

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Susan Keogan</u></p> <p>C. Date of Delivery <u>10/6/07</u></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>MURPHREE, R KENT ATTORNEY WATKINS BATES &amp; CAREY LLP NATIONAL CITY BANK BUILDING 405 MADISON AVENUE, SUITE 1900 TOLEDO, OH 43604-1207</p> <p>09-806-TR-CVF</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7007 2680 0001 0485 0163</p>		<p>4. Restricted Delivery? (Extra fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business

Technician SF Date Processed 10-9-09