

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

7010 1670 0002 1310 4681

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

Postmark
Here

1:08. cv-376 SJD
Docs 63, 64

Sent To	James M. Bay
Street, Apt. No., or PO Box No.	7733 Foxtrail
City, State, ZIP+4	Cincinnati, OH 45255

PS Form 3800 August 2006 See Reverse for Instructions