

U.S. Postal Service <sup>TM</sup>  
**CERTIFIED MAIL <sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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**OFFICIAL USE**

7002 6002 0292 E000 5625 9795

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

Postmark  
Here

1:11-CV-606

Doc. 29 4/4/12

Sent To **JOHN W. FRYER**  
Street, Apt. No.,  
or PO Box No. **10607 CINDERELLA PR.**  
City, State, ZIP+4  
**MONTGOMERY, OH 45242**

PS Form 3800, August 2006

See Reverse for Instructions