

10-235-TR-CVF

SENDER: COMPLETE THIS SECTION		RECEIVER: 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 x <i>M. Patten</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>MYRNA PATTERSON</i></p> <p>C. Date of Delivery <i>7/21/2010</i></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>	
1. Article Addressed to: MOYER, STEPHEN A ATTORNEY AT LAW 9 EAST KOSSUTH STREET COLUMBUS, OH 43206		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Required for Merchandise <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
2. Article Number (Transfer from service label) <i>10-235-TR-CVF</i>			
PS Form 3811, February 2004		Domestic Return Receipt	

7007 2680 0001 0485 2082

102595-02-M-1540