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 JUL 23 AM 10:20

2013-00013
OHIO HEALTHCARE PURCHASING, INC.
C/O JAMES R. CASTLE, STATUTORY AGE
155 EAST BROAD STREET, 15TH FLOOR
COLUMBUS, OHIO 43215

FILED
COURT OF CLAIMS
OF OHIO

MAIN OFFICE COLUMBUS
JUL 21 2014
43215

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karen Thomas ☐ 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

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 sen 7012 3460 0003 7798 5804

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

ON COMPUTER