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 the perfect of the mailpiece, or on the front if the perfect of the mailpiece, or on the front if the perfect of the mailpiece, or on the front if the perfect of the mailpiece, or on the front if the perfect of the mailpiece, or on the front if the perfect of the mailpiece, or on the front if the perfect of the mailpiece, or on the front if the perfect of the mailpiece, or on the front if the perfect of the mailpiece, or on the front if the perfect of the mailpiece, or on the front if the perfect of t	A. Signature A. Signature A. Agent Addressee B. Aedeived by (Printed Name) C. Date of Delivery A.T. M. S. T. C. D. Is delivery address different from item 18 If YES, enter delivery address below:
65 E. State Street Suite 2100 Columbus, Ohio 43215	3. Setvice Type Certified Mail Registered Insured Mail C.O.D. C.O.D. SPS SPS SPS Setvice Type SPS SPS Setvice Mail C.O.D. Setvice Mail C.O.D. Yes
2. Article Number 7006 2760 000	0 8646 3158
PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-1540

•