COC

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:

COURT OF APPEALS OF OHIO

2013 NOV 18 AM 10:30

TENTH DISTRICT COURT OF APPEALS
CLERK'S OFFICE
373 SOUTH HIGH STREET 23RD FLOOR
COLUMBUS OH 43215-6312

aC

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (*Printed Name*)
C. Date of Delivery

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

NOV 2013

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 service label*) 7001 0320 0002 2578 7402

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540