SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- 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. 2015-00304 AD
HANNAH SCOLARO
4754 W. BATH ROAD
AKRON, OHIO 44333

9590 9401 0069 5071 3187 73

2. Article Number *(Transfer from service label)*
7015 0640 0005 2424 6062

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Emily Scolaro ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 7/9/15

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

FILED COURT OF COMMON PLEAS 2015 JUL 14 AM 10:12

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt