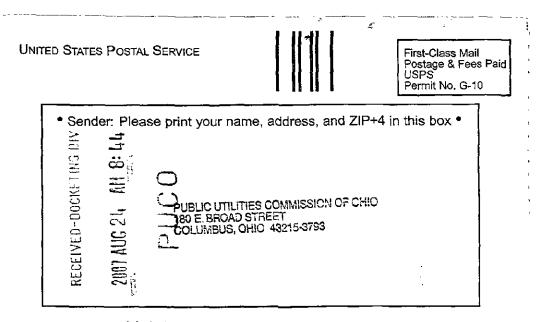
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature X V. Lin
City of Perrysburg 201 W. Indiana Ave. Perrysburg, OH 43551	
Nelson Evans, Mayor Staff Report 07-194-6-A-AIR	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
07-194-6-A-AIR	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service Tabel) 7001 2510	0004 7177 1236
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

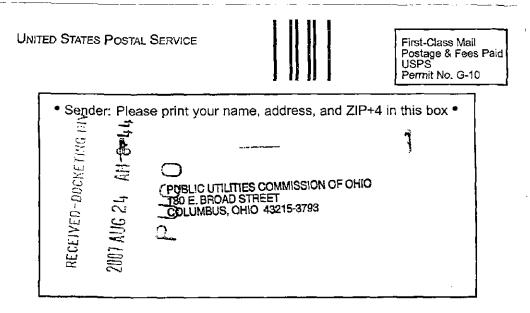
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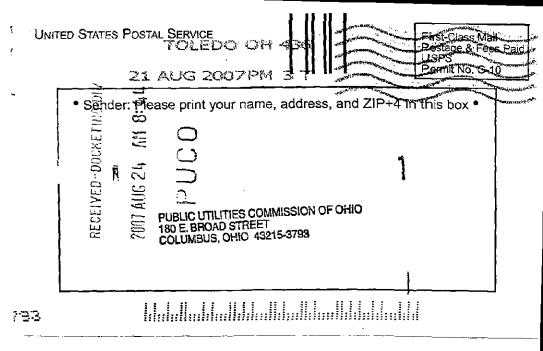
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. M. Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Perrysburg, Township 26609 Lime City Rd. Perrysburg, OH 43551 Robert Mack Craig LaHote	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Gary Britten Shirley A. Harr, Fiscal officer Staff Report	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
07-194-6A. AIR	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7001 2510	0004 9177 0608
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

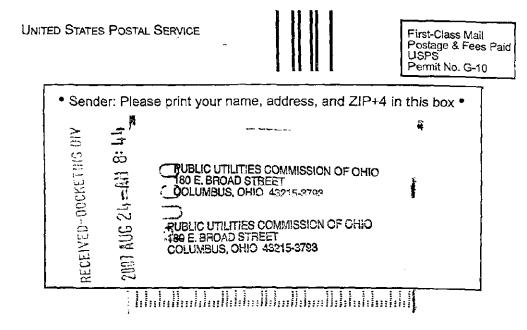
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addre Middleton Township P.O. Box 206 Haskins, OH 43525 James Bostdorff Penelope S. Getz Fred Vetter Laurie Limes, Fiscal officer Stage Addre Keport 	B./Received by (Printed Name) C. Date of Delivery
	Insured Mail C.O.D.
07-194-6-A-ALK	
2. Article Number (Transfer from service label)	102 2410 0000 1637 4274
PS Form 3811, February 2004 Dom	estic 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 A Addressee B. Received by (<i>Printed Name</i>) D. Is delivery address different from item 12 Ves
1. Article Lucas County Commissioners One Government Center Suite 800 Toledo, OH 43604 Ms. Tina Skeldon Wozniak Mr. Pete Gerken Mr. Ben Konop Staff Report 07 - 198- 6-A. AM	D. Is delivery address different from item 1? LI 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	2410 0000 1637 4281
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540