

IN THE SUPREME COURT OF OHIO **ON COMPUTER-ALM**

IN RE:)
)
 CLEVELAND BAR ASSOCIATION)
)
 Relator)
)
 -vs-)
)
 CARL G. MCMAHON)
)
 Respondent)

CASE NO. 06-2260

RESPONDENT'S SUPPLEMENTAL
AFFIDAVIT OF COMPLIANCE

FILED
 AUG 27 2007
 CLERK OF COURT
 SUPREME COURT OF OHIO

STATE OF OHIO)
)
 COUNTY OF CUYAHOGA)

SS: SUPPLEMENTAL AFFIDAVIT

I, **CARL G. MCMAHON**, being first duly sworn, deposes and states as follows:

1. Affiant's Affidavit is made based upon his personal knowledge of the matters recounted in this Affidavit.

2. Affiant is competent to testify and Affiant is not suffering from any emotional, psychological, nor legal disabilities which would interfere with the accuracy of this Affidavit.

3. Affiant states he was ordered by the Ohio Supreme Court to file an Affidavit showing compliance with the Court's Order with the Clerk of the Court of the Ohio Supreme Court and the Disciplinary Counsel of the Supreme Court with proof of service and Respondent's current address.

4. Affiant submits his Supplemental Affidavit for the reason that due to inadvertence, his attorney registration card was accidentally not enclosed with his Affidavit of Compliance. Affiant's attorney registration card is now attached.

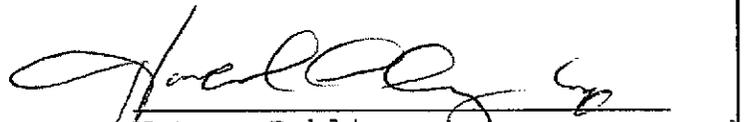
5. Affiant states some additional supplemental proof of service of notices of disqualification and post office green cards are attached to this Affidavit.

FURTHER AFFIANT SAYETH NAUGHT.



CARL G. MCMAHON, Affiant
410 Leader Building
526 Superior Avenue
Cleveland, OH 44114-1984
(216) 241-8040
(216) 771-2421 (fax)
cgmlaw@sbcglobal.net (e-mail)

SWORN TO BEFORE ME and subscribed in my presence this 24th day of August, 2007.



Notary Public
ARRIL L LEVY (0007068)
410 Leader 526 Superior Ave E
Address
Clev OH 44114
City, State and Zip Code
216 686 1111
Phone

CERTIFICATE OF SERVICE

A copy of the foregoing Respondent's Supplemental Affidavit of Compliance has been sent by Fed-Ex, on this 24th day of August, 2007 to: Sandra Brosco, Clerk of Courts for the Ohio Supreme Court, located at 65 S. Front Street, Columbus, OH 43215; and by regular mail, postage prepaid, to Phillip King, Attorney with the Ohio Disciplinary Counsel for the Ohio Supreme Court, located at 250 Civic Center Drive, Suite 325, Columbus, OH 43215; and to Jennifer S. Roach and Samer M. Musallam, Attorneys for Relator, The Cleveland Bar Association, located at Thompson, Hine, LLP, 3900 Key Center, 127 Public Square, Cleveland, OH 44114.

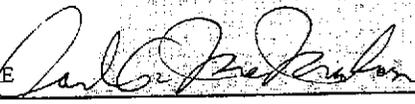


CARL G. MCMAHON, Pro Se
The Leader Building, Suite 410
526 Superior Avenue
Cleveland, OH 44114-1984
(216) 241-8040

Thank you for filing your Certificate of Registration. Please note that your attorney registration card may be required as identification in any agency or court of record in the State of Ohio; however, it does remain the property of the Supreme Court of Ohio. Return this card to the Attorney Registration Section if it is incorrect. Remember to notify this office of any changes of your address or phone number. Please sign your card with a **ballpoint pen**; do not use a felt pen or fountain pen.

11*****AUTO**3-DIGIT 441
Carl George McMahon
28616 Lincoln Rd
Bay Village OH 44140-2174



	THE SUPREME COURT of OHIO
Carl George McMahon Registration No.: 0001304	
SIGNATURE	
	

Pictured on the back of your card is a monumental carving that adorns the northeast end of the Ohio Judicial Center. The carving is symbolic of the State's material and physical resources.

Telephone (216) 241-8040

Carl G. McMahon
Attorney and Counsellor at Law

Fax (216) 771-2421

CERTIFIED MAIL

August 24, 2007

Kathleen Ferko
4572 Rodoan Road
Brooklyn, OH 44144

RE: Social Security Claim

Dear Ms. Ferko:

The Ohio Supreme Court has just suspended my license to practice law for six months. My suspension for six months was due to one mistake I made in my thirty years of handling thousands of civil cases. Consequently, within the near future, you must seek your legal services for the next six months from another attorney to continue to handle your case. Please contact me to make arrangements to transfer your file to your new attorney.

Please contact me upon receipt of this correspondence. so that we may discuss this matter.

I regret that my mistake causes you any inconvenience in your case. Best wishes in your case and for your own personal success.

Sincerely,

Carl G. McMahon

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

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

Postmark
Here

8-24-07

Sent To **Kathleen Ferko**
 Street, Apt. No., or PO Box No. **4572 Rodoan Rd.**
 City, State, ZIP+4 **Brooklyn, OH 44144**

Years Court Experience

Avenue · Cleveland, Ohio 44114-1984 · E-mail: cgmlaw@sbcglobal.net

Telephone (216) 241-8040

Carl G. McMahon
Attorney and Counsellor at Law

Fax (216) 771-2421

CERTIFIED MAIL

August 24, 2007

Delbera Alexander
9500 Wade Park Apt. 1106
Cleveland, OH 44106

RE: Social Security Claim

Dear Mr. Alexander:

The Ohio Supreme Court has just suspended my license to practice law for six months. My suspension for six months was due to one mistake I made in my thirty years of handling thousands of civil cases. Consequently, within the near future, you must seek your legal services for the next six months from another attorney to continue to handle your case. Please contact me to make arrangements to transfer your file to your new attorney.

Please contact me upon receipt of this correspondence. so that we may discuss this matter.

I regret that my mistake causes you any inconvenience in your case. Best wishes in your case and for your own personal success.

Sincerely,

Carl G. McMahon

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

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

Postmark
Here

8-24-07

Sent To	
Delbera Alexander	
Street, Apt. No., or PO Box No. 9500 Wade Park, #1106	
City, State, ZIP+4 Cleveland, OH 44106	

Years Court Experience

Avenue · Cleveland, Ohio 44114-1984 · E-mail: cgmlaw@sbcglobal.net

Telephone (216) 241-8040

Carl G. McMahon
Attorney and Counsellor at Law

Fax (216) 771-2421

CERTIFIED MAIL

August 24, 2007

Angela Pinkney
947 Ansel Road, #1
Cleveland, OH 44103

RE: Markita Pinkney
Victim of Crime claim

Dear Ms. Pinkney:

The Ohio Supreme Court has just suspended my license to practice law for six months. My suspension for six months was due to one mistake I made in my thirty years of handling thousands of civil cases. Consequently, within the near future, you must seek your legal services for the next six months from another attorney to continue to handle your case. Please contact me to make arrangements to transfer your file to your new attorney.

Please contact me upon receipt of this correspondence. so that we may discuss this matter.

I regret that my mistake causes you any inconvenience in your case. Best wishes in your case and for your own personal success.

Sincerely,

Carl G. McMahon

U.S. Postal Service™		
CERTIFIED MAIL™ RECEIPT		
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
For delivery information visit our website at www.usps.com		
OFFICIAL USE		
Postage	\$	Postmark Here 8-24-07
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To	
Angela Pinkney	
Street, Apt. No., or PO Box No. 947 Ansel Rd., #1	
City, State, ZIP+4 Cleveland, OH 44103	

Years Court Experience
Avenue · Cleveland, Ohio 44114-1984 · E-mail: cgmlaw@sbcglobal.net

Telephone (216) 241-8040

Carl G. McMahon
Attorney and Counsellor at Law

Fax (216) 771-2421

CERTIFIED MAIL

August 24, 2007

Virginia Suchan
170 Briarleigh Dr.
Brunswick, OH 44212-1431

RE: Virginia E. Suchan, et al. v. Burger King
Corporation, et al.
Case No. CV 06 488454

Dear Mrs. Suchan:

The Ohio Supreme Court has just suspended my license to practice law for six months. My suspension for six months was due to one mistake I made in my thirty years of handling thousands of civil cases. Consequently, within the near future, you must seek your legal services for the next six months from another attorney to continue to handle your case. Please contact me to make arrangements to transfer your file to your new attorney.

I regret that my mistake causes you any inconvenience in your case. Best wishes in your case and for your own personal success.

Sincerely,

Carl G. McMahon

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
	Postmark Here 8-24-07

Sent To	
Mrs. Virginia Suchan	
Street, Apt. No., or PO Box No. 170 Briarleigh Dr.	
City, State, ZIP+4 Brunswick, OH 44212-1431	

Years Court Experience
Avenue · Cleveland, Ohio 44114-1984 · E-mail: cgmlaw@sbcglobal.net

Telephone (216) 241-8040

Carl G. McMahon
Attorney and Counsellor at Law

Fax (216) 771-2421

CERTIFIED MAIL

August 24, 2007

Frank Rice
3078 Livingston Ave., Apt. 9
Cleveland, OH 44120

RE: Your Social Security Disability Claim

Dear Mr. Rice:

The Ohio Supreme Court has just suspended my license to practice law for six months. My suspension for six months was due to one mistake I made in my thirty years of handling thousands of civil cases. Consequently, within the near future, you must seek your legal services for the next six months from another attorney to continue to handle your case. Please contact me to make arrangements to transfer your file to your new attorney.

I regret that my mistake causes you any inconvenience in your case. Best wishes in your case and for your own personal success.

Sincerely,

Carl G. McMahon

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

Postage	\$	Postmark Here 8-24-07
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
Frank Rice
 Street, Apt. No. or PO Box No. **3078 Livingston #9**
 City, State, ZIP+4
Cleveland, OH 44120

Years Court Experience

Avenue · Cleveland, Ohio 44114-1984 · E-mail: cgmlaw@sbcglobal.net

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mary M. Perry
3542 E. 140th Street
Cleveland, OH 44120-4547

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
xl raker Holland Agent Addressee

B. Received by (Printed Name) *xl Holland* C. Date of Delivery *8-23*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Cuyahoga County Probate Ct.
Attn: Clerk of Courts
One Lakeside Ave.
Cleveland, OH 44113

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Shubert Agent Addressee

B. Received by (Printed Name) *Shubert* C. Date of Delivery *8-22-09*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Cuyahoga County Probate Ct.
Attn: Clerk of Courts
1 Lakeside Avenue
Cleveland, OH 44113

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Shubert Agent Addressee

B. Received by (Printed Name) *Shubert* C. Date of Delivery *8-22-09*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Judge John J. Donnelly
 Cuyahoga County Probate Ct.
 One Lakeside Ave.
 Cleveland, OH 44113

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Date of Delivery
 SHERRILL KUTN, (8-22-07)

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7005 1820 0000 2728 8297

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Judge Timothy M. Flanagan
 Cuyahoga County Domestic
 Relations Court
 1 Lakeside Ave., 3rd Floor
 Cleveland, OH 44113

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Date of Delivery
 K. Molona 8-23-07

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7005 1820 0000 2728 8266

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Industrial Commission of
 Ohio
 161 South High St.
 Akron, OH 44308

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Date of Delivery
 J. STANTON 9-12-07

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7004 2510 0004 5216 2692

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Daniel Schuller
4115 Elmore Road
Fairview Park, OH 44126

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Shawnee Schuller*

B. Received by (Printed Name) Date of Delivery
 Shawnee Schuller 8/23-07

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7007 1490 0000 4056 7295

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

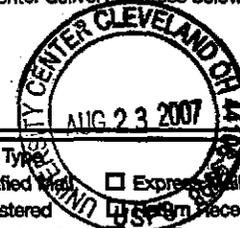
Deloris Jeannell Owens
1817 Lakeview Rd., Apt. 2
Cleveland, OH 44112

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Deloris Owens*

B. Received by (Printed Name) Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7007 1490 0000 4056 7158

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lydia M. Urh
20251 Lyndburgh Ave.
Euclid, OH 44119

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Lydia M. Urh*

B. Received by (Printed Name) Date of Delivery
 Lydia M. Urh 8-22-07

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7007 1490 0000 4056 7189

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jane Jonas
21884 North Park Rd.
Fairview Park, OH 44126

2. Article Number

(Transfer from service label)

7007 1490 0000 4056 7066

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


 Agent Addressee

B. Received by (Printed Name)

Jane Jonas

C. Date of Delivery

8/21/07

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James A. Deery, Esq.
300 Fourth Street
Elyria, OH 44035

2. Article Number

(Transfer from service label)

7007 1490 0000 4056 7073

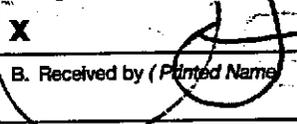
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


 Agent Addressee

B. Received by (Printed Name)

James A. Deery

C. Date of Delivery

8/21/07

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ray Ramsey
16001 Euclid Beach Blvd.,
Apt. #311
Cleveland, OH 44110

2. Article Number

(Transfer from service label)

7005 2570 0001 3255 4268

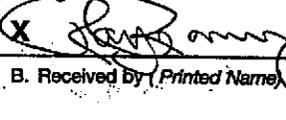
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


 Agent Addressee

B. Received by (Printed Name)

Ray Ramsey

C. Date of Delivery

8/22/07

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Navjot K. Sandhu
 13455 Kathleen Dr.
 Brookpark OH 44142-4025

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Sandhu* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 8-22-07

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7007 1490 0000 4056 7240

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Mr. David Pais
 695 East Exchange St., #3
 Akron, OH 44306

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *D Pais* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 8-22-07

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7007 1490 0000 4056 8520

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Elaine J. Nosse
 11752 Harbour Light Dr.
 North Royalton, OH 44133

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *E Nosse* Agent Addressee

B. Received by (Printed Name)
 Elaine Nosse C. Date of Delivery _____

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7004 2510 0004 5216 2715

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wayman Christian, Jr.
18304 Dalewood
Maple Hts., OH 44137

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Wayman Christian*

- Agent
 Addressee

B. Received by (Printed Name)

Wayman Christian

C. Date of Delivery

8/23/07

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7007 1490 0000 4056 7202