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. Janut Moday Agent B. Riceived by (Printed Name) C. Date of Daivery JANET DOUGE D. Is delivery address different from item 12. Yes
1. Article Addressed to: Ms. Jeri Middaugh Mayor and Clerk of Council	D. Is delivery address different from item 1? □ Yes If YES, enter delivery address ballow: □ No
Village of Sugarcreek 202 N. Broadway Sugarcreek, OH 44681	3. Service Type Certified Mail Registered Co.D. Co.D. Restricted Delivery? (Extra Fee)
2. Article Number 7007 2680	

Domestic Return Receipt

102595-02-M-1540

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

United States	Postal Service CANTON ON A POSTAL SERVICE USPS Permit No. G-10
• Senda	Please print your name, address, and ZIP+43 this box •
7 COO A	