

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

COSTINE, ERIC  
THE COSTINE LAW FIRM  
136 WEST MAIN STREET  
ST CLAIRSVILLE, OH 43950

*D8-1023-TR-CVF*

2. Article Number  
(Transfer from service label)

7007 2680 0001 0484 7149

PS Form 3811, August 2001

Domestic Return Receipt

102585-01-4-2909

**COMPLETE THIS SECTION - DELIVERY**

A. Signature

*X Tracy Clark*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

*Tracy Clark*

C. Date of Delivery

*5-8-09*

D. Is delivery address different from item 1?

If YES, enter delivery address below

☐ Yes

☒ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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 *SM* Date Processed *MAY 11 2009*