

**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.

1. Article Addressed to:

2010-10335  
OHIO STATE UNIVERSITY MEDICAL CENTER  
C/O STATUTORY AGENT NANCY J. MILLER  
200 MILLING HALL, 370 WEST 9TH AVENUE  
COLUMBUS, OHIO 43210

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *ME*  Agent  
 Addressee

B. Received by (Printed Name) *Mervin* C. Date of Delivery *9/9/10*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from)

7002 0860 0006 8251 9488

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

FILED  
COURT OF CLAIMS  
OF OHIO  
SEP 10 AM 9:54  
C.S.D.

ON COMPUTER