

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 X <i>A. T. W.</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed 2014 APR 28 AM 10:33	B. Received by (Printed Name) <i>A. T. W.</i>	C. Date of Delivery 4-25-14
2014-00405 PR OHIO DEPARTMENT OF TRANSPORTATIO 1980 WEST BROAD STREET COLUMBUS, OHIO 43223	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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	
2. Article Number (Transfer from service)	7012 3460 0003 7798 5132	

ON COMPUTER