

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

4404 2122 0000 0052 1102
7011 3500 0000 7217 4044

Postage	\$	Postmark Here 1:12-CV-731 Doc. 14 10/3/13
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To PAMELA CROOMS		
Street, Apt. No. or PO Box No. 4822 SIMPSON AVE		
City, State, ZIP+4 CINCINNATI, OH 45227		

PS Form 3800, August 2005

See Reverse for Instructions