

09-293-TR-CVF 1

SENDER: COMPLETE THIS SECTION		COMPLETE THE DELIVERY 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>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <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>	
1. Article Addressed to: DUVALL, JAMES SANBORN, BRANDON, DUVALL & BOBBITT CO., L.P.A. 2515 WEST GRANVILLE ROAD COLUMBUS, OH 43235 09-293-TR-CVF		RECEIVED JUL 16 5 11 PM 1-4-11 POCKETING DIS	
2. Article Number (Transfer from service label)		7007 2680 0001 0484 7187	
PS Form 3811, February 2004		Domestic Return Receipt 102565-02-M-1540	

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Technician SM Date Processed JUL 16 2009