FILE

(5)

16-907-WW-AIR

SENDER: *COMPLETE THIS SECTION*

- 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.

AQUA OHIO INC NONE
6650 SOUTH AVENUE
BOARDMAN,OH 44512

16-907-WW-AIR

9590 9402 2329 6225 7408 62

2. Article Number *(Transfer from service label)*

7007 2680 0001 0485 5137

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Chris Ancarey

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes
☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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 re Date Processed DEC 01 2016

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.

Center Township
Attn: Fiscal Officer
12457 County Road C
Bryan, OH 43506-9733

16-907-WW-AIR

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) TODD BURKHOLDER
C. Date of Delivery NOV 28 2016

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) 7016 2140 0001 0774 0077

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- 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.

Board of Lawrence County Commissioners
111 S. Fourth Street, 3rd Floor
Veterans Square
Ironton, OH 45638 16-907-WW-AIR

9590 9402 2329 6225 7409 54

2. Article Number *(Transfer from service label)*
7007 2680 0001 0485 4116

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Summer Kelly ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* Summer Kelly C. Date of Delivery

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

RECEIVED-DOCKETING
2016 DEC -1 PM 1:39
PUCO

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return 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 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:

Hopewell Township
Attn: Clerk
P.O. Box 309
Bascom, OH 44809

16-907-WW-AIR

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Amanda Bodart
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*
Amanda Bodart

C. Date of Delivery

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 0466 7215

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: *COMPLETE THIS SECTION*

- 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Carla Wallace ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Carla Wallace

C. Date of Delivery 11-28-16

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

Board of Franklin County Commissioners
373 S. High Street, 26th Floor
Columbus, OH 43215-6314

16-ABD-WW-AIR

9590 9402 2329 6225 7409 09

2 Article Number *(Transfer from service label)*

7007 2680 0001 0485 5090

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt