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 X D. Agent D. Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to: Francis Block Commissioner	D. Is delivery address different from Item 1? A Yes If YES, onter delivery address below: □ No
Village of Jerusalem 101 North Main Street Woodsfield, OH 43793-1070	3. Service Type Certified Mail Registered Results Mail C.O.D. A Particular Patient Of Catherine
2. Article Number 7007 2680 00	4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-92 M-1540

PS Form 3811, February 2004

	Paid
• Sender: Please print your name, address, and ZIP+4 in this box	hadigi ti delek Kalifu ti perakat
PUBLIC UTILITIES COMMISSION OF OHIGE 28 AND THE PORT OF THE PORT O	
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