

IN THE COURT OF COMMON PLEAS
MONTGOMERY COUNTY, OHIO

MIAMI TOWNSHIP BOARD OF TRUSTEES,	:	CASE NO. 2019 CV 05444
	:	JUDGE E. GERALD PARKER, JR.
Plaintiff,	:	
	:	
v.	:	
	:	PLAINTIFF, MIAMI TOWNSHIP
DARREN POWLETTE, <i>et al.</i> ,	:	BOARD OF TRUSTEES' NOTICE OF
	:	FILING RETURN OF SERVICE
Defendants.	:	
	:	

Now comes the Plaintiff, Miami Township Board of Trustees, by and through undersigned counsel, and hereby provides notice of its filing return of service of its subpoena upon Non-Party, Christian Samson. A true and accurate copy of said return of service is attached hereto as Exhibit A.

Respectfully submitted,

/s/ Christopher T. Herman

Dawn M. Frick (0069068)

Christopher T. Herman (0076894)

8163 Old Yankee Street, Suite C

Dayton, Ohio 45458

(937) 222-2333, (937) 222-1970 (fax)

dfrick@sdtlawyers.com

cherman@sdtlawyers.com

Attorneys for Miami Township Board of Trustees

CERTIFICATE OF SERVICE

I hereby certify that on this 6th day of December 2023, this document was electronically filed via the Court's authorized electronic filing system which will send notifications of this filing to the following:

Theresa A. Baker, Esq. (0059122)
714 Liberty Tower
120 W. Second Street
Dayton, OH 45402
Tel: (937) 226-1990
Fax: (937) 226-7435
theresa@baker-lawyer.com
Attorney for Defendants

/s/ Christopher T. Herman
Christopher T. Herman (0076894)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
■ Complete items 1, 2, and 3. ■ 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.		A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee																	
1. Article Addressed to: Christian Samson 4360 Longlake Dr. #2305 Batavia, OH 45103  9590 9402 8308 3094 0239 89		B. Received by (Printed Name) <i>Christian Samson</i> C. Date of Delivery <i>1/1/18</i>																	
2. Article Number (Transfer from service label) 7012 3460 0002 2348 2112		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No																	
		3. Service Type <table border="0"> <tr> <td>☐ Adult Signature</td> <td>☐ Priority Mail Express®</td> </tr> <tr> <td>☐ Adult Signature Restricted Delivery</td> <td>☐ Registered Mail™</td> </tr> <tr> <td>☒ Certified Mail®</td> <td>☐ Registered Mail Restricted Delivery</td> </tr> <tr> <td>☐ Certified Mail Restricted Delivery</td> <td>☐ Signature Confirmation™</td> </tr> <tr> <td>☐ Collect on Delivery</td> <td>☐ Signature Confirmation Restricted Delivery</td> </tr> <tr> <td>☐ Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td>☐ Insured Mail</td> <td></td> </tr> <tr> <td>☐ Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		☐ Adult Signature	☐ Priority Mail Express®	☐ Adult Signature Restricted Delivery	☐ Registered Mail™	☒ Certified Mail®	☐ Registered Mail Restricted Delivery	☐ Certified Mail Restricted Delivery	☐ Signature Confirmation™	☐ Collect on Delivery	☐ Signature Confirmation Restricted Delivery	☐ Collect on Delivery Restricted Delivery		☐ Insured Mail		☐ Insured Mail Restricted Delivery (over \$500)	
☐ Adult Signature	☐ Priority Mail Express®																		
☐ Adult Signature Restricted Delivery	☐ Registered Mail™																		
☒ Certified Mail®	☐ Registered Mail Restricted Delivery																		
☐ Certified Mail Restricted Delivery	☐ Signature Confirmation™																		
☐ Collect on Delivery	☐ Signature Confirmation Restricted Delivery																		
☐ Collect on Delivery Restricted Delivery																			
☐ Insured Mail																			
☐ Insured Mail Restricted Delivery (over \$500)																			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt																	