

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.

DUVALL, JAMES
 SANBORN, BRANDON, DUVALL & BOBBITT
 L.P.A.
 2515 WEST GRANVILLE ROAD
 COLUMBUS, OH 43235

09-1008-TR-CVF

2. Article Number

(Transfer from service label)

7007 2680-0001 0485 1504

PS Form 3811, February 2004

Domestic Return Receipt

102586-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Chas Bobbitt*

Agent

Addressee

B. Received by (Printed Name)

Chas Bobbitt

C. Date of Delivery

11/30

Want from item?
 ticks 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 **DEC 01 2009**