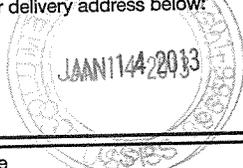
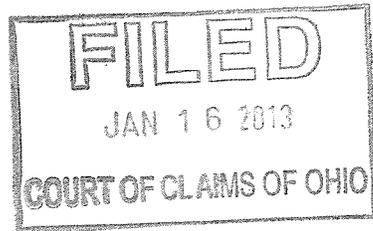


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>M. J. Baldizsar</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  2013-00013 THE OHIO STATE UNIVERSITY MEDICAL CENT ATTN: ADMINISTRATOR 410 WEST 10TH AVENUE COLUMBUS, OHIO 43210	B. Received by (Printed Name) <i>M. J. Baldizsar</i>	C. Date of Delivery <i>1-14-13</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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	
2. Article Number (Transfer from ser)      7002 0860 0006 8255 6308		
PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540		



2013-00013



ON COMPUTER