R-00973953 O/O

4a. Article Number  
 P 969 325 638

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2/9/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]* KJR

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 KEITH SAPPENFIELD II  
 DIRECTOR OF MARKETING SUPPORT  
 P O BOX 2628  
 HOUSTON TX 77252-2628  
 R-00973953 O/O

4a. Article Number  
 P 969 325 639

4b. Service Type  CERTIFIED

7. Date of Delivery  
 FEB 10 1998

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 NORMA ROSNER ESQUIRE  
 VASTAR POWER MARKETING INC  
 200 WESTLAKE PARK BLVD  
 HOUSTON TX 77079  
 R-00973953 O/O

4a. Article Number  
 P 969 325 641

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 DAVID CRUTHIRDS  
 ELECTRIC CLEARINGHOUSE INC  
 1000 LOUISIANA  
 SUITE 5800  
 HOUSTON TX 77002-5050  
 R-00973953 O/O

4a. Article Number  
 P 969 325 642

4b. Service Type  CERTIFIED

7. Date of Delivery  
 FEB 09 1998

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *[Signature]*

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Domestic Return Receipt

following services (for an extra fee):

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Check box at right if you require restricted delivery.  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 ALBERT M BENINCASA DIR REGULATORY  
 AFFAIRS  
 SKIPPING STONE  
 46 9TH AVENUE  
 SEA CLIFF NY 11579  
 R-00973953 O/O

4a. Article Number  
 P 969 325 642

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-11-98

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *[Signature]*

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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 JOHN HAUJKE EXEC V-P  
 PA ASSN PLUMB HEAT COOL CONTRACTORS  
 4015 JONESTOWN ROAD  
 HARRISBURG PA 17109-9109  
 R-00973953 O/O

4a. Article Number  
 P 969 325 643

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2/6

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *[Signature]*

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I also wish to receive the following services (for an extra fee):

Restricted Delivery

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3. Article Addressed to:  
 VICKIREN S AESCHLEMAN DIRECTOR  
 QST ENERGY INC  
 300 HAMILTON BLVD STE 330  
 PEORIA IL 61602  
 R-00973953 O/O

4a. Article Number  
 P 969 325 643

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-10-98

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *[Signature]*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 SHEILA S HOLLIS ESQ  
 MARY ANN RALLS ESQS &  
 STEPHANIE A SUGRUE ESQ  
 1667 K STREET N W SUITE 700  
 WASHINGTON 20006-1608  
 R-00973953 0/0

4a. Article Number  
 P 969 325 646

4b. Service Type  **CERTIFIED**

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address  
 2/11/98

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 EDWARD B CANNON PRESIDENT  
 BLDG OWNERS & MANAGERS ASSN  
 SUITE 1560 CENTER CITY TOWER  
 650 SMITHFIELD STREET  
 PITTSBURGH PA 15222  
 R-00973953 0/0

4a. Article Number  
 P 969 325 646

4b. Service Type  **CERTIFIED**

7. Date of Delivery  
 2/9/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Nancy Wilson*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 MICHAEL BANTA ESQUIRE  
 DANIEL W MCGILL ESQUIRE  
 INDIANAPOLIS POWER & LIGHT  
 ONE MINNIT CIRCLE  
 INDIANAPOLIS IN 46201  
 R-00973953 0/0

4a. Article Number  
 P 969 325 647

4b. Service Type  **CERTIFIED**

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address  
 FEB 11 1998

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ROBERT I FREEMAN RPA PRES  
 BLDG OWNERS & MANAGERS ASSN.  
 TWO PENN CENTER PLAZA  
 SUITE 310  
 PHILADELPHIA PA 19102  
 R-00973953 0/0

4a. Article Number  
 P 969 325 647

4b. Service Type  **CERTIFIED**

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address  
 PHILA PA 19103 KEY DESK  
 FEB 9 1998  
 USPS

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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 SCOTT J. RUBIN  
 PUBLIC UTILITY CONSULTING  
 3 LOST CREEK DRIVE  
 SELINGSGROVE, PA 17870  
 R-00973953 0/0

4a. Article Number  
 P 969 325 650

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-7-98

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *Scott Rubin*

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 PA. RURAL ELECTRIC ASSOCIATION  
 212 LOCUST STREET  
 P.O. BOX 1266  
 HARRISBURG, PA 17108-1266  
 R-00973953 0/0

4a. Article Number  
 P 969 325 652

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address  
 FEB - 6 1998

6. Signature: (Addressee or Agent)  
 X *Ray G...*

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 PATRICIA ARMSTRONG ESQUIRE  
 REGINA L. MATZ ESQUIRE  
 JOHN A. ALZAMAORA ESQUIRE  
 ROBERT F. YOUNG ESQUIRE  
 212 LOCUST ST P O BOX 9500  
 HARRISBURG PA 17108-9500  
 R-00973953 0/0

4a. Article Number  
 P 969 325 651

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *Yikki Moore*

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FEB - 6 1998

**SENDER:**  
 Check box at right if you require restricted delivery.  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 AUDREY VAN DYKE ASSOC COUNSEL  
 DEPT OF NAVY  
 WASHINGTON NAVY YARD BLDG 218  
 ROOM 200  
 901 M STREET SE  
 WASHINGTON DC 20374-5018  
 R-00973953 0/0

4a. Article Number  
 P 969 325 653

4b. Service Type  CERTIFIED

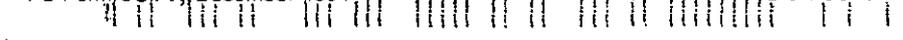
7. Date of Delivery  
 2/9/98

5. Received By: (Print Name)  
 DORA L. MILLER

8. Addressee's Address

6. Signature: (Addressee or Agent)  
 X *Dora L. Miller*

PS Form 3811, December 1994 Domestic Return Receipt



<b>SENDER:</b> <input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  STEVEN P HERSHEY ESQUIRE PHILIP A BERTOCCI ESQUIRE COMMUNITY LEGAL SERVICES 1424 CHESTNUT STREET PHILADELPHIA PA 19102  R-00973953 O/O		4a. Article Number  P 969 325 654	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery  2/9/98	
5. Received By: (Print Name)		8. Addressee's Address	
6. Signature: (Addressee or Agent) <i>X E. Mosly</i>			
PS Form 3811, December 1994 Domestic Return Receipt			

<b>SENDER:</b> <input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  ANGELO P TERANA STATE ANALYSIS CORP 1911 NORTH FRONT MEYER DRV SUITE 702 ARLINGTON VA 22209  R-00973953 O/O		4a. Article Number  P 969 325 654	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery  2-9-98	
5. Received By: (Print Name)		8. Addressee's Address  <i>Same</i>	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, December 1994 Domestic Return Receipt			

<b>SENDER:</b> <input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  DEPT OF NAVY NAVAL FACILITIES ENGINEER COMMAND NAVY RATE INTERVENTION 901 M STREET SE BLDG 212 WASHINGTON DC 20374-5018  R-00973953 O/O		4a. Article Number  P 969 325 655	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address	
6. Signature: (Addressee or Agent) <i>X Linda Cady</i>			
PS Form 3811, December 1994 Domestic Return Receipt			

<b>SENDER:</b> <input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  JOHN KLAUBERG ESQUIRE BRUCE MILLER ESQUIRE LEBOEUF LAMB GREEN & MCRAE 125 W 55TH STREET NEW YORK NY 10019-5389  R-00973953 O/O		4a. Article Number  P 969 325 657	
		4b. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		7. Date of Delivery  <i>[Signature]</i>	
5. Received By: (Print Name)  <i>A. F. R. P.</i>		8. Addressee's Address	
6. Signature: (Addressee or Agent) <i>X [Signature]</i>			
PS Form 3811, December 1994 Domestic Return Receipt			

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 EDWARD G RENDELL MAYOR  
 CITY OF PHILADELPHIA  
 ROOM 215 CITY HALL  
 PHILADELPHIA PA 19107-3295  
 R-00973953 0/0

4a. Article Number  
 P 969 325 658  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received by: (Print Name)  
 P/O Boyk  
 6. Signature: (Addressee or Agent)  
 X *P/O Boyk*

8. Addressee's Address  


PS Form 3811, December 1994

Domestic Return Receipt

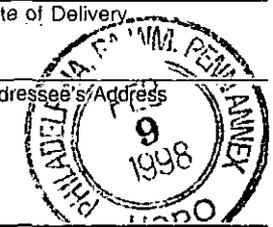
**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 G ROGER BOWERS ESQUIRE  
 VINCENT WALSH JR ESQUIRE  
 SEPTA  
 1234 MARKET STREET  
 5TH FLOOR  
 PHILADELPHIA PA 19107-3780  
 R-00973953 0/0

4a. Article Number  
 P 969 325 66  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received by: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address  


PS Form 3811, December 1994

Domestic Return Receipt

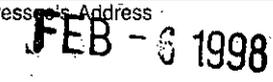
**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOHN GALLAGHER ESQUIRE  
 MICHAEL KLEIN ESQUIRE  
 LEBOEUF LAMB GREENE & MCRAE  
 200 N THIRD STREET STE 300  
 P O BOX 12105  
 HARRISBURG PA 17108-2105  
 R-00973953 0/0

4a. Article Number  
 P 969 325 659  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address  
  
 KJR

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Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JAMES CUNNINGHAM  
 DAVID EPPLE  
 PA ELECTRIC ASSOCIATION  
 301 APC BLDG  
 800 N 3RD STREET  
 HARRISBURG PA 17102  
 R-00973953 0/0

4a. Article Number  
 P 969 325 6  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2-5-98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *David Epple*

8. Addressee's Address

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Domestic Return Receipt

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 FRANK NADOLNY  
 DUQUESNE LIGHT COMPANY  
 P O BOX 1930  
 PITTSBURGH PA 15230-1930  
 R-00973953 0/0

4a. Article Number  
 P 969 325 662

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2/9/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Bowman

3. Article Addressed to:  
 DAVID LANGER  
 BEVERAGE & DIAMOND  
 477 MADISON AVENUE  
 NEW YORK NY 10002  
 R-00973953 0/0

4a. Article Number  
 P 969 325 664

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2/9

5. Received By: (Print Name)  
 David Langer

6. Signature: (Addressee or Agent)  
 X David Langer

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**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 LAWRENCE GODLASKY  
 GPU ENERGY  
 100 APC BUILDING  
 800 N 3RD STREET  
 HARRISBURG PA 17102  
 R-00973953 0/0

4a. Article Number  
 P 969 325 663

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2.9.98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Thompson

3. Article Addressed to:  
 DONALD A KAPLAN  
 LISA M HELPERT EQS  
 PRESTON GATES ELLIS & ROUVELAS  
 MEEDS LLP  
 SUITE 500 1735 NEW YORK AVENUE NW  
 WASHINGTON DC 20006  
 R-00973953 0/0

4a. Article Number  
 P 969 325 664

4b. Service Type  CERTIFIED

7. Date of Delivery  
 FEB 09 1998

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X C MARTIN

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**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 R-00973953  
 o/o  
 Roger E Clark  
 Esq

4a. Article Number:  
 P 969 325 666

4b. Service Type  CERTIFIED

7. Date of Delivery:  
 2798

5. Received By: (Print Name)  
 Nancy Clark

6. Signature: (Addressee or Agent)  
 X *Nancy Clark*

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**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article:  
 JOHN LITZ  
 UGI UTILITIES  
 400 STEWART ROAD  
 P O BOX 3200  
 WILKES-BARRE PA 18773-3200  
 R-00973953 O/O

4a. Article Number:  
 P 969 325 666

4b. Service Type  CERTIFIED

7. Date of Delivery:

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *James Price*

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**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article:  
 ALFRED MILLER  
 JAN FREEMAN DIR OF PUBLIC POLICY  
 PECC ENERGY COMPANY  
 2301 MARKET STREET S21-1  
 PHILADELPHIA PA 19101  
 R-00973953 O/O

4a. Article Number:  
 P 969 325 667

4b. Service Type  CERTIFIED

7. Date of Delivery:  
 2/9/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *M Green*

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article:  
 EASTERN ENERGY MARKETING INC  
 REGULATORY AFFAIRS MANAGER  
 2800 EISENHOWER AVENUE  
 ALEXANDRIA VA 22314  
 R-00973953 O/O

4a. Article Number:  
 P 969 325 666

4b. Service Type  CERTIFIED

7. Date of Delivery:  
 2/9/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Billamy*

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**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 STANLEY LASKOWSKI ACT REGIONAL  
 ADMINISTRATION  
 EPA  
 841 CHESTNUT BUILDING  
 PHILADELPHIA PA 19107  
 R-00973953 0/0

4a. Article Number  
 P 969 325 670  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received By: (Print Name)  
 REGION III, SUPPLY ROOM 3rd FLOOR-  
 PHILADELPHIA, PA 19107  
 X PHILADELPHIA, PA 19107

8. Addressee's Address  
 FEB 09 1998

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**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DANIEL TUNNELL, PRESIDENT  
 PENNSYLVANIA GAS ASSOCIATION  
 800 N. 3RD STREET, 2ND FLOOR  
 HARRISBURG, PA 17102  
 R-00973953 0/0

4a. Article Number  
 P 969 325 670  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2-9-98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Christina J. Heer*

8. Addressee's Address

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**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JAMIE WINEBRAKE  
 US DOE  
 1880 JFK BOULEVARD  
 SUITE 501  
 PHILADELPHIA PA 19103  
 R-00973953 0/0

4a. Article Number  
 P 969 325 671  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2/9 98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *John B. Co*

8. Addressee's Address

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**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 WICK HAVENS  
 DIV OF AIR RESOURCE MGMT  
 400 MARKET STREET 12TH FL  
 P O BOX 8468  
 HARRISBURG PA 17105-8468  
 R-00973953 0/0

4a. Article Number  
 P 969 325 671  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 FEB 06 1998

5. Received By: (Print Name)  
 Charles F. Fleherty  
 6. Signature: (Addressee or Agent)  
 X

8. Addressee's Address

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<input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  MIKE WELSH, SECRETARY/TREASURER UTILITY WORKERS/PENNSYLVANIA UTILITY CAUCUS 408-412 BROAD STREET JOHNSTOWN, PA 15906  R-00973953 O/O		4a. Article Number  P 969 325 675	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 2-9-98	
5. Received By: (Print Name)		8. Addressee's Address	
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> <i>[Signature]</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

<input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  <del>DAN ROSENBERG</del> <del>MID-ATLANTIC ENERGY PROJECT</del> <del>203 W 22ND ST., AP# 10</del> <del>NEW YORK, NY 10011-2748</del>  R-00973953 O/O		4a. Article Number  P 969 325 675	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 3-3-98	
5. Received By: (Print Name)		8. Addressee's Address	
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> <i>[Signature]</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

<b>SENDER:</b> <input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  EUGENE M. TRISKO ATTORNEY FOR UMWA P. O. BOX 596 BERKELEY SPRINGS, WV 25411  R-00973953 O/O		4a. Article Number  P 969 325 676	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 2-9-98	
5. Received By: (Print Name)		8. Addressee's Address	
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> <i>[Signature]</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

<b>SENDER:</b> <input checked="" type="checkbox"/> Check box at right if you require restricted delivery. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input checked="" type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  RICHARD H. COUNIHAN, VP GOVERNMENT AFFAIRS EDISON SOURCE 13191 CROSSROADS PARKWAY NORTH CITY OF INDUSTRY, CA 91746  R-00973953 O/O		4a. Article Number  P 969 325 676	
		4b. Service Type <input checked="" type="checkbox"/> CERTIFIED	
		7. Date of Delivery 2/9	
5. Received By: (Print Name)		8. Addressee's Address	
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> <i>[Signature]</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

**SENDER:**  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 BILL SHANE, ESQUIRE  
 440 SCHOOL STREET  
 INDIANA, PA 15701  
 R-00973953 O/O

4a. Article Number  
 P 969 325 679  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2/7/98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Arthur Shane*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 MR. GEORGE EMMONS  
 17 N. LANCASTER LANE  
 NEWTOWN, PA 18940  
 R-00973953 O/O

4a. Article Number  
 P 969 325 680  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 JTA 2.7.98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *George Emmons*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 MR. GEORGE ELLIS  
 PENNSYLVANIA COAL ASSOCIATION  
 212 N. 3RD ST., SUITE 102  
 HARRISBURG, PA 17101  
 R-00973953 O/O

4a. Article Number  
 P 969 325 680  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2-9-98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *George Ellis*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 MR. PHIL PATITSAS  
 AIR PRODUCTS & CHEMICALS  
 WINDSOR 2  
 7201 HAMILTON BLVD.  
 ALLENTOWN, PA 18195-1501  
 R-00973953 O/O

4a. Article Number  
 P 969 325 680  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 FEB 06 1998

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Phil Patitsas*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JAMES STEFFES DIR GOV'T AFFAIRS  
 ENRON CAPITAL & TRADE RESOURCES  
 1400 SMITH STREET  
 ED #2408  
 HOUSTON TX 77002  
  
 R-00973953 0/0

4a. Article Number  
 P 969 325 683

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-9-98

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
*[Signature]*

8. Addressee's Address  
 KJR

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 THOMAS BROGAN ESQUIRE  
 KLETT LIEBER ROONEY & SCHORLING  
 240 NORTH THIRD STREET  
 SUITE 600  
 HARRISBURG PA 17101-1503  
  
 R-00973953 0/0

4a. Article Number  
 P 969 325 683

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-9-98

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
*[Signature]*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 CHARLES ESTES  
 APPALACHIAN PACIFIC  
 1600 WILSON BOULEVARD  
 ARLINGTON VA 22209  
  
 R-00973953 0/0

4a. Article Number  
 P 969 325 684

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2/10/98

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
*X K. Mice*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JAMES BRODT  
 SMITH BARNEY INC  
 390 GREENWICH STREET  
 5TH FLOOR  
 NEW YORK NY 10013  
  
 R-00973953 0/0

4a. Article Number  
 P 969 325 684

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-2-98

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
*X R. Grady*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

- SENDER:**
- Check box at right if you require restricted delivery.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JAMES ROYAL  
PRESIDENT & C.O.O  
NOBLE GROUP CORPORATION  
3121 NORRIS STREET  
PHILADELPHIA, PA 19121

R-00973953 0/0

4a. Article Number

P 969 325 688

4b. Service Type  CERTIFIED

7. Date of Delivery

2-12-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *J. Royal*

PS Form 3811, December 1994

8. Addressee's Address

Domestic Return Receipt

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3. Article Addressed to:

RODNEY R AKERS ASST CITY SOL  
DEPT OF LAW  
313 CITY COUNTY BLDG  
414 GRANT STREET  
PITTSBURGH PA 15219

R-00973953 0/0

4a. Article Number

P 969 325 689

4b. Service Type  CERTIFIED

7. Date of Delivery

FEB 09 1998

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Rodney Akers*

PS Form 3811, December 1994

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):

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3. Article Addressed to:

ELLIOT M. LOYLESS, P.E.  
ENERGY COST MANAGEMENT  
1901 CAMP FLORIDA ROAD  
BRANDON, FL 33510

R-00973953 0/0

4a. Article Number

P 969 325 688

4b. Service Type  CERTIFIED

7. Date of Delivery

2/13/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *E. Loyless*

PS Form 3811, December 1994

8. Addressee's Address

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  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
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I also wish to receive the following services (for an extra fee):

Restricted Delivery

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3. Article Addressed to:

ELIZABETH R. BENSON, PRESIDENT  
ENERGY ASSOCIATES  
7303 TIMBER LANE  
FALLS CHURCH, VA 22046-2735

R-00973953 0/0

4a. Article Number

P 969 325 691

4b. Service Type  CERTIFIED

7. Date of Delivery

2/10/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *E. Benson*

PS Form 3811, December 1994

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):

Restricted Delivery

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3. Article Addressed to:

BILL MCCUE  
MERCK & CO., INC.  
SUMNEYTOWN PIKE  
P.O. BOX 4, WP2-1  
WEST POINT, PA 19486-0004

R-00973953 0/0

4a. Article Number

P 969 325 692

4b. Service Type  CERTIFIED

7. Date of Delivery

02-09-98

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)

*Bill Merck 2/19/98*

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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PETER THOMPSON  
ANDREWS & KURTH LLP  
1701 PA AVENUE NW  
WASHINGTON DC 20006

R-00973953 0/0

4a. Article Number

P 969 325 691

4b. Service Type  CERTIFIED

7. Date of Delivery

5-9-98

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)

*P. Williams*

PS Form 3811, December 1994 Domestic Return Receipt

- SENDER:**
- Check box at right if you require restricted delivery.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MICHAEL WALKER  
BRADFORD STERN  
BUCHANAN INGERSOLL-COLLEGE CENTRE  
500 COLLEGE ROAD EAST  
PRINCETON, NJ 08540

R-00973953 0/0

4a. Article Number

P 969 325 693

4b. Service Type  CERTIFIED

7. Date of Delivery

2-9-98

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)

*[Signature]*

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  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BRIAN HICKEY  
MED AMERICAN NATURAL RESOURCES  
2005 WEST 8TH STREET SUITE 201  
ERIE PA 16505

R-00973953 0/0

4a. Article Number

P 969 325 694

4b. Service Type  CERTIFIED

7. Date of Delivery

2/9/98

5. Received By: (Print Name)

Wendy Wasmiller

8. Addressee's Address

6. Signature: (Addressee or Agent)

*Wendy Wasmiller*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
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3. Article Addressed to:  
 HARRY GELLER ESQUIRE  
 PA UTILITY LAW PROJECT  
 118 LOCUST STREET  
 HARRISBURG PA 17101-1414  
 R-00973953 O/O

4a. Article Number  
 P 969 325 697  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2-9-98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *J.G. Weisinger*

8. Addressee's Address

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 Check box at right if you require restricted delivery.  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

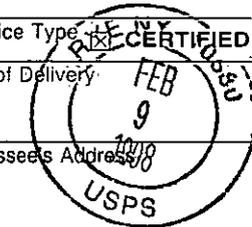
I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ANTHONY LISANTI  
 CONSOLIDATED EDISON COMPANY  
 511 THEODORE FREM'D AVENUE  
 ROOM 112  
 RYE NY 10580  
 R-00973953 O/O

4a. Article Number  
 P 969 325 699  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 FEB 9 1998

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *M. Brown*

8. Addressee's Address



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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
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3. Article Addressed to:  
 GLENN WINTER PE  
 1847 RADNOR ROAD  
 YORK PA 17402  
 R-00973953 O/O

4a. Article Number  
 P 969 325 698  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 February 6, 1998

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Glenn Winter*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOHN MOLINDA  
 STRATEGIC ENERGY LTD  
 2 GATEWAY CENTER  
 PITTSBURGH PA 15222  
 R-00973953 O/O

4a. Article Number  
 P 969 325 700  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 FEB 10 1998

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Calbert*

8. Addressee's Address

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 Check box at right if you require restricted delivery.  
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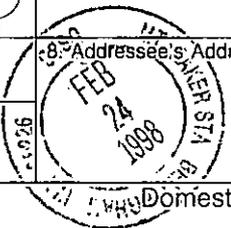
I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 MICHAEL KARP  
 31 APPALOOSA ROAD  
 BELLINGHAM WA 98226  
 R-00973953 O/O

4a. Article Number  
 P 969 325 701  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*Michael Karp*



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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
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3. Article Addressed to:  
 AMY LEADER  
 LEGISLATIVE DIRECTOR  
 DECHERT PRICE & RHODES  
 30 N. 3RD STREET  
 HARRISBURG, PA 17101  
 R-00973953 O/O

4a. Article Number  
 P 969 325 703  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2-9-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*A. Rongenecker*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DAN DELANEY  
 KIRKPATRICK & LOCKHART  
 240 N. THIRD STREET  
 HARRISBURG, PA 17101  
 R-00973953 O/O

4a. Article Number  
 P 969 325 702  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2-9-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*K. D. C...*

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 Restricted Delivery  
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3. Article Addressed to:  
 DEBORAH SCHACHTER  
 163 STICK FARM ROAD  
 CONCORD, NH 03301  
 R-00973953 O/O

4a. Article Number  
 P 969 325 700  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2-27-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*Unclaimed*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
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3. Article Addressed to:  
 ERIK HANSEN  
 DELMARVA POWER  
 800 KING STREET  
 WILMINGTON, DE 19899  
 R-00973953 O/O

4a. Article Number  
 P 969 325 705  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received By: (Print Name)  
 Stewart  
 6. Signature: (Addressee or Agent)  
 X *Stewart*

8. Addressee's Address  


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I also wish to receive the following services (for an extra fee):  
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3. Article Addressed to:  
 TIMOTHY W. MERRILL, JR.  
 ENSERCH ENERGY SERVICES, INC.  
 PENN CENTER WEST, BLDG. 4,  
 SUITE 200  
 PITTSBURGH, PA 15276  
 R-00973953 O/O

4a. Article Number  
 P 969 325 707  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2-9-98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Gary Peters*

8. Addressee's Address

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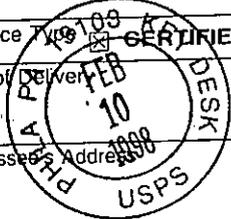
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3. Article Addressed to:  
 TRAVIS PEYTON, PE  
 BALLINGER  
 2005 MARKET ST., STE. 1500  
 PHILADELPHIA, PA 19103-7088.  
 R-00973953 O/O

4a. Article Number  
 P 969 325 706  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *F. York PSC*



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3. Article Addressed to:  
 FRANK K. GATES  
 GREENLEE ASSOCIATES  
 P.O. BOX 291  
 HARRISBURG, PA 17108  
 R-00973953 O/O

4a. Article Number  
 P 969 325 708  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Ken S. Allen*

FEB - 6 1998

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 Restricted Delivery  
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3. Article Addressed to:  
 JOHN V. KULIK, VP  
 GOVERNMENT RELATIONS  
 PA. FOOD MERCHANTS ASSN.  
 1029 MUMMA ROAD  
 P.O. BOX B70  
 CAMP HILL, PA 17011  
  
 R-00973953 O/O

4a. Article Number  
 P 969 325 709  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery  
 2/9/98  
  
 8. Addressee's Address

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

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3. Article Addressed to:  
 RICHARD W. BAIN  
 CENTERIOR ENERGY  
 5761 WEST AVENUE  
 EDINBORO, PA 16412-1342  
  
 R-00973953 O/O

4a. Article Number  
 P 969 325 71  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery  
 2-7-98  
  
 8. Addressee's Address

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

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 Restricted Delivery  
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3. Article Addressed to:  
 RALPH L. LENTZ, REGISTRAR  
 CHM., POLITICAL EDUCATION COMM.  
 I.B.E.W. LOCAL UNION 777  
 740 ANNA MAY STREET  
 YORK, PA 17404-1366  
  
 R-00973953 O/O

4a. Article Number  
 P 969 325 710  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery  
 FEB 7 1998  
  
 8. Addressee's Address

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DENIS E. GEORGE, VP  
 STAND ENERGY CORPORATION  
 1077 CELESTIAL STREET  
 ROCKWOOD BLDG., SUITE 110  
 CINCINNATI, OH 45202  
  
 R-00973953 O/O

4a. Article Number  
 P 969 325 71  
  
 4b. Service Type  CERTIFIED  
  
 7. Date of Delivery  
 2/9/98  
  
 8. Addressee's Address

5. Received By: (Print Name)  
  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 STEVE R. CORWELL  
 QST ENERGY, INC.  
 300 HAMILTON BLVD.  
 SUITE 330  
 PEORIA, IL 61602  
 R-00973953 0/0

4a. Article Number  
 P 969 325 713  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2-10-98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 GINNY KREITLER  
 KREITLER CONSULTING  
 1004 HAMPSTEAD ROAD  
 WYNEWOOD, PA 19096  
 R-00973953 0/0

4a. Article Number  
 P 969 325 713  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2/7/98 YA

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 RICH HEIDORN, JR.  
 THE PHILADELPHIA INQUIRER  
 P.O. BOX 8263  
 PHILADELPHIA, PA 19101  
 R-00973953 0/0

4a. Article Number  
 P 969 325 714  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 PHILADELPHIA PA 19101  
 FEB 9 1998  
 M.O.D.

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 NEAL K. CODY  
 MAPSA  
 ENERGY INVESTMENT ADVISORS  
 7004 CLIFTON FOREST DRIVE  
 CLIFTON, VA 20124  
 R-00973953

4a. Article Number  
 P 969 325 714  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 3-5-98

5. Received by: (Print Name)  
 NIXIE  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

1119 1 04 03/02/98  
 RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD  
*[Handwritten signature]*

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- The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TROND GRENAGER, PRES./CEO  
LEBANON METHANE RECOVERY, INC.  
920 ROSSTOWN ROAD  
LEWISBERRY, PA 17339

R-00973953 O/O

5. Received by: (Print Name)

6. Signature: (Addressee or Agent)

*[Signature]*

4a. Article Number

P 969 325 717

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address

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following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CHRISTOPHER ZETTEMAYER  
REED SMITH SHAW & MCCLAY  
213 MARKET STREET  
P.O. BOX 11844  
HARRISBURG, PA 17108

R-00973953 O/O

5. Received by: (Print Name)

6. Signature: (Addressee or Agent)

*[Signature]*

4a. Article Number

P 969 325 717

4b. Service Type  CERTIFIED

7. Date of Delivery

8. Addressee's Address

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Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

FRANK E. SPARROW  
EQUITABLE GAS  
423 WALNUT STREET  
SUITE 220  
HARRISBURG, PA 17101

R-00973953 O/O

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*[Signature]*

4a. Article Number

P 969 325 718

4b. Service Type  CERTIFIED

7. Date of Delivery

2-9-98

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):

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3. Article Addressed to:

DONNA GEHLHAART  
REGULATORY PUB. AFFERS. MGR.  
INTERNATIONAL PAPER  
320 W. MARKET ST., SUITE 600  
HARRISBURG, PA 17101

R-00973953 O/O

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*[Signature]*

4a. Article Number

P 969 325 721

4b. Service Type  CERTIFIED

7. Date of Delivery

2-23-98

8. Addressee's Address

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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JOHN EARWOOD  
 PA. DEPARTMENT OF AGING  
 400 MARKET STREET  
 HARRISBURG, PA 17101

R-00973953 0/0

4a. Article Number

P 969 325 721

4b. Service Type  CERTIFIED

7. Date of Delivery

9 Feb 98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *John Earwood*

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I also wish to receive the following services (for an extra fee):

Restricted Delivery

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3. Article Addressed to:

LOUIS CARTER ESQUIRE  
 7300 CITY LINE AVENUE  
 PHILADELPHIA PA 19151

R-00973953 0/0

4a. Article Number

P 969 325 721

4b. Service Type  CERTIFIED

7. Date of Delivery

29 98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *L. Carter*

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I also wish to receive the following services (for an extra fee):

Restricted Delivery

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3. Article Addressed to:

SCOTT HELM  
 EXPENSE AUDIT & CONSULTING  
 516 KENHORST BLVD.  
 READING, PA 19610

R-00973953 0/0

4a. Article Number

P 969 325 722

4b. Service Type  CERTIFIED

7. Date of Delivery

2/6

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Scott Helm*

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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GARY STOCKBRIDGE VP  
 STEPHEN HUNTOON ESQUIRE  
 HORIZON ENERGY COMPANY  
 2301 MARKET STREET S20-1  
 PHILADELPHIA PA 19103

R-00973953 0/0

4a. Article Number

P 969 325 722

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Marie C. Lord*

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\* Please REVISE mailing address.

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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 TAMASIN STERNER *JOHN BAUSMAN JR*  
 PURE ENERGY  
~~531 W. FREDERICK STREET~~  
 LANCASTER, PA 17603  
 R-00973953 O/O *24*

4a. Article Number  
 P 969 325 725

4b. Service Type  CERTIFIED

7. Date of Delivery  
*2-9-98* *TOO*

5. Received By: (Print Name)  
*Tamasin Sterner*

6. Signature: (Addressee or Agent)  
*[Signature]*

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article  
 DIANE S. MEYER  
 VP - RATES & REGULATORY AFFAIRS  
 PEOPLES GAS  
 625 LIBERTY AVENUE  
 PITTSBURGH, PA 15222-3197  
 R-00973953 O/O

4a. Article Number  
 P 969 325 72

4b. Service Type  CERTIFIED

7. Date of Delivery  
*2/9/98*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DANIEL DESMOND  
 SUSTAINABLE SYSTEMS RESEARCH  
 1303 WHEATLAND AVENUE  
 LANCASTER, PA 17603  
 R-00973953 O/O

4a. Article Number  
 P 969 325 726

4b. Service Type  CERTIFIED

7. Date of Delivery  
*2-13-98*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOEL BLAU REG CNS  
 WHEELED ELECTRIC POWER  
 32 WINDSOR COURT  
 DELMAR NY 12054  
 R-00973953 O/O

4a. Article Number  
 P 969 325 728

4b. Service Type  CERTIFIED

7. Date of Delivery  
*3-3-98*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*[Signature]*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DR JOHN O'BRIEN PRES  
 WHEELED ELECTRIC POWER  
 50 LINDBERGH BLVD  
 SUITE 400  
 UNIONDALE NY 11553  
 R-00973953 O/O

4a. Article Number  
 P 969 325 729  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 FEB 09

3. Article Addressed to:  
 DAVID HUGHES  
 4037 LUDWICK STREET  
 PITTSBURGH, PA 15217  
 R-00973953 O/O

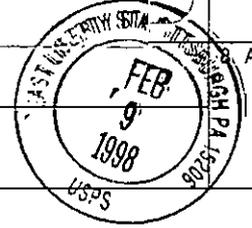
4a. Article Number  
 P 969 325 730  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2-9-98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
*[Signature]*

8. Addressee's Address  
 KJR

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
*[Signature]*

Addresssee's Address



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3. Article  
 JOSEPH GOLDBERG  
 CHIEF DEPUTY ATTORNEY GENERAL  
 DIR., BUR. OF CONSUMER PROTECTION  
 14TH FLOOR- STRAWBERRY SQUARE  
 HARRISBURG, PA 17120  
 R-00973953 O/O

4a. Article Number  
 P 969 325 730  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

3. Article Addressed to:  
 ANTHONY MIRABILE  
 UNITED REGIONAL ENERGY  
 3200 MELLON BANK CENTER  
 1735 MARKET STREET  
 PHILADELPHIA, PA 19103  
 R-00973953 O/O

4a. Article Number  
 P 969 325 730  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2-10-98

5. Received By: (Print Name)  
*[Signature]*  
 6. Signature: (Addressee or Agent)  
*[Signature]*

8. Addressee's Address  
 FEB - 6 1998

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
*[Signature]*

8. Addressee's Address  
 FEB 11 1998

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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 NORMAN H. STARK  
 MACDONALD, ILLIG, JONES & BRITTON  
 SUITE 700  
 100 STATE STREET  
 ERIE, PA 16507  
 R-00973953 0/0

4a. Article Number  
 P 969 325 734

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-7-98

5. Received By: (Print Name)  
 Aaron Jones

6. Signature: (Addressee or Agent)  
 X *Aaron Jones*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):

Restricted Delivery

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3. Article Addressed to:  
 JOSEPH WYDRA  
 SHUMAKER WILLIAMS GOVERNANCE  
 RESOURCE GROUP  
 P.O. BOX 88  
 HARRISBURG, PA 17108  
 R-00973953 0/0

4a. Article Number  
 P 969 325 73

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Fred. G. Dent*

8. Addressee's Address  
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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. A  
 DENNIS KALBARCZYK  
 UTILITY RATES RESOURCES  
 910 PIKETOWN ROAD  
 HARRISBURG, PA 17112  
 R-00973953 0/0

4a. Article Number  
 P 969 325 735

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2/6/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Dennis Kalbarczyk*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):

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Consult postmaster for fee.

3.  
 JAY LAYMAN  
 CAPITAL ASSOCIATES, INC.  
 200 NORTH 3RD STREET, SUITE 1402  
 P.O. BOX 1085  
 HARRISBURG, PA 17108-1085  
 R-00973953 0/0

4a. Article Number  
 P 969 325 73

4b. Service Type  CERTIFIED

7. Date of Delivery  
 FEB 06 1998

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Cherisea Cardinale*

8. Addressee's Address  
 KJR

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
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3. Article Addressed to:  
 ROCCO PUGLIESE  
 PUGLIESE ASSOCIATES  
 208 N. 3RD STREET  
 SUITE 410  
 HARRISBURG, PA 17101  
 R-00973953 O/O

4a. Article Number  
 P 969 325 738  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2.9.98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *J. L. Sweger*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
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3. Article Addressed to:  
 JOE DUDICK  
 PA RURAL DEVELOPMENT COUNCIL  
 506 FINANCE BUILDING  
 HARRISBURG, PA 17120  
 R-00973953 O/O

4a. Article Number  
 P 969 325 74  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 FEB 06 1998

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Joe Dudick*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
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3. Article Addressed to:  
 JACK JOHNSON  
 GEOPHONICS  
 332 SPRINGFIELD AVENUE  
 SUMMIT, NJ 07901  
 R-00973953 O/O

4a. Article Number  
 P 969 325 739  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2/9

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *J. Johnson*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
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3. Article Addressed to:  
 ELISA J. GRAMMER  
 MONIQUE PENN-JENKINS  
 GRAMMER KISSEL ROBINS  
 SKANCKE & EDWARDS  
 1225 EYE ST., NW, STE. 1225  
 WASHINGTON, D.C. 20005  
 R-00973953 O/O

4a. Article Number  
 P 969 325 74  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2/9/98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Elisa Grammer*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

WILLIAM KAHOC  
NORSTAR ENERGY  
26 TOLCHESTER LANE  
BEL AIRE, MD 21014

R-00973953 0/0

4a. Article Number

P 969 325 742

4b. Service Type  CERTIFIED

7. Date of Delivery

2-7-98

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)



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- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

STEVEN B. LOUX, RESEARCH ASSOCIATE  
THE COMMONWEALTH FOUNDATION  
3544 NORTH PROGRESS AVENUE  
SUITE 101  
HARRISBURG, PA 17110

R-00973953 0/0

4a. Article Number

P 969 325 7

4b. Service Type  CERTIFIED

7. Date of Delivery

2-9-98

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)



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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ROGER ODISIO  
170 DRAKE ROAD  
BETHEL PARK, PA 15102

R-00973953 0/0

4a. Article Number

P 969 325 743

4b. Service Type  CERTIFIED

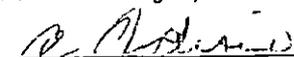
7. Date of Delivery

2-7-98

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)



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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MARY LAYSHOCK  
DOWNES ASSOCIATES, INC.  
2129 NORTHWOOD DRIVE  
SALISBURY, MD 21801

R-00973953 0/0

4a. Article Number

P 969 325

4b. Service Type  CERTIFIED

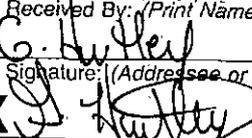
7. Date of Delivery

2-9-98

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)



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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 JAMES H. CAWLEY  
 RHOADS & SINON, LLP  
 ONE SOUTH MARKET SQUARE  
 P.O. BOX 1146  
 HARRISBURG, PA 17108-1146  
 R-00973953 0/0

4a. Article Number  
 P 969 325 746

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *JDR*

8. Addressee's Address  
 FEB - 6 1998

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**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 ANDREW ALTMAN  
 CLEAN AIR COUNCIL  
 135 S. 19TH STREET  
 SUITE 300  
 PHILADELPHIA, PA 19103  
 R-00973953 0/0

4a. Article Number  
 P 969 325 746

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2/9/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *William Brown*

8. Addressee's Address

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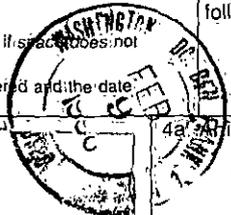
**SENDER:**

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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.



3. Article Addressed to:  
 GLENN BERGER  
 1440 NEW YORK AVENUE, NW  
 SIXTH FLOOR  
 WASHINGTON, D.C. 20005  
 R-00973953 0/0

4a. Article Number  
 P 969 325 747

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2/9/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Korang*

8. Addressee's Address

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Restricted Delivery

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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. A *R-09 973 953 0/O*  
 ROBIN L KRONGOLD PARALEGAL  
 PAUL BONNEY ESQUIRE  
 WARD SMITH ESQUIRE  
 MARY MCFALL HOPPER ESQUIRE  
 NOEL H TRASK ESQUIRE  
 PECO ENERGY COMPANY  
 2301 MARKET STREET  
 PHILADELPHIA PA 19101-8699

4a. Article Number  
 P 969 322 159

4b. Service Type  CERTIFIED

7. Date of Delivery  
*2-26-98*

3. A  
 ALAN J BARAK ESQUIRE  
 KATHLEEN O'REILLY ESQUIRE  
 ROGER CLARK ESQUIRE  
 ENVIRONMENTALISTS  
 1417 BLUE MOUNTAIN PARKWAY  
 HARRISBURG PA 17112  
 R-00973953 0/O

4a. Article Number  
 P 969 322 161

4b. Service Type  CERTIFIED

7. Date of Delivery  
*3-2-98*

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
*X [Signature]*

8. Addressee's Address

5. Received By: (Print Name)  
*ML MORIN*  
 6. Signature: (Addressee or Agent)  
*X [Signature]*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

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**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. F  
 WALTER W COHEN ESQUIRE  
 ANDREW J GIORGIONE ESQUIRE  
 OBERMAYER REBMAN MAXWELL &  
 HIPPEL  
 204 STATE STREET  
 HARRISBURG PA 17102  
 R-00973953 0/O

4a. Article Number  
 P 969 322 160

4b. Service Type  CERTIFIED

7. Date of Delivery  
*3/2/98*

3. Article Addressed to:  
 CRAIG A DOLL ESQUIRE  
 214 STATE STREET  
 HARRISBURG PA 17101  
 R-00973953 0/O

4a. Article Number  
 P 969 322 161

4b. Service Type  CERTIFIED

7. Date of Delivery  
*3/2/98*

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
*X [Signature]*

8. Addressee's Address

5. F  
 6. Signature: (Addressee or Agent)  
*X [Signature]*

8. Addressee's Address

PS Form 3811, December 1994 Domestic Return Receipt

PS Form 3811, December 1994 Domestic Return Receipt

- Check box at right if you require restricted delivery.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RANDALL V GRIFFIN ESQUIRE  
DELMARVA POWER & LIGHT CO  
800 KING STREET  
WILMINGTON DE 19899

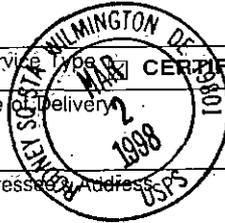
R-00973953 0/0

4a. Article Number

P 969 322 163

4b. Service Type  CERTIFIED

7. Date of Delivery



8. Addressee's Address

5. Received By: (Print Name)

Alex Stewart

6. Signature: (Addressee or Agent)

X Alex Stewart

PS Form 3811, December 1994

Domestic Return Receipt

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

- Check box at right if you require restricted delivery.

- Attach this form to the front of the mailpiece, or on the back if space does not permit.

- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

DERRICK WILLIAMSON ESQUIRE  
DAVID KLEPPINGER ESQUIRE  
MCNEES WALLACE & NURICK  
100 PINE STREET  
P O BOX 1166  
HARRISBURG PA 17108-1166

R-00973953 0/0

4a. Article Number

P 969 322 165

4b. Service Type  CERTIFIED

7. Date of Delivery

2-20-98

8. Addressee's Address

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Chris Smith

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- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article

DANIEL CLEARFIELD ESQUIRE  
ALAN KOHLER ESQUIRE  
ROBERT LONGWELL ESQUIRE  
212 LOCUST STREET  
SUITE 300  
HARRISBURG PA 17101

R-00973953 0/0

4a. Article Number

P 969 322 164

4b. Service Type  CERTIFIED

7. Date of Delivery

3/2/98

8. Addressee's Address

5. Received By: (Print Name)

Judy Hoover

6. Signature: (Addressee or Agent)

X J Hoover

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**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article

SAM DEFRAWI DIR NAVY RATE  
INTERVENTION  
DEPARTMENT OF NAVY  
WASHINGTON NAVY YARD  
BLDG 212 CODE 00RI  
901 M STREET NE  
WASHINGTON DC 20374-5018

R-00973953 0/0

4a. Article Number

P 969 322 166

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Linda Cady

PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

WILLIAM T HAWKE ESQUIRE  
 JANET L MILLER ESQUIRE  
 TODD S STEWART ESQUIRE  
 MALATESTA HAWKE & MCKEON  
 P O BOX 1778  
 HARRISBURG PA 17105-1778

R-00973953 0/0

4a. Article Number

P 969 322 167

4b. Service Type  CERTIFIED

7. Date of Delivery

2-26-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

**X**

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Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

THE MCFARREN GROUP  
 200 N THIRD STREET  
 SUITE 1100  
 HARRISBURG PA 17101

R-00973953 0/0

4a. Article Number

P 969 322 169

4b. Service Type  CERTIFIED

7. Date of Delivery

3-2-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

**X**

PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LANCE HAVER  
 6803 LAWNTON AVENUE  
 PHILADELPHIA PA 19126

R-00973953 0/0

4a. Article Number

P 969 322 168

4b. Service Type  CERTIFIED

7. Date of Delivery

MAR 02 1998

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

**X**

PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**

- Check box at right if you require restricted delivery.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

 Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DAVID M BOONIN ESQUIRE  
 NEW ENERGY VENTURES INC  
 1845 WALNUT STREET  
 SUITE 2525  
 PHILADELPHIA PA 19103

R-00973953 0/0

4a. Article Number

P 969 322 170

4b. Service Type  CERTIFIED

7. Date of Delivery

3/2/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

**X**

PS Form 3811, December 1994

Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DONALD A KAPLAN ESQUIRE  
 PRESTON GATES & ELLIS  
 1735 NEW YORK AVENUE  
 WASHINGTON DC 20006  
 R-00973953 0/0

4a. Article Number  
 P 969 322 171

4b. Service Type  CERTIFIED

7. Date of Delivery **MAR 02 1998**

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*X [Signature]*

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 Check box at right if you require restricted delivery.  
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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOHN L MUNSCH ESQUIRE  
 WFP COMPANY ALLEGHENY POW  
 800 CABIN HILL DRIVE  
 GREENSBURG PA 15601-1689  
 R-00973953 0/0

4a. Article Number  
 P 969 322 173

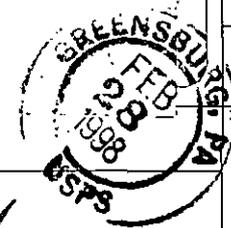
4b. Service Type  CERTIFIED

7. Date of Delivery **2/28/98**

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*X [Signature]*

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 BRUCE A CONNELL ESQUIRE  
 DUPONT POWER MARKETING INC 600 N  
 DAIRY ASHFORD ML-1034  
 HOUSTON TX 77079  
 R-00973953 0/0

4a. Article Number  
 P 969 322 172

4b. Service Type  CERTIFIED

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*X Charlotte Stutz for Bruce Connell*

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**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 DEBORAH SWANSTROM ESQUIRE  
 JOEL D NEWTON ESQUIRE  
 PAUL E NORDSTROM ESQUIRE  
 VERNER LIIPFERT BERNHARD  
 MCPHERSON HAND  
 901 15TH STREET N W  
 WASHINGTON DC 20005-2301  
 R-00973953 0/0

4a. Article Number  
 P 969 322 174

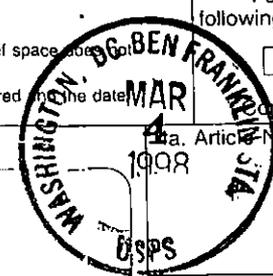
4b. Service Type  CERTIFIED

7. Date of Delivery **2-3-98**

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*X [Signature]*

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**SENDER:**  
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following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
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following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 TERRANCE FITZPATRICK ESQ  
 DAVID DESALLE ESQUIRE  
 RYAN RUSSELL OGDEN & SELTZER  
 800 N THIRD STREET STE 101  
 HARRISBURG PA 17102  
 R-00973953 0/0  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 969 322 175  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 3 2 98  
 8. Addressee's Address

3. Article Addressed to:  
 H ALLAN KNOPP DIRECTOR  
 REGULATORY AFFAIRS  
 DUPONT POWER MARKETING  
 P O BOX 2197 CH-1038  
 HOUSTON TX 77252  
 R-00973953 0/0  
 5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 969 322 177  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 MAR 02 1998  
 8. Addressee's Address

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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 PAUL RUSSELL ESQUIRE  
 P&L  
 TWO NORTH NINTH STREET  
 ALLENTOWN, PA 18101  
 R-00973953 0/0  
 5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 969 322 176  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 FEB 27 1998  
 8. Addressee's Address

3. Article Addressed to:  
 BILLIE RAMSEY EXEC DIR  
 ARIPPA  
 1300 MARKET STREET  
 LEMOYNE PA 17043  
 R-00973953 0/0  
 5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

4a. Article Number  
 P 969 322 178  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2-27-98  
 8. Addressee's Address

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 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Address:  
 PAUL L ZEIGLER ESQUIRE  
 ZEIGLER & ZIMMERMAN  
 355 N 21ST STREET STE 304  
 P O BOX 1080  
 CAMP HILL PA 17011-3707  
 R-00973953 0/0

4a. Article Number  
 P 969 322 179  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 2/27/98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *K. Smolinger*

8. Addressee's Address

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**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Address:  
 MICHAEL L KESSLER  
 AMERICAN ENERGY SOLUTIONS INC  
 111 SOUTH ALFRED STREET  
 ALEXANDRIA VA 22314  
 R-00973953 0/0

4a. Article Number  
 P 969 322 181  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 3/2

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Michael Kessler*

8. Addressee's Address

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**SENDER:**  
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 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article:  
 LINDA C SMITH ESQUIRE  
 FREDERICK D OCHSENSHIRT  
 DILWORTH PAZSON KALISH &  
 KAUFFMAN LLP  
 305 N FRONT STREET STE 403  
 HARRISBURG PA 17101-1236  
 R-00973953 0/0

4a. Article Number  
 P 969 322 180  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 3-2-8  
 8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *S. Robinson*

8. Addressee's Address

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**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article:  
 GARY A JEFFRIES ESQ  
 CNG ENERGY SERVICES  
 ONE PARK RIDGE CENTER  
 PO BOX 15746  
 PITTSBURGH PA 15244-0746  
 R-00973953 0/0

4a. Article Number  
 P 969 322 182  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 3-2-98  
 8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Gary A Jeffries*

8. Addressee's Address

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**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 RUFUS L MILEY  
 22 LEOPARD RUN  
 GLEN MILLS PA 19342  
 R-00973953 O/O

4a. Article Number  
 P 969 322 183

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2-28-94

5. Received By: (Print Name)  
 Rufus L. Miley

6. Signature: (Addressee or Agent)  
 X Rufus L. Miley

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 USHER FOGEL ESQUIRE  
 ROLAND FOGEL KOBLENZ & CARR LLP  
 1 COLUMBIA PLACE  
 ALBANY NY 12207  
 R-00973953 O/O

4a. Article Number  
 P 969 322 185

4b. Service Type  CERTIFIED

7. Date of Delivery  
 3-2-94

5. Received By: (Print Name)  
 Mary Anne Clark

6. Signature: (Addressee or Agent)  
 X Mary Anne Clark

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOHN P LAVELLE JR  
 JOSEPH A DWORETZKY  
 HANGLEY ARONCHICK SEGAL & PUDIN  
 ONE LOGAN SQUARE 12TH FLOOR  
 PHILADELPHIA PA 19103  
 R-00973953 O/O

4a. Article Number  
 P 969 322 184

4b. Service Type  CERTIFIED

7. Date of Delivery  
 3/2

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X [Signature]

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 JOHN P ZINKAND EXEC V P  
 PA PETROLEUM ASSN  
 SUITE 121 BLDG 2  
 2001 N FRONT STREET  
 HARRISBURG PA 17102  
 R-00973953 O/O

4a. Article Number  
 P 969 322 186

4b. Service Type  CERTIFIED

7. Date of Delivery  
 3-2-94

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Peggy J. Wilms

PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 ETHAN GIDDINGS  
 217 RODMAN AVENUE  
 JENKINTOWN PA 19046  
 R-00973953 O/O

4a. Article Number  
 P 969 322 187  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 3-2-98

3. Article Addressed to:  
 JAMES H NORRIS ESQUIRE  
 ECKERT SEAMANS CHERIN & MELLOTT  
 600 GRANT STREET 42ND FL  
 PITTSBURGH PA 15219  
 R-00973953 O/O

4a. Article Number  
 P 969 322 189  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 3-2

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

5. Received By: (Print Name)  
 Thomas Jones  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

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PS Form 3811, December 1994 Domestic Return Receipt

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

**SENDER:**  
 Check box at right if you require restricted delivery.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 SUSAN SHANAMAN  
 212 N. THIRD STREET  
 SUITE 203  
 HARRISBURG, PA 17101  
 R-00973953 O/O

4a. Article Number  
 P 969 322 188  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 3-2-98

3. Article Addressed to:  
 JOELLE OGG  
 GORDON J SMITH ESQUIRE  
 JOHN & HENGERER  
 1200 17TH STREET NW SUITE 600  
 WASHINGTON DC 20036  
 R-00973953 O/O

4a. Article Number  
 P 969 322 19  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 03/2/98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):  
 Restricted Delivery  
 Consult postmaster for fee:

3. Article Addressed to:  
 GERALD GORNISH ESQUIRE  
 12TH FLOOR BACKARD BLDG  
 111 S 15TH STREET  
 PHILADELPHIA PA 19102-2678  
 R-00973953 O/O

4a. Article Number  
 P 969 322 191  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 3/8/98

5. Received By: (Print Name)  
 [Signature]  
 6. Signature: (Addressee or Agent)  
 X [Signature]

8. Addressee's Address

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 Restricted Delivery  
 Consult postmaster for fee:

3. Article Addressed to:  
 JOHN R ORR ESQUIRE  
 ONE WESTCHASE CENTER  
 10777 WESTHEIMER  
 SUITE 650  
 HOUSTON TX 77042  
 R-00973953 O/O

4a. Article Number  
 P 969 322 193  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 MAR 02 1000

5. R  
 6. Signature: (Addressee or Agent)  
 X [Signature]

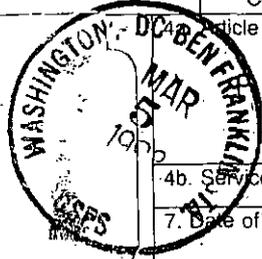
8. Addressee's Address

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 Consult postmaster for fee:

3. Article Addressed to:  
 KENNETH HURWITZ  
 MAUREEN HURLEY  
 VENABLE BAETJER HOWARD &  
 CIVILETTI LLP  
 1201 NEW YORK AVE NW SUITE 1000  
 WASHINGTON DC 20005-3917  
 R-00973953 O/O



4a. Article Number  
 P 969 322 192  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 3/13/98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X [Signature]

8. Addressee's Address  
 KJR

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 Restricted Delivery  
 Consult postmaster for fee:

3. Article Addressed to:  
 ROBERT A MILLS COUNSEL  
 ROBERT WEISHOAR JR ESQ  
 PA RETAILERS ASSN  
 100 PINE STREET BOX 1166  
 HARRISBURG PA 17108-1166  
 R-00973953 O/O

4a. Article Number  
 P 969 322 191  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X [Signature]

8. Addressee's Address  
 FEB 27 1998

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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 BRIAN A RIDER PRES  
 PA RETAILERS ASSN  
 224 PINE STREET  
 HARRISBURG PA 17101-1325  
 R-00973953 O/O

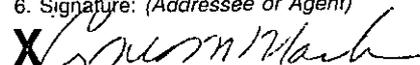
4a. Article Number  
 P 969 322 195

4b. Service Type  CERTIFIED.

7. Date of Delivery  
 3-28

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)  


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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 NORMA ROSNER ESQUIRE  
 VASTAR POWER MARKETING INC  
 200 WESTLAKE PARK BLVD  
 HOUSTON TX 77079  
 R-00973953 O/O

4a. Article Number  
 P 969 322 197

4b. Service Type  CERTIFIED

7. Date of Delivery  
 3/2/98

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)  


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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 KEITH SAPPENFIELD II  
 DIRECTOR OF MARKETING SUPPORT  
 P O BOX 2628  
 HOUSTON TX 77252-2628  
 R-00973953 O/O

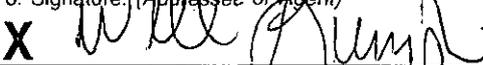
4a. Article Number  
 P 969 322 196

4b. Service Type  CERTIFIED

7. Date of Delivery  
 MAR 02 1998

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)  


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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 CRAIG G. GOLDMAN ESQUIRE  
 3333 K STREET NW  
 SUITE 425  
 WASHINGTON DC 20007  
 R-00973953 O/O

4a. Article Number  
 P 969 322 198

4b. Service Type  CERTIFIED

7. Date of Delivery  
 3/2/98

5. Received By: (Print Name)

8. Addressee's Address

6. Signature: (Addressee or Agent)  


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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 DAVID CRUTHIRDS  
 ELECTRIC CLEARINGHOUSE INC  
 1000 LOUISIANA  
 SUITE 5800  
 HOUSTON TX 77002-5050  
 R-00973953 O/O

4a. Article Number  
 P 969 322 199

4b. Service Type  CERTIFIED

7. Date of Delivery  
 MAR 03 1998

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
*X Larry Smith*

8. Addressee's Address

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  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 ALBERT M BENINCASA DIR REGULATORY  
 AFFAIRS  
 SKIPPING STONE  
 46 9TH AVENUE  
 SEA CLIFF NY 11579  
 R-00973953 O/O

4a. Article Number  
 P 969 322 201

4b. Service Type  CERTIFIED

7. Date of Delivery  
 3/2/98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
*X Albert Benincasa*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):

Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 JOHN HAUCKE EXEC V P  
 PA ASSN PLUMB HEAT COOL CONTRACTORS  
 4015 JONESTOWN ROAD  
 HARRISBURG PA 17109-9109  
 R-00973953 O/O

4a. Article Number  
 P 969 322 200

4b. Service Type  CERTIFIED

7. Date of Delivery  
 2/27

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
*X B. [Signature]*

8. Addressee's Address

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I also wish to receive the following services (for an extra fee):

Restricted Delivery

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3. Article Addressed to:  
 VICKREN S AESCHLEMAN DIRECTOR  
 QST ENERGY INC  
 300 HAMILTON BLVD STE 330  
 PEORIA IL 61601  
 R-00973953 O/O

4a. Article Number  
 P 969 322 200

4b. Service Type  CERTIFIED

7. Date of Delivery  
 3-2-98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
*X [Signature]*

8. Addressee's Address

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 Consult postmaster for fee.

3. Article  
 SHEILA S HOLLIS ESQ  
 MARY ANN RALLS ESQS &  
 STEPHANIE A SUGRUE ESQ  
 1667 K STREET N W SUITE 700  
 WASHINGTON PA 20006-1608  
 R-00973953 0/0

4a. Article Number  
 P 969 322 203  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery

3. Article  
 EDWARD B CANNON PRESIDENT  
 BLDG OWNERS & MANAGERS ASSN  
 SUITE 1560 CENTER CITY TOWER  
 650 SMITHFIELD STREET  
 PITTSBURGH PA 15222  
 R-00973953 0/0

4a. Article Number  
 P 969 322 205  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 3-2-98

5. Received By: (Print Name)  
 BERTA LEWIN  
 6. Signature: (Addressee or Agent)  
 X *Berta Lewin*

8. Addressee's Address  
 3/2/98

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Karen Talla*

8. Addressee's Address

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 Consult postmaster for fee.

3. A  
 MICHAEL BANTA ESQUIRE  
 DANIEL W MCGILL ESQUIRE  
 INDIANAPOLIS POWER & LIGHT  
 ONE MINNIT CIRCLE  
 INDIANAPOLIS IN 46051  
 R-00973953 0/0

4a. Article Number  
 P 969 322 204  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 3-2

3. A  
 ROBERT I FREEMAN RPA PRES  
 BLDG OWNERS & MANAGERS ASSN  
 TWO PENN CENTER PLAZA  
 SUITE 310  
 PHILADELPHIA PA 19102  
 R-00973953 0/0

4a. Article Number  
 P 969 322 204  
 4b. Service Type  CERTIFIED  
 7. Date of Delivery  
 3-2

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Paul L. Lee*

8. Addressee's Address  
 KJR

5. Received By: (Print Name)  
 6. Signature: (Addressee or Agent)  
 X *Robert I Freeman*

8. Addressee's Address