

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. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <p style="font-size: 1.2em; margin-left: 20px;">2006-05934</p> <p style="margin-left: 20px;">Ohio State Highway Patrol Lima Patrol Post 2005 East Fourth St. Lima, Ohio 45804</p>	B. Received by (Printed Name) <p style="margin-left: 20px;">M. Johns</p>	C. Date of Delivery <p style="margin-left: 20px;">9-18-06</p>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt 7001 0320 0002 4722 9980 102595-02-M-1540		

FILED

 SEP 20 2006

 COURT OF CLAIMS OF OHIO

2006-05934