

IN THE SUPREME COURT OF OHIO

IN RE:)	CASE NO. 06-2260
)	
CLEVELAND BAR ASSOCIATION)	
)	
Relator)	
)	<u>RESPONDENT'S SUPPLEMENTAL</u>
-vs-)	<u>NOTICE OF COMPLIANCE</u>
)	
CARL G. MCMAHON)	
)	
Respondent)	

Upon further review of his files, Carl G. McMahon states he found three (3) additional files for which Notices of Withdrawal have now been made with proof of service attached.

Further, post office green cards providing proof of service on past notices of withdrawal are attached.

This Supplemental Notice of Compliance is filed pursuant to instructions from The Ohio Supreme Court, Clerk of Courts.

Respectfully submitted,



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

RECEIVED
AUG 31 2007
CLERK OF COURT
SUPREME COURT OF OHIO

FILED
AUG 31 2007
CLERK OF COURT
SUPREME COURT OF OHIO

CERTIFICATE OF SERVICE

A copy of the foregoing Respondent's Supplemental Notice of Compliance has been sent by Fed-Ex, on this 30th 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

Telephone (216) 241-8040

Carl G. McMahon

Attorney and Counsellor at Law

Fax (216) 771-2421

CERTIFIED MAIL

August 24, 2007

Bernadine Jordan
7929 Madison Ave.
Cleveland, OH 44102

RE: Laytosha Johnson
Social Security Claim

Dear Ms. Johnson:

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

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 Bernadine Jordan	
Street, Apt. No., or PO Box No. 7929 Madison Ave.	
City, State, ZIP+4 Cleveland, OH 44102	

Years Court Experience

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

Carl G. McMahon

Attorney and Counsellor at Law

Telephone (216) 241-8040

Fax (216) 771-2421

CERTIFIED MAIL

August 24, 2007

Peter Beckman, Adm. Law Judge
Office of Disability Adjudication and Review
U.S. Bank Centre, Suite 700
1350 Euclid Ave.
Cleveland, OH 44115

RE: Bernadine Jordan for Laytosha Johnson
278-98-2869

Dear Judge Beckman:

The Ohio Supreme Court has just ordered me to notify your Court of my six month suspension from the practice of law. Accordingly, I am no longer permitted to represent Laytosha Johnson and Bernadine Jordan has been instructed to obtain the services of another attorney.

I apologize for any inconvenience this may cause in Laytosha Johnson's case.

Sincerely,

Carl G. McMahon

U.S. Postal Service TM	
CERTIFIED MAIL TM 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
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	8-24-07

Sent To	Peter Beckman, Adm. Law Judge
Street, Apt. No., or PO Box No.	Office of Disability
City, State, ZIP+4	1350 Euclid Ave. Cleveland, OH 44115

Years Court Experience

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

Carl G. McMahon

Attorney and Counsellor at Law

Telephone (216) 241-8040

Fax (216) 771-2421

CERTIFIED MAIL

August 29, 2007

Sabra P. Chappell
3338 East 130th St.
Cleveland, OH 44120

RE: Kelvin Bridges
Social Security Disability Claim

Dear Ms. Chappell:

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

Postmark
Here

8-29-07

Years Court Experience

Sent To	Sabra P. Chappell
Street, Apt. No., or PO Box No.	3338 East 130th St.
City, State, ZIP+4	Cleveland, OH 44120

Avenue · Cleveland, Ohio 44114-1984 · E-mail: cgm1aw@sbcglobal.net

Telephone (216) 241-8040

Carl G. McMahon

Attorney and Counsellor at Law

Fax (216) 771-2421

CERTIFIED MAIL

August 30, 2007

Phil C. Maxwell
5701 Ira Ave.
Cleveland, OH 44144

RE: Workers' Compensation Claim

Dear Mr. Maxwell:

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

Postmark
Here

8-30-07

Sent To	Phil C. Maxwell
Street, Apt. No., or PO Box No.	5701 Ira Ave.
City, State, ZIP+4	Cleveland, OH 44144

Years Court Experience

Avenue · Cleveland, Ohio 44114-1984 · E-mail: cgm1aw@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:

Kitty Cross
1214 Washington Blvd.
Mayfield Hts., OH 44124

2. Article Number
(Transfer from service label)

7005 2570 0001 3255 4251

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)

C. Date of Delivery

8/24/07

- 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

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:

Sandra Moore
2828 Ludlow Road
Cleveland, OH 44120

2. Article Number
(Transfer from service label)

7007 1490 0000 4056 9008

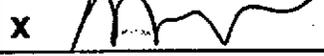
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature



-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-24

- 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

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:

Marian D. Johnson
1685 Stonebrook #333
Brunswick, OH 44212

2. Article Number
(Transfer from service label)

7007 1490 0000 4056 9015

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)

C. Date of Delivery

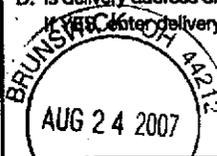
Marian D. Johnson

- 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



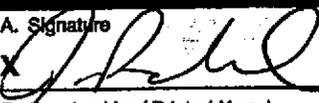
SENDER: COMPLETE THIS SECTION

- 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:

Robert E. Pekrul
15000 East River Road
Columbia Station, OH 44028

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery **6-24-07**

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 7349**

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

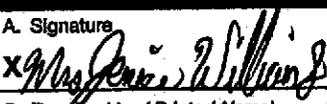
SENDER: COMPLETE THIS SECTION

- 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:

Jenice Williams
1167 Bender Street
East Cleveland, OH 44112

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

B. Received by (Printed Name) **Jenice Williams** C. Date of Delivery **8/24**

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 7356**

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

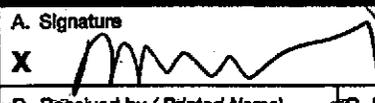
SENDER: COMPLETE THIS SECTION

- 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:

Sandra Moore
2828 Ludlow Road
Cleveland, OH 44120

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery **8-24**

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 8764**

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:

Summit County Probate Ct.
 Attn: Clerk of Courts
 209 South High St.
 Akron, OH 44308

2. Article Number

(Transfer from service label)

7003 1010 0000 6453 7412

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-24-07

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

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:

Nadjemari Robinson
 1462 Crawford Rd., UP 2nd floor
 Cleve., OH 44106

2. Article Number

(Transfer from service label)

7004 2510 0004 5216 2654

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

Nadye Robinson

C. Date of Delivery

8-24-07

D. Is delivery address different from item 1? Yes

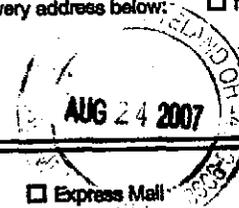
If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes



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 Daniel Cavl
 Cuyahoga County Common
 Pleas Court
 Justice Center, Room 19-D
 1200 Ontario Street
 Cleveland, OH 44113

2. Article Number

(Transfer from service label)

7007 1490 0000 4056 7332

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

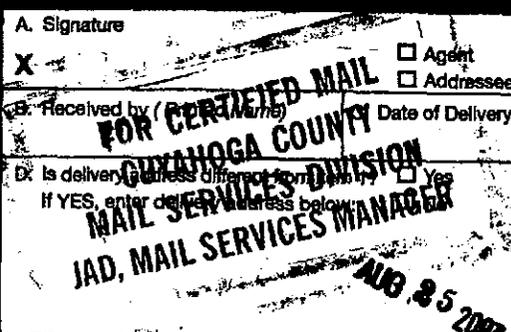
If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes



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:

Court of Claims of Ohio
 Victims of Crime Division
 The Ohio Judicial Center
 65 South Front Street, 4th Floor
 Columbus, Ohio 43215

2. Article Number

(Transfer from service label)

7007 1490 0000 4056 7226

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) D. Cunningham C. Date of Delivery 8/24/07

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

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:

Court of Claims
 Victims of Crime Div.
 Attn: Clerk of Courts
 The Ohio Judicial Center
 65 South Front St., 4th Fl
 Columbus, OH 43214

2. Article Number

(Transfer from service label)

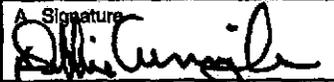
7005 1820 0000 2728 8303

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) D. Cunningham C. Date of Delivery 8/24/07

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

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:

Stanley Burington
 P.O. Box 183
 Dalton, OH 44618

2. Article Number

(Transfer from service label)

7003 1010 0000 6453 7405

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) Phoebe Burington C. Date of Delivery 8/24/07

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

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:

Carol V. Mosholder
 Assistant Attorney General
 150 East Gay Street, 25th
 Floor
 Columbus, OH 43147

2. Article Number

(Transfer from service label)

7007 1490 0000 4056 7271

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

Steve Atkinson

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

AUG 24 2007

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:

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

2. Article Number

(Transfer from service label)

7007 1490 0000 4056 7424

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

Virginia Suchan

C. Date of Delivery

8/25/07

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

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:

Najah Khayat
 1556 Rosewood Dr.
 Avon, OH 44011-4026

2. Article Number

(Transfer from service label)

7007 1490 0000 4056 7387

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Najah Khayat

Agent

Addressee

B. Received by (Printed Name)

NAJAH KHAYAT

C. Date of Delivery

08-25-07

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

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:
 Madelyn Harkins
 2463 Fenwick Ave.
 University Heights, OH 44122

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Addressee
 Agent
 B. Received by (Printed Name)
 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) 7007 1490 0000 4056 7318

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:
 Robert G. Yunker, Jr.
 301 1/2 East Broad St., #2
 Elyria, OH 44035

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Addressee
 Agent
 B. Received by (Printed Name)
 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) 7007 1490 0000 4056 8988

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:
 Mohammad Ameen Khayat
 1556 Rosewood Blvd.
 Avon, OH 44011

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Addressee
 Agent
 B. Received by (Printed Name)
 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) 7007 1490 0000 4056 7394

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:
 Terrance Barnhill
 15450 Nisqualli Road,
 Apt. G-203
 Victorville, CA 92395

2. Article Number (Transfer from service label) 7007 1490 0000 4056 7134

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Terrance Barnhill
 B. Received by (Printed Name) *TERRANCE BARNHILL* C. Date of Delivery *8/25*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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:
 Perry A. Satulla, Jr.
 1737 Crehore Street
 Lorain, OH 44052

2. Article Number (Transfer from service label) 7007 1490 0000 4056 7103

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Perry Satulla Jr.
 B. Received by (Printed Name) *Perry Satulla Jr.* C. Date of Delivery *8-27*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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:
 Greg Jones
 1350 Russen Road
 Cleveland, OH 44103

2. Article Number (Transfer from service label) 7007 1490 0000 4056 7288

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Terrance Woods
 B. Received by (Printed Name) *Terrance Woods* C. Date of Delivery *8-24-07*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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:

Greg Thompson
17630 Rock Creek Road
Thompson, OH 44086-9719

2. Article Number

(Transfer from service label)

7007 1490 0000 4056 7509

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Greg Thompson* Agent Addressee

B. Received by (Printed Name)

Greg Thompson

C. Date of Delivery

8/28/07

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 R. Douglass, Esq.
20521 Chagrin Blvd.
Suite 200
Shaker Hts., OH 44122

2. Article Number

(Transfer from service label)

7007 1490 0000 4056 7325

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *D Wisniewski* Agent Addressee

B. Received by (Printed Name)

D Wisniewski

C. Date of Delivery

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:

Amber Howard
695 East Exchange St., #3
Akron, OH 44306

2. Article Number

(Transfer from service label)

7007 1490 0000 4056 8537

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Amber Howard* Agent Addressee

B. Received by (Printed Name)

Amber Howard

C. Date of Delivery

8-28-07

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

PO Box 7342
Akron, OH 44306

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:

Dave P. Manley
29323 lake Road
Bay Village, OH 44140

2. Article Number
(Transfer from service label)

7005 2570 0001 3255 4176

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Dave P. Manley*

- Agent
- Addressee

B. Received by (Printed Name)

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