

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 <input checked="" type="checkbox"/> <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>MYRA PATTER</i></p> <p>C. Date of Delivery <i>6/19/16</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p>	
<p>1. Article Addressed to:</p> <p>MOYER, STEPHEN A ATTORNEY AT LAW 9 EAST KOSSUTH STREET COLUMBUS, OH 43206</p>		<p>RECEIVED - DOCKETING DIV JUN 19 12:15 PM '16 FILE</p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>10-235-TR-CVF</i></p>		<p>3. Service Type</p> <p> <input checked="" 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>	
<p>7002 2410 0000 1632 3623</p>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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 DR Date Processed 6-15-2016