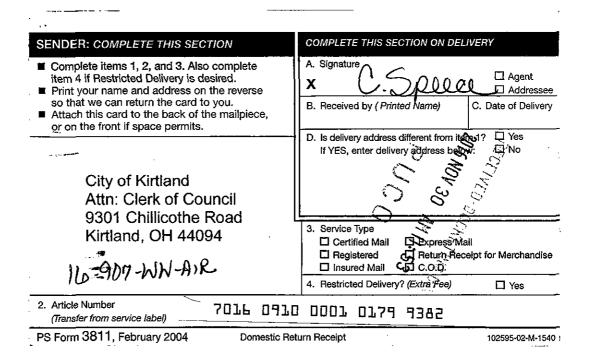
FILE

16-907-WW.AIR



· · ·	·	- 3:50		
SENDER: COMPLETE THIS SEC		COMPLETE THIS SE	CTION ON DELIN	/ERY
 Complete items 1, 2, and 3. Als item 4 if Restricted Delivery is d Print your name and address or 	esired. the reverse	A. Signature X 2	reel	Agent
so that we can return the card t Attach this card to the back of t or on the front if space permits.	he mailpiece,	B. Received by (Prin	ted Name)	C. Date of Delivery
1. Article Addressed to:		D. Is delivery address If YES, enter deliv		
City of Kirtland				
Attn: Council Pre	esident	L		
9301 Chillicothe		3. Service Type	Express Mail	L
Kirtland, OH 440		Registered Insured Mail		ipt for Merchandise
16-907-WW-AI		4. Restricted Deliver		☐ Yes
(Transfer from service label) PS Form 3811, February 2004	7016 091	0 0001 0179	9344	

	· · · · · · · · · · · · · · · · · · ·
 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 	A. Signature X Jum Jang Agent Addressee
 Attach this card to the back of the mailplece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery
	D. Is delivery address different from item 1?
Clinton Township Attn: Clerk 2584 N. State Route 101 P.O. Box 801 Tiffin, OH 44883	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise
16-907-NH-AIR	Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7007 (Transfer from Sprice label)	2680 0001 0486 7192
PS Form 3811; February 2004 Domestic Re	eturn Receipt

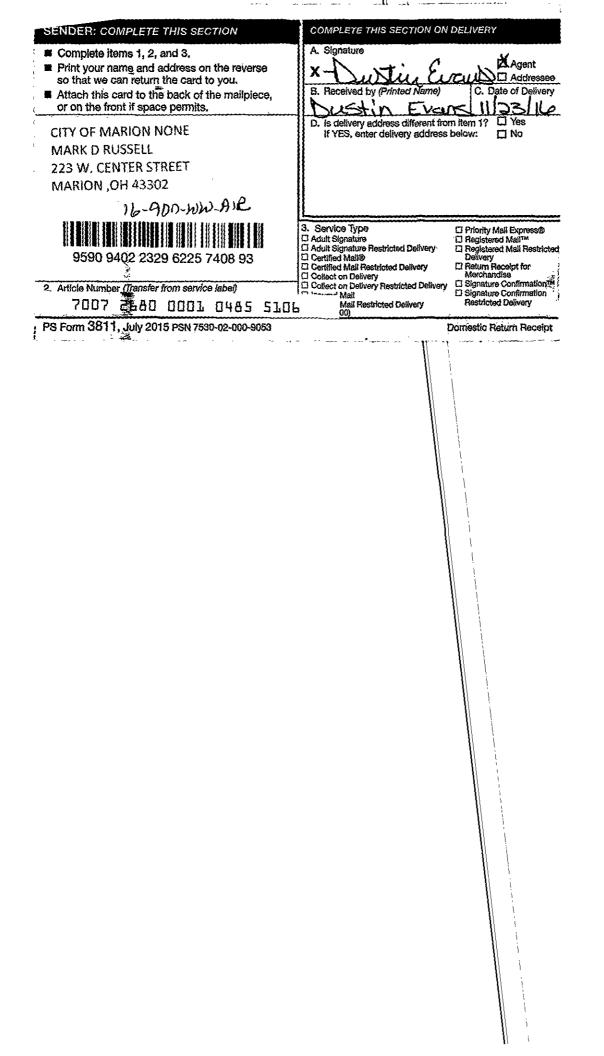
 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reviso that we can return the card to you. 				
item 4 if Restricted Delivery is desired. Print your name and address on the rev	lete 🛛 A. Signat			
Print your name and address on the rev so that we can return the card to you.		n d M	lot	Agent
	B Beceit	ved by (Printed	Name)	C. Date of Delivery
 Attach this card to the back of the mail or on the front if space permits. 	olece, Mo	Jransta	<i>,</i>	11-28
. Article Addressed to:	D. Is deliv	very address diffe	erent from item	
		, enter denvery i		. дно
Carroll County				
Commissioners				
119 S. Lisbon Street	3. Service	е Туре		
Suite 201			Express Mail	l ipt for Merchandise
Carrollton, OH 44615			C.O.D.	
16-907-WW-AIR	4. Restric	cted Delivery? (E	Extra Fee)	🖾 Yes
2. Article Number (Transfer from service label)	007 2680 00	101 0486	7307	
	Domestic Return Receipt			102595-02-M-154

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Fint your name and address on the reverse	X Marthal Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? Yes
1	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Village of Waite Hill	
Attn: Mayor	
7215 Eagle Road	3. Service Type
Waite Hill, OH 44094	Certified Mail 🖾 Express Mail
16-907-WW-AVR	Registered Return Receipt for Merchandise
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 701609	10 0001 0179 9399

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X POURU & NM MAddressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Beceived by (Printed Name) C. Date of Delivery
Article Addressed to: 16-907-	D. Is delivery address different from item 1? I Yes
Attn: Fiscal Officer	If YES, enter delivery address below: X No
Attn: Fiscal Officer NN-777 3670 State Route 220	
Waverly, OH 45690	
8) 8 36 (8) 18 1 28 8 1 (8) 8 4 4 5 6 6 6 1 6 1 (8 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1	
	3. Service Type Priority Mall Express® Adult Signature Registered Mail [™]
9590 9402 2329 6225 7410 74	Adult Signature Restricted Delivery Certified Mail Restricted Delivery Certified Mail Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Merchandise
2. Article Number (Transfer from service label)	Collect on Delivery Restricted Delivery
57 PTL 2000 01PO 4107 93	all Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
······································	

Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY
item 4 if Restricted Delivery is desired.	A. Signature
 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, 	B. Received by (Printed Name) G. Pate of Delive
or on the front if space permits.	D. Is delivery address different from item 1?
	If YES, enter delivery address below: No
Village of Waite Hill Attn: Clerk-Treasurer	
7215 Eagle Road	
Waite Hill, OH 44094	3. Service Type
16-907-WW-AIR	Registered Return Receipt for Merchandle Insured Mail C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee)
(<i>Transfer from service label</i>) 70160° PS Form 3811, February 2004 Domestic F	110 0001 0179 9405

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A Signature
Print your name and address on the reverse as that we can return the card to you	X Nancy (', Rad Addressed
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	MANCYC KODD 1112816
Brimfield Township	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Attn: Fiscal Officer	If YES, enter centres and these below:
1333 Tallmadge Road	5010
Brimfield, OH 44240	82
16-907-WIT-AIR	3 100
I I Banka di Tan a ing kana kan an ang kanan	3. Service Type 40 IN3 D Priority Mail Express®
I BUTTALI II I	C Adult Signature
9590 9402 2329 6225 7409 16	Certified Mail® Delivery
	Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Collect on Delivery Restricted Delivery Signature Confirmation TM
2. Article Number (Transfer from service label)	Signature Confirmation
7007 2680 0001 0485 50	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
	l i



Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	COMPLETE THIS SECTION ON DELIVERY
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	
Print your name and address on the reverse	A. Signature
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 Deliver
	D. Is delivery address different from item 1?
	IT TES, enter delivery address below.
City of Kirtland	
Attn: Mayor 9301 Chillicothe Road	
Kirtland, OH 44094	3. Service Type
	☐ Registered ☐ Return Receipt for Merchandis
16-907-NW-AIR	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service i 7016 2140	0001 0774 0060
	Return Receipt 102595-02-M-15
<u></u>	
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