

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<b>A. Signature</b> <input checked="" type="checkbox"/> <i>Kevin Donohue</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<b>1. Article Addressed to:</b> Mike DeWine Riffe Center, 30th Floor 77 South High St. Columbus, OH, 43215	<b>B. Received by (Printed Name)</b> <i>Kevin Donohue</i>	<b>C. Date of Delivery</b> <i>2/22/23</i>
<b>2. Article Number (Transfer from service label)</b> 9590 9402 6549 1028 0820 96	<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<b>PS Form 3811, July 2020 PSN 7530-02-000-9053</b>	<b>3. Service Type</b> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
Columbus, OH 43215	
<b>OFFICIAL USE</b>	
Certified Mail Fee \$4.15 Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$11.00 <input type="checkbox"/> Return Receipt (electronic) \$0.00 <input type="checkbox"/> Certified Mail Restricted Delivery \$0.00 <input type="checkbox"/> Adult Signature Required \$0.00 <input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	<div style="text-align: center;">  </div>
Postage \$2.94 <b>Total Postage and Fees</b> \$10.44	
<b>Sent To</b> <i>Mike DeWine</i> Street and Apt. No., or PO Box No. <i>Riffe Center, 30th Floor 77 south High St.</i> City, State, ZIP+4® <i>Columbus, OH, 43215</i>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	