

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 type="checkbox"/> Addressee <i>X</i> <i>Caleb</i>	
1. Article Addressed to: 2013-00142 Department of Rehabilitation and Correction c/o Gary C. Mohr, Director 770 West Broad Street Columbus Ohio 43222	B. Received by (Printed Name) <i>Caleb Hunt</i>	C. Date of Delivery <i>3-14-13</i>
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	<input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt		102595-02-M-1540

FILED
 COURT OF CLAIMS
 OF OHIO
 MAR 15 2013

2013-00142

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 MAR 15 2013
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ON COMPUTER