

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

4524 8359 0000 0690 0100 DTGL

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

Postmark
Here

1-10-CV-251
 DOC. 16 3/15/11

Sent To **JOHN HAYNES 436-650**
 Street, Apt. No.,
 or PO Box No. **WCI, P.O. BOX 120**
 City, State, ZIP+4 **LEBANON, OH 45036**

PS Form 3800, August 2006

See Reverse for Instructions