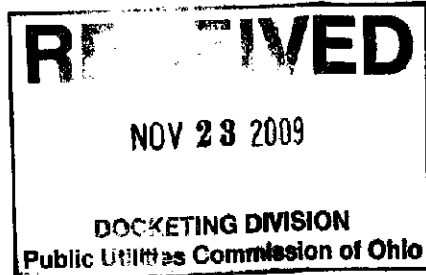


FILE



SENDER: COMPLETE THIS SECTION		ADDRESSEE: COMPLETE THIS SECTION	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ 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.		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <u>[Signature]</u></p>	
<p>1. Article Addressed to:</p> <p>FERRIS, DAVID A. FERRIS & FERRIS, LLP P.O. BOX 1237 WORTHINGTON, OH 43085-1237</p> <p>04-607-TR-CVF</p>		<p>B. Received by (Printed Name) <u>John Ferris</u></p> <p>C. Date of Delivery <u>11/20/09</u></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7002 2410 0000 1632 2862</p>	

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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 Bmm Date Processed 11/24/09