

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
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1:10-CV-895
Doc. 57 3/24/13

Sent To **JAMES S. ROBINSON 606-771**
Street, Apt. No.,
or PO Box No. **SOCF, P.O. BOX 45699**
City, State, ZIP+4 **LUCASVILLE, OH 45699**

PS Form 3800, August 2008

See Reverse for Instructions

0095 4258 0000 060E 0T02