

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>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to <b>2014 MAY 20 AM 10:06</b></p> <p>2014-00468          Ohio State University Medical Center          c/o Ohio Attorney General Mike DeWine          30 East Broad Street, 14th Floor          Columbus, Ohio 43215</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>Agency 9/2014</i></p> <p>service type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from servk <b>7012 3460 0003 7798 5255</b>)</p>	
PS Form 3811, February 2004	Domestic Return Receipt
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