

**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 OCT 31 AM 10:25

2014-00854 WI  
 THE STATE OF OHIO  
 C/O ATTORNEY GENERAL  
 30 EAST BROAD STREET  
 COLUMBUS, OHIO 43215

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X

B. Received by (Printed Name) C. Date of Delivery

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

OCT 30 2014

3. Service Type

Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from sender)

7012 3460 0003 7799 1058

ON COMPUTER