

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 mail piece, or on the front if space permits.

1. Article Addressed to: **2015 APR 13 AM 10:18**

2015-00287
 Ohio Department of Rehabilitation
 and Correction
 770 West Broad Street
 Columbus, Ohio 43222

2. Article Number
(Transfer from service)

7014 1200 0001 3325 3523

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Joe Crawley* Agent Addressee

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

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

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

ON COMPUTER