SENDER: *COMPLETE THIS SECTION*

- 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.

1. Article Addressed to:

MR CRAIG MCGUIRE
COUNCIL MEMBER
VILLAGE OF BEAVER
424 4TH STREET
BEAVER, OH 45613

08-941-GA-ALT

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marjorie McGuire ☒ Agent ☐ Addressee

B. Received by (Printed Name) Marjorie McGuire C. Date of Delivery 6-26-09

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7007 2680 0001 0484 9716

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

RECEIVED-DOCKETING DIV
2009 JUN 29 PM 2:50
PUCO

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.
Technician [illegible] Date Processed 06/29/2009