SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  2-9-12  C. Signature
or on the front if space permits.	D. Is delivery address officerent, from item 12 1 Yes
Ms. Lorri J. Britsch Ritter, Robinson, McCready & James, LTD	If YES, aprer delivery address below: L D No
405 Madison Avenue, Suite 1850 Toledo, Ohio 43604	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.
75CA-05-2012-0010	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7009 1680	0000 7672 0953
PS Form 3811, March 2001 Domestic Re	turn Receipt 102595-01-M-1424