SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 A. Signature B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	b. Is deliverly address different from Itom 12. L. Yes If YES, enter delivery address below: D. No.
Mr. Michael Mullen	
Mayor and Clerk of Council	,
City of Marietta 301 Putnam Street Marietta, OH 45750	3. Service Type ☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7007 2680] 0001 0490 9854

Domestic Return Receipt

102595-02-M-1540

(Transfer from service label)
PS Form 3811, February 2004

Unit	TED STATES POSTAL SERVICE POSTAGE SPAIN POSTAGE S
	PUBLIC UTILITIES COMMISSION OF OHIDS 180 E SEGAD STREET COMMISSION OF OHIDS 180 E SEGAD STREET COMMISSION 432 IS-3793 DOCKETING DIVISION