

FILE

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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 <i>JA Taner</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JA Taner</i> C. Date of Delivery <i>1-25-10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to: Mr. Frank S. Fuda Trumbull County Administration Building 160 High Street, NW Warren, Ohio 44481		<p>3. Service Type <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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
2. Article Number (Transfer from service label) <i>00-560 WW AIR</i> 7002 2410 0000 1632-329			

PS Form 3811, February 2004 Domestic Return Receipt 102985-02-M-1540

2010 JAN 25
RECEIVED
MAIL ROOM
MAIL ROOM

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 *01-28-10*