

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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>2013-00204 OHIO STATE UNIVERSITY MEDICAL CENTER C/O MICHAEL DEWINE, ATTORNEY GENERAL 30 EAST BROAD STREET, 17TH FLOOR COLUMBUS, OHIO 43215</p>	<p><input checked="" type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes If "Yes," enter delivery address below: <input type="checkbox"/> No</p> <p>Type</p> <p><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"/> P.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from sender)</p>	<p>7002 0860 0006 8255 935</p>	

2013 APR 9 10 30 AM
COURT OF CLAIMS OF OHIO
FILED

2013-00204

FILED
 APR 09 2013
 COURT OF CLAIMS OF OHIO

ON COMPUTER