SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVENT
<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
<ol> <li>Article Addressed to:</li> <li>Mr. Reginald McGee</li> <li>Mayor and Clerk of Council</li> </ol>	If YES, enter delivery address below:
Village of East Canton 130 South Cedar Street East Canton, OH 44703	3. Service Type     Certified Mail    Express Mail     Registered    Return Receipt for Merchand.se     Insured Mail    C O.D     Kra Fee)    Yes
2. Article Number 7007 2680 (Transfer from service label)	0001 0490 9427
PS Form 3811, February 2004 Domestic Re	turn Receipt 1025/6-02-M 1540

IN FTE THIS SEATION ON SE



