

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:

Mr. William L. Caplan
Buckingham, Doolittle and Burroughs,
LLP
3800 Embassy Parkway, Suite 300
Akron, Ohio 44333-8332

TSCA-05-2011-0012

2. Article Number
(Transfer from service label)

7009 1680 0000 7672 1134

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. S. Gove*

- Agent
 Addressee

B. Received by (Printed Name)

M. S. GOVE

C. Date of Delivery

MAR 20 2012

D. Is delivery address different from item 1?
If YES, enter delivery address below:

- Yes
 No

REGIONAL HEARING CLERK

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes

Domestic Return Receipt

102595-02-M