SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION 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 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. 	B. Received by (Printed Name)	Agent Addresses C. Date of De ivery
Article Addressed to: Mr. John Burkhart Mayor and Clerk of Council	D. Is delivery address different from ited If YES, enter delivery address below	
Village of Loudonville 156 North Water Street Loudonville, OH 44842	3, Service Type □ Certifiod Mail □ Express Ma □ Registered □ Return Roce □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee)	il eipt for Merchandise
2. Article Number 7007 2680 0	001 0490 9731	100

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

Sender: Please print your name, address, and ZIP+4 in this box
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