SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  A. Signature  A. Agent  Addressee  B. Received by (Arinted Name)  C. Date of Delivery  D. Is delivery accress different from item 17.   You
Article Addressed to:  Hon. John Grogan	If YES, enter delivery address below:   \[ \int \text{No} \]
Mayor and Clerk of Council  City of Canal Fulton  155 E. Market Str E #A  Canal Fulton, OH 44614	3. Service Type  Certified Mail
2. Article Number 7002 2410 000	4. Restricted Delivery? (Extra Fee)

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

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