

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 		<p>A. Signature <i>Joyce Schiraldi</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Joyce Schiraldi</i></p> <p>C. Date of Delivery 2010 FEB 2</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:</p> <p>City of Hubbard, Ohio—Office of the Mayor Arthur U. Magee, Mayor Municipal Building 220 West Liberty Street P.O. Box 307 Hubbard, Ohio 44425-0307</p>		<p>RECEIVED BOOKING UNIT JAN 25 2010 HUBBARD, OHIO 44425</p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>09-560-WW-AIR</i></p>		<p>7002 2410 0000 1632 3432</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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Technician *SM* Date Processed *FEB 02 2010*