

07-551-EL-AIR

## 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:

TUROWSKI, KENNETH  
88 SOUTH PORTAGE PATH  
AKRON, OHIO 44303

06-1141-TR CUF

## 2. Article Number

(Transfer from service label)

7001 2510 0004 7177 0208

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*James L. Wilkins* ☒ Agent ☐ Addressee

## B. Received by (Printed Name)

*James L. Wilkins* *12/4/07*

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

## 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:

The Honorable Marilee Chinnici-Zuercher  
City of Dublin  
5200 Emerald Parkway  
Dublin, OH 43017-1008

## 2. Article Number

(Transfer from service label)

7007 2680 0001 0491 7033

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*Mary Minshall* ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

*Mary Minshall* *12/6/07*

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

## 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:

The Honorable Robert Baughman  
Village of Magnetic Springs  
89 Main Street, PO Box 214  
Magnetic Springs, OH 43036

## 2. Article Number

(Transfer from service label)

7007 2680 0001 0491 6548

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*Robert L. Baughman* ☐ Agent ☒ Addressee

## B. Received by (Printed Name)

*Robert L. Baughman* *12-5-07*

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

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 *SPM* Date Processed *12/6/07*