

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 Thomas H. Nagel
City of Fairborn
44 W. Hebble Avenue
Fairborn, OH 45324

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Nancy K...* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

NANCY K...

C. Date of Delivery

12/5/07

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 0491 7323

PS Form 3811, February 2004

Domestic Return Receipt

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1. Article Addressed to:

The Honorable Stewart L. Zody
Village of Loudonville
522 N. Union Street
Loudonville, OH 44842

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Michelle Bales* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Michelle Bales

C. Date of Delivery

12/5/07

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 0491 6999

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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:

ENGELBARDT, JAROSLAW
2608 RAMON DR
BLAKESLEE PA 18610

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Janna Engelhardt* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

JOANNA ENGELBARDT

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)

7001 2510 0004 7177 0895

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

07-551-EL-AIR

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 *Sm* Date Processed *12/6/07*

07-1141-TR-CVF