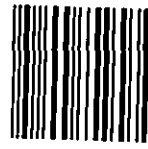


PRESS FIRMLY TO SEAL



1007



17105

U.S. POSTAGE  
PAID  
SOMERSET, PA  
15501  
AUG 18, 15  
AMOUNT

\$19.99

R2304M116527-07

C-2015-2493680

PAPUC BIE v. Ritco Inc

Check for \$6494.00 fine payment by way of answer

9 9 5 8



EK955718626US

NATIONAL USE  
MAIL HERE



PRIORITY  
\* MAIL \*  
EXPRESS™

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE 717-495-4360

Ritco Inc.  
P.O. Box 467  
Somerset PA 15501

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The maker must check the "Signature Required" box if the maker: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.  
Delivery Options  
 No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available\*)  
 10:30 AM Delivery Required (additional fee, where available\*)  
\*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE ( )

Commonwealth of PA  
Pennsylvania Public Utility  
Commission  
PO Box 3245 Harrisburg PA

ZIP + 4® (U.S. ADDRESSES ONLY)

17165-3265

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
\$100.00 insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)

|   |  |                                   |                                      |
|---|--|-----------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> 1-Day | <input type="checkbox"/> 2-Day   | <input type="checkbox"/> Military | <input type="checkbox"/> DPO         |
| PO ZIP Code<br>15501                      | Scheduled Delivery Date (MM/DD/YYYY)<br>8/19/15  | Postage<br>\$ 19.99               |                                      |
| Date Accepted (MM/DD/YYYY)<br>8/18/15     | Scheduled Delivery Time<br><input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM<br><input checked="" type="checkbox"/> 12 NOON | Insurance Fee<br>\$               | COD Fee<br>\$                        |
| Time Accepted<br>12:40                    | 10:30 AM Delivery Fee<br>\$  | Return Receipt Fee<br>\$          | Live Animal Transportation Fee<br>\$ |
| Weight<br>lbs. 2.0 oz.                    | <input type="checkbox"/> Flat Rate<br>\$   | Sunday/Holiday Premium Fee<br>\$  | Total Postage & Fees<br>\$ 19.96     |
| Acceptance Employee Initials<br>SD        |  |                                   |                                      |

DELIVERY (POSTAL SERVICE USE ONLY)

|                               |  |                    |
|-------------------------------|--|--------------------|
| Delivery Attempt (MM/DD/YYYY) | Time   | Employee Signature |
|                               | <input type="checkbox"/> AM<br><input type="checkbox"/> PM |                    |
| Delivery Attempt (MM/DD/YYYY) | Time   | Employee Signature |
|                               | <input type="checkbox"/> AM<br><input type="checkbox"/> PM |                    |

LABEL 11-B, JANUARY 2014

PSN 7690-02-000-9996

3-ADDRESSEE COPY

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

9 9 5 8