

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

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OFFICIAL USE

7011 3500 0000 7217 4037
 7017

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

Postmark
 Here
 1:13-CV-265
 Doc. 11 10/3/13

Sent To **PRINCELLA USHERY**
 Street, Apt. No.,
 or PO Box No. **1621 LINN ST, #211**
 City, State, ZIP+4 **CINCINNATI, OH 45214**

PS Form 3800, August 2006 See Reverse for Instructions