······································	·
SENDER: COMPLETE THIS SECTION	OU - FLETS THIS BECTION ON DELIVERY
■ Complete Items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Dan Dores Addressee
so that we can return the card to you.	B. Flecewed by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	Lisa-Bores 12-5-07
1. Article Addressed to:	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below:
	If YES, enter delivery address below: No
The Honorable Daniel Ross	,
City of Bucyrus 500 South Sandusky Avenue	
Bucyrus, OH 44820	3. Service Type 2 Certified Mail Express Mall
Buoy. 4-1	☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service label) 7007 2681	0001 0491 6760
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1840
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X ON 3849 ☐ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece.	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	MALSHA SHENK 128-07
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
•	in 125, sinor solvery address bolow.
The Honorable Paul F. Snyder	
Village of Bay View 304 E. Bayview Drive	3. Şervice Type
Sandusky, OH 44870	IZ Certified Mail ☐ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise . ☐ Insured Mali ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number	
(Transfer from service label) 7007 2680	0001 0491 6715
PS Form 3811, February 2004 Domestic Re	
SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY	
	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
■ Print your name and address on the reverse	☐ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Finited Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from them 1? Yes
Article Addressed to:	If YES, enter delivery address below: No
UMCC HOLDINGS, INC	
484 E. CARMEL DRIVE SUITE, 290	
CARMEL IN 46032	
,	3. Service Type
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
03 041 -10 041	☐ Insured Mail ☐ C.O.D.
07-546-TP-(S)	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7001 2510 0004 7177 1175	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 if	
10/2990-02-W-1040	

07-551-EL-AIR

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