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.

COURT OF CLAIMS OF OHIO

1. Article Addressed to: 2014 JUL 23 AM 10: 20

2013-00013
Medical Staffing Options, Inc.
c/o Robert Gammill, Statutory Agent
9200 Worthington Road, Suite 101
Westerville, Ohio 43082

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sheri Sedwick ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Sheri Sedwick
C. Date of Delivery 7/21/14

D. 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

2. Article Number (*Transfer from service*) 7012 3460 0003 7798 6160

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

ON COMPUTER