

**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:

**Heather Aley Austin  
Thompson Hine LLP  
3900 Key Center, 127 Public Square  
Cleveland, OH 44114**

2. Article Number  
(Transfer from service label)

7013 1710 0002 3980 3137

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Jacob Grant*

- Agent
- Addressee

B. Received by (Printed Name)

*Jacob Grant*

C. Date of Delivery

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

*10/2*

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes