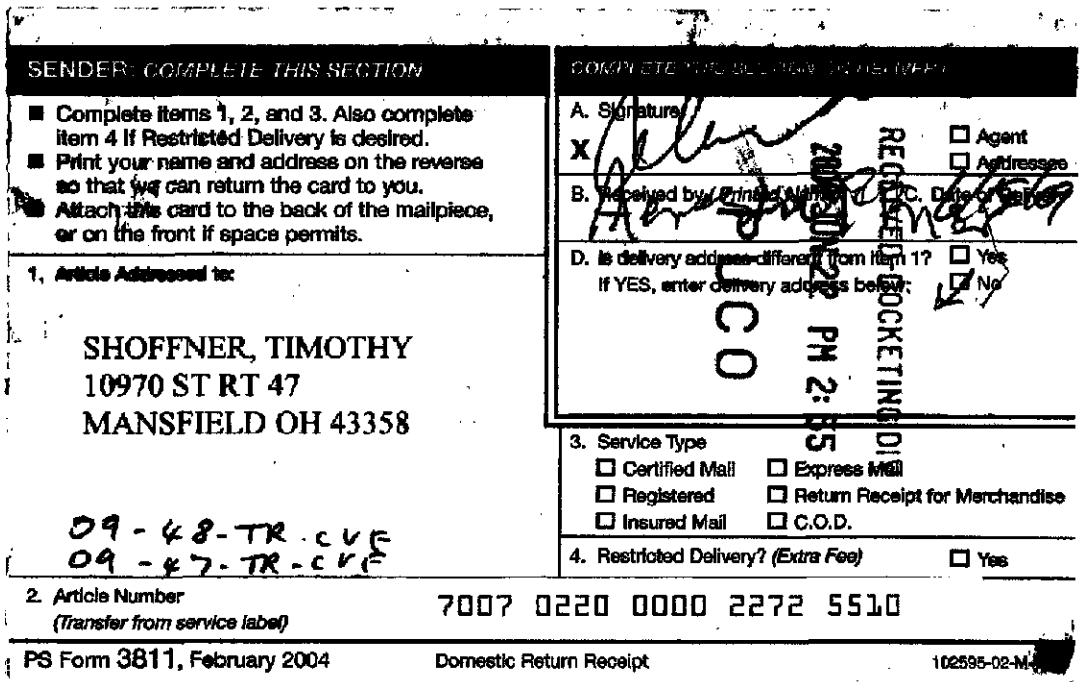
FILE



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:

SHOFFNER, TIMOTHY
10970 ST RT 47
MANSFIELD OH 43358

09-48-TR-CVE
09-47-TR-CVE

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ 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

2009 JUN 22 PM 2:35
CLERK OF COURT
RECEIVED-DOCKETING DIV

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7007 0220 0000 2272 5510

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-

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 _____ Date Processed JUN 22 2009