

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

7072 7072 0001 5346 1000 0052 9465 2201

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

Postmark
Here

1:13-CV-335
 Dec. 11 2/24/14

Sent To WILLIAM TACKETT 528-855
 Street, Apt. No.,
 or PO Box No. CCF, P.O. BOX 5500
 City, State, ZIP+4 CHILLICOTHE, OH 45601

PS Form 3800, August 2006

See Reverse for Instructions