

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  2012-08907 OHIO DEPARTMENT OF REHABILITATION AND C 770 WEST BROAD STREET COLUMBUS, OHIO 43222	B. Received by (Printed Name) Tami Davis	C. Date of Delivery 12-28-12
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
	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	
7002 0860 0006 8255 6124		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

2012-08907

**FILED**  
 DEC 31 2012  
 COURT OF CLAIMS OF OHIO

**ON COMPUTER**