

FILE

4

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <i>X Sharon Moraski</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		<p>B. Received by (Printed Name)  <i>Sharon Moraski</i></p>	<p>C. Date of Delivery  <i>12/1/16</i></p>
<p>1. Article Addressed to:</p> <p>Lake Tomahawk Property Owners Association              8853 Pontiac Trail              Negley, OH 44441</p> <p><i>16-ADM-WN-AIR</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes              If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number              (Transfer from service label)</p>		<p>7007 2680 0001 0485 4055</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	

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.

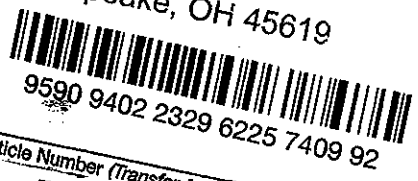
Technician fe Date Processed DEC 05 2016

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.

Union Township  
Attn: Clerk  
4611 County Road 17  
P.O. Box 757  
Chesapeake, OH 45619

16-ADD-  
WW-AIR



9590 9402 2329 6225 7409 92

2. Article Number (Transfer from service label)  
7015 0640 0005 1454 7506

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
*[Signature]*  
B. Received by (Printed Name)  
C. Date of Delivery  
12-2-16  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ 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

Domestic Return Receipt

## 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.

Perry Township  
Attn: Fiscal Officer  
7125 Sawmill Road  
Dublin, OH 43016-9018

16-907-NW-AIR



9590 9402 2329 6225 7409 78

2. Article Number (Transfer from sending label)

7016 2140 0001 0074 0022

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Debra Deady*

☐ 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: ☐ 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

## 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:

Kingsville Township  
Attn: Clerk  
5450 Dibble Road  
Kingsville, OH 44048

16-ADD-WW-AIR

2. Article Number

(Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dennis Hurry*  
DENNIS HURRY☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-1-16

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

3130 E. Main St  
Kingsville Oh 44048

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7007 2680 0001 0486 7178

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540