

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt 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 K. Fairchild*

4a. Article Number: 7001 0320 0004 8167 1330

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

**ENVIRONMENTAL & PUBLIC PROTECT**

Department for Public Protection  
 Kentucky Public Service Commission  
 211 Sewer Boulevard



7001 0320 0004 8167 1330



*Unclaimed*

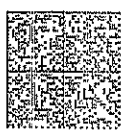
A  
 S

INSUFFICIENT ADDRESS  
 ATTEMPTED NOT KNOWN  
 NO SUCH NUMBER/ STREET  
 NOT DELIVERABLE AS ADDRESSED  
 UNABLE TO FORWARD

OTHER

**PTS**  
 RETURN TO SENDER

**RECEIVED**  
 FEB 16 2007  
 PUBLIC SERVICE  
 COMMISSION



047 J62002602  
 \$06.360  
 01/30/2007  
 Retail From 40601  
 US POSTAGE

*1-31-09  
 8-5-07  
 2-15-07*