

7012 2210 0000 5371 1017

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Motion for
Extension
Postmark
Here
FIPRA-08-2017-
6005

Total P_c

Nicholas M. Tokar, Attorney for the
Respondent

Sent To

Street, Apt.
or PO Box
City, State

DeFur Voran LLP
400 S. Walnut Street, Suite 200
Muncie, Indiana 47305

PS Form 3800, August 2006

See Reverse for Instructions

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:

AUG 31 2017

Nicholas M. Tokar, Attorney for the
Respondent
DeFur Voran LLP
400 S. Walnut Street, Suite 200
Muncie, Indiana 47305

2. Article Number

(Transfer from service label)

7012 2210 0000 5371 0959

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Denise Bland

- Agent
- Addressee

B. Received by (Printed Name)

Denise Bland

C. Date of Delivery

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

RECEIVED SEP 12 2017

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes