COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete 🔲 Agent item 4 if Restricted Delivery is desired. Х Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, LLEYD 111 100 LLLMAM or on the front if space permits. D. Is delivery address different from item 17. Yes 1. Article Addressed to: If YES, enter delivery address below. المن أسف Hon. Lloyd Ulhman Mayor and Clerk of Council Village of Lower Salem 3. Septice Type Po Box 55 🗹 Certified Mail LI Express Mail Begistered Beturn Receipt for Mercha-Lower Salem, OH 45745 Insured Mail 🗆 C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number 2007 2680 0001 0490 9571 S. . . 🕳 (Transfer from servi PS Form 3811, February 2004 Domestic Return Receipt (02595-02-M-15-¥

Addresser

