



SANDRA KURT
Firm Making Book For Accountable Mail

Name and Address of Sender

Check type of mail or service

- ☒ Certificate of Mailing
☐ Priority Mail Express
☐ Registered Mail
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery

- ☐ Adult Signature Required
☐ Adult Signature Restricted Delivery
☐ Certified Mail
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery (COD)
☐ Insured Mail
☐ Priority Mail

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11/20/2017

US POSTAGE \$002.34



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**SUMMIT COUNTY
CLERK OF COURTS**

9

Address on (Name, Street, City, State, & ZIP Code™)

CV-2016-09-3928

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AKRON SQUARE CHIROPRACTIC
1419 S ARLINGTON ST
Akron, OH 44306

CV-2016-09-3928

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CV-2016-09-3928

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CV-2016-09-3928

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KISLING, NESTICO & REDICK
3412 WEST MARKET STREET
Fairlawn, OH 44333

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Pay (Name of receiving employee)

WILLIS

