SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete terms 18, and 1. Also complete item 1 x sestricted Delivery is desired
Print your name and address on the reverse so that we can return the gard 10,00.

Attach this card to the back of the mailpiece, A. Received by (Please Print Clearly) B. Date of Delivery 2 2 2008 C. Signatur ☐ Agent X or on the front if space permits.

1. Article ABGICANAL HEARING CLEI

1. Article ABGICANAL HEARING CLEI

PROTECTION AGENCY

Terrence S. Finn, Esq. ☐ Addressee D. Is delivery address different from item 1? ☐ Yes if YES, enter delivery address below: ☐ No Roetzel & Andress 222 South Main Street 3. Service Type Akron, Ohio 44308 Certified Maii ☐ Express Maii ☐ Registered Return Receipt for Merchandise ☐ Insured Maii ☐ C.O.D. TS CA-05-2005-00/6 4. Restricted Delivery? (Extra Fee) ☐ Yes 7001 0320 0006 0183 0494 (Transfer from service label) PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

Bearman.

ReVICA