Usps tracking#

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United States Postal Service

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Print your name and address on the reverse souther we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery CACH CAC
Truro Township Attn: Fiscal Officer 6900 E. Main Street Reynoldsburg, OH 43068	D. Is delivery address different from item 17 Yes If YES, enter delivery address below: No
9590 9402 2329 6225 7410 81 2. Article Number (Transfer from service label) 7016 0910 0001 0179 932	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery If the stricted Delivery Signature Confirmation If Restricted Delivery Return Receipt for Marchandise Signature Confirmation Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

COMPLETE THIS SECTION CA' DELIVERY
A. Signature X Agent Addressee B. Received by Frinted Name D. Is delivery address different from Item 1? Yes If YES, enter delivery address below:
3. Service Type Certified Mail Registered Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee)
-80 COOL 0486 7338
turn Receipt :192595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. ■ 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: Marion City Hall Attn: Mayor 233 W. Center Street Marion, OH 43302 9590 9402 2329 6225 7411 59	A. Signature X Agent Addressee Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No 3. Service Type Adult Signature Adult Signature Adult Signature Certified Mail® Certified Mail® Certified Mail® Certified Mail® Certified Mail® Certified Mail Restricted Delivery
7016 0100 0000 0179 925	Collect on Delivery Restricted Delivery [2] Signature Confirmation [3] Signature Confirmation [4] Restricted Delivery [4] Cover \$\psi \pi \pi \pi \pi \pi \pi \pi \pi \pi \p
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

GER! COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
■ Complete Items 1, 2, and 3. ■ 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: Brown Township Attn: Fiscal Officer 2491 Walker Road Hilliard, OH 43026	A. Signature X B. Received by (Frinted Name) LDSSIC D. Is delivery address different from If YES, enter delivery address	
9590 9402 2329 6225 7410 50	3. Service Type C Adult Signature C Adult Signature Restricted Delivery C Certified Mail® C Certified Mail Restricted Delivery C Cettect on Delivery	CI Priority Mail Express® CI Registered Mail* CI Registered Mail Restricted Delivery CI Return Receipt for Marchandise
2. Article Number (Transfer from service label)	Collect on Delivery Restricted Delivery Insured Mail	☐ Signature Confirmation™ ☐ Signature Confirmation
7015 0640 0005 1454 744	**-ii Restricted Delivery	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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 mailplece, or on the front if space permits. Norwich Township Attn: Fiscal Officer 5181 Northwest Parkway Hilliard, OH 43026 	A. Signature X
9590 9402 2329 6225 7410 29 2 Article Number Transfer from service label) 7015 0640 0005 1454 747	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ all Restricted Delivery □ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. 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. Article Addressed to: Mifflin Township Board of Trustees 2326 Park Avenue E Mansfield, OH 44903 16-907-WW-AIR	Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
9590 9402 2329 6225 7409 30 2. Article Number (Transfer from service label) 7007 2480 0001 0485 514	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Collect on Delivery □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery □ Signature Confirmation Restricted Delivery □ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X Defourable D Addressee
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) C. Date of Delivery
or of the north space permis.	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Concord Township Attn: Trustee Chairman	
7229 Ravenna Road Concord, OH 44077	3. Service Type Certified Mail Registered Return Receipt for Merchandise Co.D.
16-907-WW-AIR	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7015 01	640 0005 1454 7407
PS Form 3811, February 2004 Domestic R	leturn Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 ■ 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 mallpiece, or on the front if space permits. 	A. Signature X. Locate Pour Delivery B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? Pes If YES, enter delivery address below: No
City of Mentor-onশne-Lake Attn: Mayor 5860 Andrews Road	
Mentor-on-the-Lake, OH 44060	3. Service Type ☐ Certifled Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
16-907-WW-AIR	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7016 (Transfer from service label)	0910 0001 0179 9368
PS Form 3811, February 2004 Domes	ic Return Receipt 102595-02-M-154

051055	
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.	A. Signature A. Signature B. Received by (Printed Name) C. Date of Delivery J. C. Date of Delivery D. is delivery address different from item 1? Yes If YES, enter delivery address below:
Brown Township Board of Trustees 200 Grant Street	2.
P.O. Box 378 Malvern, OH 44644	3. Service Type Certified Mail Repress Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
16-207-NW-AIR	4. Restricted Delivery? (Extra Fee)
2. Article Number 7007	2680 0001 0485 4079
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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. 	A. Signature Agent Addressee B. Received by (Printed Name) Q. Date of Delivery
Fayette Township Attn: Clerk 104 Fitzpatrick Street South Point, OH 45680 16-917-NW-A-R-	D. Is delivery address different from item 1? If YES, enter delivery address below: No
9590 9402 2329 6225 7410 05 2. Article Number (Transfer from conding tehal)	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Cotlect on Delivery □ Collect on Delivery Restricted Delivery □ Signature Confirmation™ □ Signature Confirmation
7015 0640 0005 1454 7 PS Form 3811, July 2015 PSN 7530-02-000-9053	490 sestricted Delivery Restricted Delivery Domestic Return Receipt
1 0 t 0 tt 1, udy 2010 Falt 100002*000-9003	Domestic neturn Necept

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address verse so that we can return the card. Attach this card to the back of the malipiece, or on the front if space permits.	A. Signature X. Christa Parisi Agent Addressee B. Received by (Printed Name) C. Date of Delivery Christa farisi D. Is delivery address different from item 1? Yes
City of Mentor-on-the-Lake Attn: Clerk of Council	If YES, enter delivery address below: No
5860 Andrews Road Mentor-on-the-Lake, PH 44060 16-957-WW-AR	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee)
PS Form 3811, February 2004 Domestic Ret	

No. and Marie	The same
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
1. Article Addressed to: Tiffin City Hall Attn: Mayor 51 East Market Street Tiffin, OH 44883 16-907-WW-AIR	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)
2. Article Number (Transfer from service label) 7[]	ngn3 duat 71A5
PS Form 3811, February 2004 Lomestic Retr	

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Complete items 1, 2, and 3. 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 for Blendon Township Attn: Commissioner 6350 S. Hempstead Rd. Westerville, OH 43081	A. Signature X. Kuth Race
9590 9402 2329 6225 7411 04 2. Article Number (Transfer from service label)	3. Service Type G Adult Signature Adult Signature Restricted Delivery G Certified Mail® Collect on Delivery G Collect on Delivery Restricted Delivery Insured Mail Insured Mail Restricted Delivery Return Receipt for Merchandise G Signature Confirmation Signature Confirmation Restricted Delivery Restricted Delivery Restricted Delivery
7016 0910 0001 0179 930 PS Form 3811, July 2015 PSN 7530-02-000-9053	Bestricted Delivery Bestricted Delivery Delivery Delivery Delivery

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. 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 mailplece, or on the front if space permits. Article Addressed to: Canaan Township Attn: Clerk 2209 County Road 69 Edison, OH 43320	A. Signature XOLANDOLW Agent Addressee B. Received by (Printed Name) C. Date of Delivery Deana Detwiler 11-23-16 D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No
9590 9402 2329 6225 7411 28 2. Article Number (Transfer from service label) 7016 0910 0001 0179 928	3. Service Type □ Priority Mall Express® □ Registered Mali™ □ Registered Mali™ □ Registered Mali Restricted Delivery □ Certified Mali® □ Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Signature Confirmation™ □ Signature Confirmation™ □ Signature Confirmation™ □ Restricted Delivery □ Registered Mali Restricted Delivery □ Restri
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. 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. Article Addressed to: Madison Township Attn: Fiscal Officer 4575 Madison Lane Groveport, OH 43125	A. Signature A. Signature A. Signature A. Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 17 If YES, enter delivery address below:
9590 9402 2329 6225 7410 43 2 Article Number (Transfer from service label) 7015 0640 0005 1,454 745	3. Service Type Adult Signature Registered Mair* Adult Signature Restricted Delivery Registered Mair* Certified Mail® Restricted Delivery Restricted Delivery Collect on Delivery Restricted Delivery Signature Confirmation* Insured Mail Restricted Delivery Signature Confirmation* all Restricted Delivery Restricted Delivery Restricted Delivery Signature Confirmation* Adult Signature Registered Mail Restricted Delivery Signature Confirmation* Signature Confirmation* Adult Signature Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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 Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired. Print your name and address on the riso that we can return the card to you. Attach this card to the back of the major on the front if space permits. Article Addressed to: 	d. reverse Received by (Printed Name) C. Date of Delivery
Board of Marion County Commissioners 222 West Center Street Marion, OH 43302	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	PESS 4840 1000 0845 7007
(Italisiai liolli saivica labai)	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Article Addressed to: 	A. Signature A. Signature A. Signature A. Signature A. Signature A. Addressee B. Received by Printed Name) C. Date of Delivery L. A. W. W. C. Spaul 1/2 2/6 D. Is delivery address different from Item 19 Address If YES, enter delivery address below: UNO 1440 Timpson
Tully Township Attn: Clerk	Caledonia OH 43314
4217 Lyons Road Calendonia, OH 43314	3. Service Type Certified Mail Registered Receipt for Merchandise Insured Mail C.O.D.
16-407-NW-AIR	4. Restricted Delivery? (Extra Fee)
· · · · · · · · · · · · · · · · · · ·	80 0001 0486 7277
PS Form 3811, February 2004 Domestic Re	oturn Receipt 102595-02-M-1540

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 ■ Complete items 1, 2, and 3. ■ 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. 	A. Signature X B./Recoved by Printed Name D. is delivery address different from	Agent Addresse C. Date of Delivery LI 23 LC hitem 17 / LI Yes
Board of Pike County Commissione 230 Waverly Place Suite 1000 Waverly, OH 45690	rs If YES, enter delivery address	
9590 9402 2329 6225 7411 11	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mai/9 □ Certified Mai/ Restricted Delivery □ Cotified and Restricted Delivery □ Cotlect on Delivery	☐ Priority Mall Express® ☐ Registered Mall™ ☐ Registered Mall Restricted Delivery ☐ Return Receipt for Merchandise
2. Article Number (Transfer from service label) 7016 0910 0001 0179 9290	Collect on Delivery Restricted Delivery all all Restricted Delivery	☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. 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. Blendon Township Attn: Fiscal Officer 6350 S. Hempstead Rd. Westerville, OH 43081	A. Signature Agent Addressee Addres
9590 9402 2329 6225 7410 67	3. Service Type ☐ Priority Mail Express®☐ Adult Signature Restricted Delivery ☐ Certified Mail®☐ ☐ Registered Mail Restricted Delivery☐ Certified Mail Restricted Delivery☐ ☐ Certified Mail Restricted Delivery☐ ☐ Remail®☐ ☐ Registered Mail Restricted Delivery☐ ☐ Registered Mail Re
2. Article Number (Transfer from service label) 7015 0640 0005 1454 74	Collect on Delivery Restricted Delivery Consumed Mail
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
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 Complete items 1, 2, and 3. 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. 	A. Signature A. Signature Agent Addressee B. Redeived by (Printed Name) C. Date of Delivery Addressee 1/23/16
Board of Richland County Commis	livery address different from item 1? Yes REPS S, enter delivery address below:
Richland County Courthouse	ž.
50 Park Avenue, East	:
Mansfield, OH 44902-1861	
16-900-WW-AIR	
9590 9402 2329 6225 7409 23	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Collect on Delivery □ Collect on Delivery
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ ☐ Insured Mail
7007 2680 0001 0485 5	Pestricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Village of North Kingsville Attn: Mayor P.O. Box 253 North Kingsville, OH 44068:	D. Is delivery address different from item 1?
	3. Service Type Certified Mail Depress Mail Registered Preturn Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7B[(Transfer from service label)	37 2680 000% 0485 4062
PS Form 3811 February 2004 Domestic Ret	turn Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Article Addressed to: 	A. Signature X Gen Japan Gent Addresser B. Received by (Prifted Name) C. Date of Delivery Live Japan 1/23//b D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Eden Township Attn: Clerk P.O. Box 71 Melmore, OH 44845	3. Service Type Certified Mail Registered Return Receipt for Merchandise
16-907-WW-AIR	☐ Insured Mail ☐ C.O.D. 4 4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	7007 2680 0001 0485 4048
PS Form 3811, February 2004 Domestic	newn neceipt 102595-02-M-154

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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: Lake Mohawk Property 	A. Signature X. Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Walton D. Is delivery address different from item 1? If YES, enter delivery address below:
Owners Association 1 North Mohawk Dr. Malvern, OH 44644 16-407-WN-AID	3. Service Type Certified Mail Registered Registered C.O.D. C.O.D. Restricted Delivery? (Extra Fee) Yes
2. Article Number	-80 0001 0486 7291
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

and the second s	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature A. Signature D. Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery
Lake County Attn: Commissioner-President 105 Main Street P.O. Box 490 Painesville, OH 44077 16-907-WW-AIR	3. Service Type Certified Mail Registered Return Receipt for Merchandise Restricted Delivery? (Extra Fee) Yes
2. Article Number	40 0005 1454 7377
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540 :

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 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. 	A. Signature X DUGLE LEWY D Agent B. Received by (Printed Name) C. Date of Delivery	
Article Addressed to:	D. Is delivery address different from item 1?	
Tiffin City Hall Attn: City Administrator	40/6	
51 East Market Street Tiffin, OH 44883	3. Service Type Certified Mail Registered Return Receipt for Merchandise	
16-407-NN-AIR	☐ Insured Mall ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
Article Number (Transfer from service label)	307 2680 0001 0485 3836	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature X. Addressee B. Received by (Printed Name) C. Date of Delivery Condition of Section 12 Description D. Is delivery address different from item 1? Description If YES, enter delivery address below: Addressee Address
Board of Ashtabula County Commissioners 25 W. Jefferson Street	X
Jefferson, OH 44047	3. Service Type Cartified Mail Express Mail Registered Return Receipt for Merchandise Color.
100 100	4. Restricted Delivery? (Extra Fee)
2. Article Number 7007 2L	80 0001 0486 7314
PS Form 3811, February 2004 Domestic Retu	drn*Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY A. Signature
 Complete items 1, 2, and 3. 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, 	X Agent Addressee B. Received by (Printed thans) C. Date of Delivery
or on the front if space permits. Board of Portage County Commissioners 449 S. Meridian Street 7th Floer Ravenna, OH 44266	D. Is Selby address different from item 1? Yes If 26, emer delivery address below: No
9590 9402 2329 6225 7408 86	3. Service Type □ Priority Mail Express® □ Registered Mail™ □ Registered Mail™ □ Registered Mail Restricted Delivery □ Certified Mail® □ Restricted Delivery □ Cellect on Delivery □ Return Receipt for Merchandise
2. Article Number Transfer from service labell 7007 2680 0001 0485 51	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation ☐ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery Toanne Taylor
	D. Is delivery address different from item 1?
Sagamore Tills Township Attn: Fiscal Officer	
11554 Valley View Road Sagamore Hills, OH 44067	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
16-907-NN-AIR	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7015 064	10 0005 1454 7384
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVER	7Y
 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 mailpiec or on the front if space permits. 		A. Signature X	Agent Addressee Date of Delivery
Lake County Attn: Clerk		D. Is delivery address different from item 14 if YES, enter delivery address below:	□ Xes □ No
105 Main Street P.O. Box 490 Painesville, OH 44077		3. Service Type Certified Mail Registered Return Receipt C.O.D.	
2. Article Number 7016 (Transfer from service label)	0410	4. Restricted Delivery? (Extra Fee)	☐ Yes
PS Form 3811, February 2004 Dom	estic Retu	rn Receipt	102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature X Agent Addressee B. Racewed by (Printed Name) C. Date of Delivery 1113/16
Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
Village of Jefferson Attn: Mayor	
27 E. Jefferson Street Jefferson, OH_44047	3. Service Type Contified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
16-407-WW-A)R	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	Olb 2140 0001 0774 0114
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature X G Agent G Addressee B. Received by (Printed Name) C Date of Delivery 23 6 P Is delivery address different from item 1? G Yes If YES, enter delivery address below: G No
Ashtabula Township Attn: Clerk 2718 N. Ridge Road E. Ashtabula, OH 44004	3. Service Type Classified Mail Registered Return Receipt for Merchandise Classified Mail C.O.D.
16-A07-WW-AIR	4. Restricted Delivery? (Extra Fee) ☐ Yes
O. Autolo Munchan	0001 0485 4093

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X 77
City of Mentor Attn: Council President	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Se00 Civic Center Blvd. Montor, OH 44060	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
16-907-WW. AIR	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7016 2140 00 (Transfer from service)	01 0774 0046
PS Form 3811, February 2004 Domestic Retu	Jrn Receipt 102595-02-M-1540

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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: Auburn Township Attn: Fiscal Officer	A. Signature X
11010 East Washington Street Auburn, OH 44023	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
16-407-WW-AIR	4. Restricted Delivery? (Extra Fee)
2. Article Number 7010 (Transfer from service label)	2780 0001 9375 44 68
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02:M-1540

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Village of Jefferson Attn: Clerk-Treasurer 27 E. Jefferson Street	3. Service Type
Jefferson, OH 44047 16-907-WW-AIR	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7007 268	0001 0485 5076
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540
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SENDER: COMPLETE THIS SECTION	COMPLETS THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A Signature COUNTY OF SUMMIT Agent
 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) C. Date of Delivery
	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Summit County Council Office 175 South Main Street, Suite 700	
EKron, OH 44308	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Color
<u> </u>	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label) 7007 2	1680 0001 0485 3782 <u>.</u>
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X. Kalent (Kapman) Agent D. Addressee B. Acceived by (Printed Name) C. Date of Delivery KOBERT (HAPMAN) 11-23-16 D. Is delivery address different from item 1? D Yes
	D. Is delivery address different from item 1?
Middleton Township Board of Trustees	
50738 Richardson Street P.O. Box 295 Negley, OH 44441	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
16907-NW-AIR	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7010 2780 (Transfer from service label)	0001 9375 4390
PS Form 3811, February 2004 Domestic Retu	orn Receipt 102595-02-M-1540

. A CONSTRUCTION	· · · · · · · · · · · · · · · · · · ·
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature A. Signature A. Signature A. Signature A. Signature A. Agent B. Received of (Printed Name) C. Date of Delivery A. Agent D. Is delivery address different from item 1? If YES, enter delivery address below: I No
City of Ashtabula Attn: City Manager 4717 Main Avenue	
Ashtabula, OH 44004	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 2L	80 0001 0485 7284
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X Agent Addressee
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 (<i>Printed Name</i>) C. Date of Delivery
or on the north in opace pointing.	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Village of Kirtland Hills Attn: Mayor	
8026 Chillicothe Road L Kirtland, OH 44060	3. Service Type Cortified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7015	1640 0005 1454 7414
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
■ Complete items 1, 2, and 3. ■ 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. Sharon Township Attn: Fiscal Officer 95 E. Wilson Bridge Road Worthington, OH 43085	A. Signature X. Showen See		
9590 9402 2329 6225 7410 12 2 Article Number (Transfer from service label) 7015 0640 0005 1454 748	S. Service Type ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Signature Confirmation ☐ Signature Confirmation ☐ Restricted Delivery ☐ Restricted Delivery		
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Recei		

	2 - Page			
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. 	A. Signature X. (4) MULALL B. Received by (Printed Name)	☐ Agent ☐ Addressee C. Date of Delivery		
Concerd Township Attn: Fiscal Officer	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No			
7229 Favenna Road Concold, OH 44877 16-901-WW-AIR	☐ Insured Mail ☐ C.O.D.	ill eipt for Merchandise		
2. Article Number 701L 091	4. Restricted Delivery? (Extra Fee)	☐ Yes		
PS Form 3811, February 2004 Domestic Ref	turn Receipt	102595-02-M-1540		

SENDER: COMPLETE THIS SEC	TION		COMPLETE	THIS SE	ECTION 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 	·	A. Signature		iards	☐ Agent ☐ Addressee	
 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. 		<u>,</u>	B. Received	by (Prin	nted Name)	C. Date of Delivery
	 		•		different from ite ery address belo	
Columbiana Cour Commissioners						
105 South Market Lisbon, OH 44432 16-407-WW-AIR	2	Ľ	3. Service T	ed Mail ered	☐ Express Ma ☐ Return Rec ☐ C.O.D.	ail eipt for Merchandise
			4. Restricte	d Deliver	y? (Extra Fee)	☐ Yes
Aust-1- A1	703.0	2781	3 0001	937	5 4444	
. Article Number (Transfer from service label)						

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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 retain the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature: X Deb Sg1. TW. 73 Sepaddressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to: Hubbard Township Board of Trustees	D. Is delivery address different from item 1? If YES, enter delivery address below No
2699-Elmweed Drive, Ext. Hubbard, OH 44425	3. Service Type Certified Mail Registered Receipt for Merchandise Insured Mail C.O.D.
16-AR=NW-A-R	4. Restricted Delivery (Extra Fee) Yes
2. Article Numbe 7010 2780 (Transfer from se label)	0001 9375 2235
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVER
 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. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery 1/-3-4 D. Is delivery address different from item 1? Yes
Painesville Township Attn: Trustee Chairman 55 Nye Road	If YES, enter delivery address below
Painesville, OH 44077	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
16-907-WH-AIR	4. Restricted Delivery? (Extra Fee)
2. Article Number 7015 06 (Transfer from service label)	40 0005 1454 [~] 7391
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540