

COMPLETE THIS SECTION ON DELIVERY		
A. Signature 	<input type="checkbox"/> Agent	
<input checked="" type="checkbox"/> Addressee		
B. Received by (Printed Name) Sarah Williams	C. Date of Delivery 5/10/23	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
FILED		
MAY 10 2023		
3. Service Type: CLERK OF COURT		
<input checked="" type="checkbox"/> Certified Mail SUPREME COURT OF OHIO		
<u>Reference Information</u>		
2023-0591		
SCOCLERK		
9414 7266 9904 2198 9892 23		

PS Form 3811, Facsimile, July 2015

Domestic Return Receipt

USPS TRACKING #
COLUMBUS OH 430



8 590 9266 9904 2198 9892 26



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service®

• Sender: Please print your name, address and ZIP+4® below •



**SUPREME COURT OF OHIO
CLERKS OFFICE 8TH FLR
65 SOUTH FRONT STREET
COLUMBUS OH 43215-3431**