SENDER: COMPLETE THIS SECTION	N	COMPLETE THIS S	ECTION ON DEL	IVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse		A Signature		☐ Agent ☐ Addressee
<ul> <li>so that we can return the card to ye</li> <li>Attach this card to the back of the or on the front if space permits.</li> </ul>		B. Received by (Prin	·	C. Date of Delivery
. Article Addressed to:		D. Is delivery address  If YES, enter deliv		
Hon. David Held Mayor and Clerk of Council				
City of North Canton 145 North Main Street North Canton, OH 44720	L	3. Service Type  Certified Mail Registered Insured Mail	☐ Express Ma ☐ Return Rec ☐ C.O.D.	ail eipt for Merchandise
		4. Restricted Deliver	ry? (Extra Fee)	☐ Yes
. Article Number (Transfer from service label)	2680 למסי	1 0001 0491	3127	

Domestic Return Receipt

102595-02-M-1540

(Transfer from service label)
PS Form 3811, August 2001

United State	ES POSTAL SERVICE  Postage & Fees F USAGE  Pegnati No. G-10
• Sen	ider: Please print your name, address, and ZIP+4 in this box •
	PUBLIC UTILITIES COMMISSION OF THIO THE TOUR PUBLIC UTILITIES COMMISSION OF THE TOUR P
ا 2.2 2.3ع 4.5 ع - شهدا	)