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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
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Postmark
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CASE 7/16

Sent To
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City, State, ZIP+4

Mr. Christopher Schraff, Esq.
Porter Wright Morris & Arthur, LLP
41 S. Hugh Street, Suites 2800-3200
Columbus, OH 43215
RCRA-08-2015-0002

PS Form 3800, Au

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Mr. Christopher Schraff, Esq. Porter Wright Morris & Arthur, LLP 41 S. Hugh Street, Suites 2800-3200 Columbus, OH 43215 RCRA-08-2015-0002</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7012 2210 0000 5370 2220</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540