

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:

Christopher Sammarone, Esquire
 City Center One Building
 20 West Federal Plaza, Suite M6
 Youngstown, Ohio 44503

TSCA-05-2008-0023

2. Article Number
(Transfer from service label)

7001 0320 0005 8921 6020

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 x *Stawalko* Agent Addressee

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



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes