

Morgan Lewis

Andrew L. Gniewek

Associate
+1.215.963.5319
andrew.gniewek@morganlewis.com

March 13, 2019

**BY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

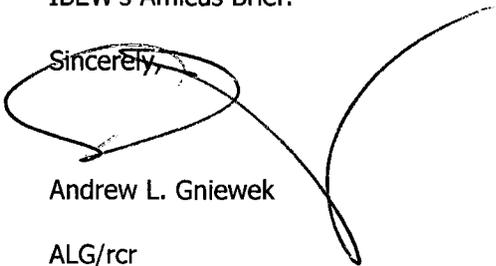
Roxanne Rothschild
Deputy Executive Secretary
National Labor Relations Board
1015 Half Street SE
Washington, DC 20570

Re: Case No. 04-RC-221319: Atlantic City Electric Company's Brief in Response to the IBEW's Amicus Brief

Dear Ms. Rothschild:

Enclosed please find a courtesy copy of Atlantic City Electric Company's Brief in Response to the IBEW's Amicus Brief.

Sincerely,



Andrew L. Gniewek

ALG/rcr
Enclosure

Morgan, Lewis & Bockius LLP

1701 Market Street
Philadelphia, PA 19103-2921
United States

📞 +1.215.963.5000
📠 +1.215.963.5001

20149 01 1987

100

100

100

100 100 100

100 100 100

100

100 100 100 100 100 100 100 100

100 100 100 100 100 100 100 100

100

100

100 100 100

100

100

100

100

100 100

100

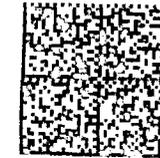
7017 3040 0000 4784 1558

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

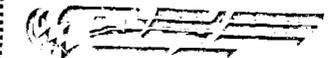
CERTIFIED MAIL



7017 3040 0000 9789 1558



U.S. POSTAGE >> PITNEY BOWES



ZIP 19103 \$ 007.75⁰
02 4W
0000352876 MAR 13 2019

AGniewek

Morgan Lewis

1701 Market Street
Philadelphia, PA 19103-2921

TO:

Roxanne Rothschild
Deputy Executive Secretary
National Labor Relations Board
1015 Half Street SE
Washington, DC 20570

ORDER SECTION

2019 MAR 18 PM 2:01

RECEIVED

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article
 Roxanne Rothschild
 Deputy Executive Secretary
 National Labor Relations Board
 1015 Half Street SE
 Washington, DC 20570



9590 9402 3826 8032 2718 79

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt