

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:

Douglas G. Hayman, Esq.
Schumaker, Loop & Kendrick, LLP
1000 Jackson Street
Toledo, OH 43604

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature
x H. Nitzela Agent
 Addressee

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 label) 7001 0320 0005 8918 7962

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0005 8918 7962

LECCA-05-2005-0008
EPCA-05-2007-0016 MA-052007
 0007

CAFU Postage	\$ 111
SC-6J Certified Fee	240
Return Receipt Fee (Endorsement Required)	185
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$536

Postmark Here

Sent to Douglas G. Hayman, Esq.
 Street or PO Schumaker, Loop & Kendrick, LLP
 City, 1000 Jackson Street
 Toledo, OH 43604

PS Form

Instructions