

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature X. XVVVV DUW DU Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	Jenniter Durate 3 1/2
Article Addressed to:	D. Is delivery address difference on in 17 Yes If YES, enter delivery address between No
DUVALL, JAMES SANBORN, BRANDON, DUVALL L.P.A.	3. Service Type
2515 WEST GRANVILLE ROAD COLUMBUS, OH 43235	☐ Certified Mail ☐ Copress Mail ☐ Registered ☐ Copput Receipt for Merchandise ☐ Insured Mail ☐ CO.D. ☐
 	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7 0 0 (Transfer from service label)	2 2410 0000 1632 3074
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540