

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

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OFFICIAL USE

7009 2820 0003 5795 4087

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

Postmark
Here *SJD*

1-13-CV-10
Doc 3, 2, 6

Sent To
Jimmie L. Washington 572-430
Street, Apt. No.,
or PO Box No.
Courthouse Ohio Corc Facility
City, State, ZIP+4
PO Box 45699 Lucasville OH 45699

PS Form 3800, August 2006

See Reverse for Instructions