

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: **2014 MAY 22 AM 10:40**
2014-00469 PR
STATE OF OHIO
30 WEST SPRING STREET 4TH FLOOR
COLUMBUS, OHIO 43215

2. Article Number
(Transfer from)

7012 3460 0003 7798 5262

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
x Mark L. Ony

B. Received by (Printed Name)
Mark L. Ony

C. Date of Delivery
5/21/14

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

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

ON COMPUTER