

SUPPLIER COMPANY CONTACTS

DATE OF DEPOSITION

Company Name: ADL High Voltage, Inc.

Date Submitted:

APR 18 2025

Company d/b/a:

PA Public Utility Commission
Secretary's Bureau

Company License Number: A-2015-2503932

	<u>M. First Name</u>	<u>Last Name</u>	<u>Prof. Title</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone</u>	<u>FAX</u>	<u>E-Mail</u>
EXAMPLE:	Mr. Robert	Bennett	Manager	P.O. Box 3265	Harrisburg	PA	17105-3265	(717) 787-5553	(717) 772-1933	bennettr@puc.state.pa.us
1 Statutory Agent:	National	Registered	Agents, Inc.	116 Pine Street, 3rd Flr. Ste 320	Harrisburg	PA	17101	1 800 550 6724		
2 CEO/President:	Mrs. Cheryl	Lecce	President	P. O. Box 1569	Keller	TX	76244-1569	817.281.0829	817.281.1170	cdlecco@highvoltageco.com
3 Regulatory Contact:	Mrs. Cheryl	Lecce	President	P. O. Box 1569	Keller	TX	76244-1569	817.281.0829	817.281.1170	cdlecco@highvoltageco.com
4 Tariff Contact:										
5 Annual Reports:	Mrs. Cheryl	Lecce	President	P. O. Box 1569	Keller	TX	76244-1569	817.281.0829	817.281.1170	cdlecco@highvoltageco.com
6 Assessments:										
7 PEMA Contact:										
8 Customer Service:	Mr. Andrew	Lecce		P.O. Box 1569	Keller	TX	76244-1569	817.281.0829	817.281.1170	alecce@highvoltageco.com
9 Legal Counsel:	Mr. Gary	Boyle	Attorney-at-Law	15 Spirit Court	Santa Fe	NM	87506	505.989.5057		gary.boyle.boylawoffice@gmail.com
10 Complaints Contact:	Mr. Andrew	Lecce		P.O. Box 1569	Keller	TX	76244-1569	817.281.0829	817.281.1170	alecce@highvoltageco.com
11 EDI Transactions:										
12 Electric Phase-In Committee:										

Retail

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PME
KELLER, TX 76248
APR 18, 2025

PRESS FIRMLY TO SEAL



17120

RDC 07

\$31.40

S2324A502427-02



PRIORITY
MAIL
EXPRESS®



EJ 438 755 599 US

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) **ADL HIGH VOLTAGE, INC.**
 PHONE: **817-281-0829**
PO BOX 1569
Keller, TX 76244-1569

PAYMENT BY ACCOUNT (if applicable)

USPS Corporate Acct. No. _____ Federal Agency Acct. No. or Postal Service™ Acct. No. _____

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 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.

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

FD ZIP Code _____ Suggested Delivery Date (MM/DD/YY) **04/22/25** Postage **\$ 31.40**

Del. Accepted (MM/DD/YY) **04/12/25** Scheduled Delivery Time 10:30 AM 12 NOON 3:00 PM Insurance Fee \$ _____ COD Fee \$ _____

Time Accepted **6:00** AM PM 10:30 AM Delivery Fee \$ _____ Return Receipt Fee \$ _____

Weight **AA** lbs. ozs. **AA** Suggested Retail Rate \$ _____ Suggested Retail Rate \$ _____

Total Package & Fees **APR 21 2025**
31.40

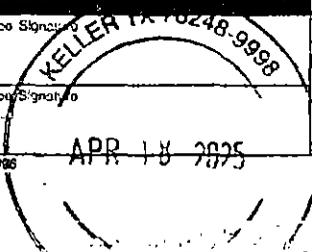
TO: (PLEASE PRINT) **Secretary's Bureau**
 PHONE: _____
PA PUC
400 NORTH STREET
HARRISBURG, PA 17120

ZIP + 4® (U.S. ADDRESSES ONLY)
17120

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) _____ Time _____ Employee Signature _____

Delivery Attempt (MM/DD/YY) _____ Time _____ Employee Signature _____



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- \$100.00 insurance included.

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LABEL 11-B, MARCH 2018

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APR 18 2025

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