

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

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OFFICIAL USE

5957 9845 1000 005E T102

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

Postmark
Here

1:11-CV-790

DOC. 24 1/17/13

Sent To **JERONE MCDUGALD 548-527**
Street, Apt. No.;
or PO Box No. **LECI, P.O.B. 56**
City, State, ZIP+4 **LEBANON, OH 45036**

PS Form 3800, August 2006

See Reverse for Instructions