

**CASE NUMBER:** 07-0830-GA-ALT  
**CASE DESCRIPTION:** EAST OHIO GAS COMPANY DBA DOMINION EAST OHIO  
**DATE OF SERVICE:** 5/22/2008  
**DOCUMENT SIGNED ON:** 5/23/2008

Sign Here:

BIM, MN Jackson new FDJ PK

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Village of Lowellville  
140 East Liberty Street  
Lowellville, OH 44436

Hon. Michael Chaffee  
Mayor and Clerk of Council  
Village of Lordstown  
1455 Salt Springs Road  
Lordstown, OH 44481

Hon. Lloyd Ullman  
Mayor and Clerk of Council  
Village of Lower Salem  
Po Box 55  
Lower Salem, OH 45745

Mr. John Burkhart  
Mayor and Clerk of Council  
Village of Loudonville  
156 North Water Street  
Loudonville, OH 44842

Hon. Joseph Cicero  
Mayor and Clerk of Council  
City of Lyndhurst  
5301 Mayfield Rd.  
Lyndhurst, OH 44124

Elected Official  
Village of Loudonville  
156 North Water Street  
Loudonville, OH 44842

Hon. Don Kuchta  
Mayor and Clerk of Council  
City of Macedonia  
9691 Valleyview Rd.  
Macedonia, OH 44056

Mr. Thomas Ault  
City Manager  
City of Louisville  
215 South Mill Street  
Louisville, OH 44641

Mr. William Brotzman  
Trustee Chairman  
Madison Township  
2065 Hubbard Road  
Madison, OH 44057



11



Hon. David Reed  
Mayor and Clerk of Council  
Village of Madison  
126 W. Main, P.O. Box 7  
Madison Village, OH 44057

Mr. Johnny Howell  
Mayor and Clerk of Council  
Village of Matamoras  
P.O. Box 693  
New Matamoras, OH 45767

Hon. Claude Hopkins  
Mayor and Clerk of Council  
Village of Mantua  
4736 E. High Street  
Mantua, OH 44255

Hon. Gregory Costabile  
Mayor and Clerk of Council  
City of Mayfield Heights  
6154 Mayfield Road  
Mayfield Heights, OH 44124

Mr. Steven Oros  
Trustee/Chairman  
Mantua Township  
4522 Wayne Road  
Mantua, OH 44255

Mr. Bruce Rinker  
Mayor and Clerk of Council  
Village of Mayfield  
6622 Wilson Mills Road  
Mayfield Village, OH 44143

Hon. Michael Ciaravino  
Mayor and Clerk of Council  
City of Maple Heights  
5353 Lee Road  
Maple Heights, OH 44137

Hon. James Border  
Mayor and Clerk of Council  
Village of McDonald  
451 Ohio Avenue  
McDonald, OH 44437

Mr. Michael Mullen  
Mayor and Clerk of Council  
City of Marietta  
301 Putnam Street  
Marietta, OH 45750

Mr. Robert OConnell  
Village Administrator  
Village of McDonald  
451 Ohio Avenue  
McDonald, OH 44437

Hon. Robert Brooker  
Mayor and Clerk of Council  
Village of Marshallville  
7 N. Main St.  
Marshallville, OH 44645

Hon. Jane Leaver  
Mayor and Clerk of Council  
City of Medina  
132 N. Elmwood  
Medina, OH 44256

Mr. Francis Cicchinelli  
Mayor and Clerk of Council  
City of Massillon  
Municipal Government Annex  
Massillon, OH 44646

Mr. John Konrad  
City Manager  
City of Mentor  
8500 Civic Center  
Mentor, OH 44060



12

Hon. Robert Shiner  
Mayor and Clerk of Council  
City of Mentor  
8500 Civic Center Blvd.  
Mentor, OH 44060

Elected Official  
Village of Mogadore  
135 S. Cleveland Avenue  
Mogadore, OH 44260

Hon. John Rogers  
Mayor and Clerk of Council  
City of Mentor-On-The-Lake  
5860 Andrews Rd.  
Mentor-On-The-Lake, OH 44060

Mr. Charles DeGross  
Mayor and Clerk of Council  
Village of Moreland Hills  
4350 SOM Center Road  
Moreland Hills, OH 44022

Mr. Chad Adams  
Mayor and Clerk of Council  
Village of Middle Point  
103 N. Adams St.  
Middle Point, OH 45863

Hon. Frank Larson  
Mayor and Clerk of Council  
City of Munroe Falls  
43 Monroe Avenue  
Munroe Falls, OH 44262

Mr. Bill Poole Jr.  
Mayor and Clerk of Council  
Village of Middlefield  
14860 N. State Ave.  
Middlefield, OH 44062

Mr. Frank Gliha  
Township Trustee Chairman  
Munson Township  
Chardon, OH 44024

Hon Vera Wilson  
Mayor and Clerk of Council  
City of Midvale  
3111 Barnhill Rd.  
Midvale, OH 44653

Hon. Al Bollas  
Mayor and Clerk of Council  
Village of New Franklin  
5611 Manchester Road  
Akron, OH 44319

Mr. Terry Nill  
Mayor and Clerk of Council  
Village of Mineral City  
8501 Short St.  
Mineral City, OH 44656

Hon. Robert Carson  
Mayor and Clerk of Council  
Village of New Middletown  
10711 Main Street  
New Middletown, OH 44442

Hon. Steve Marks  
Mayor and Clerk of Council  
Village of Mogadore  
135 S. Cleveland Avenue  
Mogadore, OH 44260

Mr. Ron Brodzinski  
Mayor and Clerk of Council  
City of New Philadelphia  
116 E. High Ave.  
New Philadelphia, OH 44663



Trustee Robert Metzka  
Trustee - Chairman  
New Springfield Village  
3475 E. South Range Road  
New Springfield, OH 44443

Hon. Carl Oxley  
Mayor and Clerk of Council  
Village of North Kingsville  
3541 E. Center Street  
North Kingsville, OH 44068

Hon. Paul Ruggles  
Mayor and Clerk of Council  
Village of Newburgh Heights  
4000 Washington Park Blvd.  
Newburgh Heights, OH 44105

Hon. Thomas O'Grady  
Mayor and Clerk of Council  
City of North Olmsted  
5206 Dover Center Road  
North Olmsted, OH 44070

Mr. Patrick Layshock  
Mayor and Clerk of Council  
City of Newton Falls  
19 North Canal  
Newton Falls, OH 44444

Hon. Thomas Williams  
Mayor and Clerk of Council  
Village of North Perry  
4449 Lockwood Road  
North Perry, OH 44081

Mr. John Nemet  
City Manager  
City of Newton Falls  
19 North Canal  
Newton Falls, OH 44444

Hon. David Smith  
Mayor and Clerk of Council  
Village of North Randall  
21937 Miles Road  
North Randall, OH 44128

Hon. Ralph Infante  
Mayor and Clerk of Council  
City of Niles  
34 West State Street  
Niles, OH 44446

Hon. Victor Milani  
Mayor and Clerk of Council  
Village of Northfield  
10455 Northfield  
Northfield, OH 44067

Hon. David Held  
Mayor and Clerk of Council  
City of North Canton  
145 North Main Street  
North Canton, OH 44720

Hon Joseph Kernan  
Mayor and Clerk of Council  
City of Norton  
4060 Columbia Woods Drive  
Norton, OH 44203

Hon. Ronald McVoy  
Mayor and Clerk of Council  
Village of North Kingsville  
Municipal Building  
North Kingsville, OH 44068

Mr. Gary Gottschalk  
Mayor and Clerk of Council  
Village of Oakwood  
24800 Broadway Avenue  
Oakwood Village, OH 44146



14



Mr. Buck Werts  
Mayor and Clerk of Council  
Village of Ohio City  
PO Box 246  
Ohio City, OH 45874

Mr. Gary Hilty  
Mayor and Clerk of Council  
Village of Pandora  
102 S. Jefferson St.  
Pandora, OH 45877

Mrs. Kathy Mulcahy  
Mayor and Clerk of Council  
Village of Orange  
4600 Lander  
Orange Village, OH 44022

Hon. Michael Kaplan  
Mayor and Clerk of Council  
Village of Peninsula  
6086 Riverview Road  
Peninsula, OH 44264

Mr. Dennis Steiner  
Mayor and Clerk of Council  
City of Orrville  
207 North Main Street  
Orrville, OH 44667

Mr. Bruce Akers  
Mayor and Clerk of Council  
City of Pepper Pike  
28000 Shaker Blvd.  
Pepper Pike, OH 44124

Mr. Kenneth Maag  
Mayor and Clerk of Council  
Village of Ottawa  
136 N. Oak St.  
Ottawa, OH 45875

Mr. Craig Chessler  
Trustee Chairman  
Perry Township  
3111 Hilton N.W.  
Massillon, OH 44646

Ms. Rita McMahon  
City Manager  
City of Painesville  
7 Richmond St.  
Painesville, OH 44077

Mr. Phillip Haskell  
Trustee Chairman  
Perry Twp. Lake County  
3750 Center Rd.  
Perry Twp., OH 44081

Ms. Jeanette Crislip  
Trustee Chairman  
Painesville Twp.  
55 Nye Rd  
Painesville, OH 44077

Hon. John Fulmer  
Mayor and Clerk of Council  
Village of Perry  
3758 Center Road  
Perry, OH 44081

Mr. James Falvey  
Trustee Chairman  
Painesville Twp.  
55 Nye Rd.  
Painesville, OH 44077

Hon. Corbett Shaw  
Mayor and Clerk of Council  
Village of Perry  
3758 Center Road  
Perry Village, OH 44081

15





Mr. Al Leno  
Trustee Chairman  
Plain Township  
2600 Easton N.W.  
North Canton, OH 44721

Ms. Laurie Peters-Gilmore  
Trustee Chair  
Richfield Township  
4410 West Streetsboro Road  
Richfield, OH 44286-0191

Hon. Ruth Wilkes  
Mayor and Clerk of Council  
Village of Poland  
308 South Main  
Poland, OH 44514

Mr. Daniel Ursu  
Mayor and Clerk of Council  
City of Richmond Heights  
457 Richmond Road  
Richmond Heights, OH 4143

Hon. William Pratt  
Mayor and Clerk of Council  
Village of Powhatan Point  
104 Mellott  
Powhatan Point, OH 43942

Mr. Larry Boggs  
City Manager  
City of Rittman  
30 N. Main St.  
Rittman, OH 44270

Hon. Kevin Poland  
Mayor and Clerk of Council  
City of Ravenna  
210 Park way  
Ravenna, OH 44266

Elected Official  
City of Rittman  
30 N. Main St.  
Rittman, OH 44270

Mr. Robert Cherry  
Trustee/Chairman  
Ravenna Township  
6552 Park Road  
Ravenna, OH 44266

Mr. Jerry Pontsler  
Mayor and Clerk of Council  
Village of Rockford  
142 N. Main St.  
Rockford, OH 45882

Hon. Samuel Alonso  
Mayor and Clerk of Council  
Village of Reminderville  
3601 Glenwood Blvd.  
Aurora, OH 44202

Hon. Pamela Bobst  
Mayor and Clerk of Council  
City of Rocky River  
21012 Hilliard Blvd.  
Rocky River, OH 44116

Hon. Michael Lyons  
Mayor and Clerk of Council  
Village of Richfield  
441- W. Streetsboro Road  
Richfield, OH 44286

Mr. James Dickerson  
Trustee Chair  
Russell Township  
8501 Kinsman Rd.  
Novelty, OH 44072

Mr. Paul Schweikert  
Trustee Chair  
Sagamore Hills Township  
11551 Valley View Road  
Sagamore Hills, OH 44087

Mr. Keith Rickett  
Mayor and Clerk of Council  
Village of Shreve  
150 W. McConkey  
Shreve, OH 44676

Mr. Robert Brobst  
Trustee Chairman  
Saybrook Township  
7247 Center Road  
Ashtabula, OH 44004

Hon. Warner Mendenhall  
Mayor and Clerk of Council  
Village of Silver Lake  
2961 Kent Road  
Silver Lake, OH 44224

Mr. Fred Strawser  
Mayor and Clerk of Council  
Village of Scott  
PO Box 111  
Scott, OH 45886

Mr. Kevin Patton  
Mayor and Clerk of Council  
City of Solon  
34200 Bainbridge Road  
Solon, OH 44139

Hon. David Bentkowski  
Mayor and Clerk of Council  
City of Seven Hills  
7325 Summit View Drive  
Seven Hills, OH 44131

Ms. Georgine Welo  
Mayor and Clerk of Council  
City of South Euclid  
1349 South Green  
South Euclid, OH 44121

Hon. Judith Rawson  
Mayor and Clerk of Council  
City of Shaker Heights  
3400 Lee Road  
Shaker Heights, OH 44120

Mr. Matthew Brett  
Mayor and Clerk of Council  
Village of South Russell  
5205 Chillicothe Road  
South Russell, OH 44022

Mr. John Bujak  
Trustee Chairman  
Shalersville Township  
4452 State Route 303  
Mantua, OH 44255

Ms. Lynn Cummins  
Mayor and Clerk of Council  
Village of Spencerville  
116 S. Broadway  
Spencerville, OH 45887

Mr. Russell Holly  
Chairman- Trustees  
Shawnee Township  
2530 Fort Amanda Road  
Lima, OH 45805

Mr. R. Bruce Killian  
Trustee Chairman  
Springfield Township  
2459 Canfield Road  
Akron, OH 44312



Mr. Laverne Schulze  
Mayor and Clerk of Council  
Village of St. Henry  
121 W Washington St.  
St. Henry, OH 45883

Mr. William Williams  
Vice-chairman-Trustee  
SugarCreek - Allen Co.  
4130 W. Lincoln Highway  
Gomer, OH 45807

Mr. Greg Freewalt  
Mayor and Clerk of Council  
City of St. Marys  
103 E. Spring St.  
St. Marys, OH 45885

Ms. Yolanda Brodie  
Mayor and Clerk of Council  
Village of Woodmere  
27899 Chargin Blvd.  
Woodmere, OH 44122

Hon. Karen Fritschel  
Mayor and Clerk of Council  
City of Stow  
3760 Darrow Road  
Stow, OH 44224

Mr. L. Bolon  
Mayor and Clerk of Council  
Village of Woodsfield  
221 S. Main St.  
Woodsfield, OH 43793

Hon. Mark Pavlick  
Mayor and Clerk of Council  
City of Streetsboro  
9184 State Route 43  
Streetsboro, OH 44241

Ms. Judi Mitten  
Mayor and Clerk of Council  
City of Wooster  
538 North Market Street  
Wooster, OH 44691

Mayor Daniel Mamula  
Mayor and Clerk of Council  
City of Struthers  
6 Elm Street  
Struthers, OH 44471

Hon Richard Spaar  
Mayor and Clerk of Council  
Village of Tuscarawas  
522 E. Cherry  
Tuscarawas, OH 44682

Hon Raymond Vehovec  
Mayor and Clerk of Council  
Village of Sugar Bush Knolls  
Box 2127  
Streetsboro, OH 44241

Hon. Katherine Procop  
Mayor and Clerk of Council  
City of Twinsburg  
10075 Ravenna Road  
Twinsburg, OH 44087

Mr. Rodney Watkins  
Chairman - Trustee  
Sugar Creek - Allen Co.  
4130 W. Lincoln Highway  
Gomer, OH 45807

Hon. Jay Williams  
Mayor and Clerk of Council  
City of Youngtown  
26 South Phelps Street  
Youngstown, OH 44503



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Sent To *Mayor Beverly Green*  
Street, Apt. No.,  
or PO Box No.  
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Sent To *Mayor Lehman*  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To *Hon. Diane Bielecki*  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

7007 2680 0001 0490 9205

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To *Mayor Moore*  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

7007 2680 0001 0490 9212

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To *Hon. Mike Ray*  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

7007 2680 0001 0490 9460

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mayor Maag  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2005

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7007 2680 0001 0490 9465

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mayor - Village of Jerusalem  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2005

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Edward Petzic  
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or PO Box No.  
City, State, ZIP+4

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7007 2680 0001 0490 9489

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. John Pender  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

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|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Barry Ritzler  
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or PO Box No.  
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|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Dave Rutter  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

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7007 2680 0001 0490 9960

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|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To *Mayor De Snow*  
Street, Apt. No.,  
or PO Box No.  
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7007 2680 0001 0491 3011

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|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To *Mayor Adams*  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

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7007 2680 0001 0490 9977

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|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To *Hon. Skinner*  
Street, Apt. No.,  
or PO Box No.  
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7007 2680 0001 0490 9953

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|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To *Hon. John Rogers*  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

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7007 2680 0001 0490 9946

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|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To *Mayor Adams*  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To *Mrs. Rita McMahon*  
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or PO Box No.  
City, State, ZIP+4

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To MAJOR RINKA  
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 or PO Box No.  
 City, State, ZIP+4

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. James Border  
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 or PO Box No.  
 City, State, ZIP+4

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mr. Robert O'Connell  
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 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9779

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Jane Heaver  
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 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9762

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mr. Howard  
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 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

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7007 2680 0001 0491 3028

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Larson  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 4223

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Wm. Curran  
 Street, Apt. No.,  
 or PO Box No.  
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7007 2680 0001 0491 4216

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Arthur Mager  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0490 9847

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Brooks  
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 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 3327

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. David Held  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0490 9854

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mayor Muller  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 3110

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mayor Infante  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 4322

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Jim Skidmore  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 4315

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Lawrence Broggs  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0001 0491 4308

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Steven Muks  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 4292

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Fred Remes  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 4285

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To John Wheeler  
 Street, Apt. No.,  
 or PO Box No.  
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7007 2680 0001 0491 4278

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**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Douglas Elliott  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0001 0491 2906

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Russell Bailey  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9113

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mr. Daniel Cook  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9311

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Karen Simpson  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9298

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Thomas Brick  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 4193

U.S. Postal Service<sup>TM</sup>  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Jeri Middaugh  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 4254

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To James Myers  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 2960

U.S. Postal Service<sup>TM</sup>  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Lynn Cummins  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 2953

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Matthew Brent  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 2946

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Georgina Wells  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 2939

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Kevin Patton  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 2922

U.S. Postal Service<sup>TM</sup>  
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 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Don Warner Mendendell  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 2915

U.S. Postal Service<sup>TM</sup>  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Keith Rickett  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9373

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To *Hon. Rep. Lodi Barbera*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9106

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To *Hon. Sen. Howard*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9366

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To *Hon. Ralph Cortipelli*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7002 2410 0000 1650 1663

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To *Hon. Patricia White*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7007 2680 0001 0491 4209

U.S. Postal Service<sup>TM</sup>  
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For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 2977

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To *R. Bruce Kellin*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9434

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent to  
*Hon. Eric Bremer*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9427

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent to  
*Reginald M. Bue*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9403

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent to  
*Richard Homrighausen*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9430

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent to  
*Hon. Terry Lindeman*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9397

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent to  
*Paul Collins*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9380

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent to  
*Hon. Gerald Neumann*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 4414

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mr. Robert Downey Jr.  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 4407

U.S. Postal Service<sup>TM</sup>  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mr. Frank Jackson  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 4391

U.S. Postal Service<sup>TM</sup>  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Timmer  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 4384

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mr. James Iskrige  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9458

U.S. Postal Service<sup>TM</sup>  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Patricia Quigley  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9441

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Raymond Hall  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9625

U.S. Postal Service<sup>TM</sup>  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Bergen  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 3349

U.S. Postal Service<sup>TM</sup>  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Shaw  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 3332

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Sulmer  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9692

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. David Reed  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9685

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Hopper  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 3156

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. O'Leary  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 3370

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mr. Cherry  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0001 0491 3257

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mayor Steiner  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0001 0491 3417

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mr. Leno  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0001 0490 9878

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mr. Orso  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0001 0491 3424

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mr. Peter - Delmore  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0001 0491 3134

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. McRay  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0001 0491 3486

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mr. Dickerson  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 4230

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mr. Michael O'Brien  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 3202

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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mayer, Gottschalk  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 4186

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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Christopher Gumm  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 4179

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. John Laskas  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 3363

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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Alonso  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 3172

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mr. Merle Jensen  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 3172

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Smith  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7002 2410 0000 1650 1649

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**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Fred Rodabaugh  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7007 2680 0001 0491 3172

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Kenna  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7002 2410 0000 1650 1632

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mr. Clem Beidenbach  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7007 2680 0001 0491 3400

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Welke  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9137

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent to Mr. Dale Spitznagle  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9137

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent to Hon. Randy Hart  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7002 2410 0000 1650 1654

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent to Hon. Hal Lehman  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7007 2680 0001 0490 9137

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent to Mr. Don Jensen  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7002 2410 0000 1650 1657

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent to Mr. James King  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7002 2410 0000 1650 1625

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent to Mr. Wm. McAfee  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7007 2680 0001 0490 9120

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To

*Hon. Donald Payne*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9649

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To

*Mr. James Conley*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7002 2410 0000 1650 1588

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To

*Ms. Julie Sherman*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7007 2680 0001 0490 9632

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To

*Mr. Anthony Cartagallo*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7002 2410 0000 1650 1595

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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To

*Hon. Alan Miller*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7002 2410 0000 1650 1700

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To

*Hon. John Li Castro*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7007 2680 0001 0491 3271

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Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Postmark  
Here

Sent To

*Mayor Werts*Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7002 2410 0000 1650 1724

U.S. Postal Service™

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Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Postmark  
Here

Sent To

*Hon. Glenn Goodburn*Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7002 2410 0000 1650 1748

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Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Postmark  
Here

Sent To

*Hon. Kenneth Patton*Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7002 2410 0000 1650 1717

U.S. Postal Service™

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Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Postmark  
Here

Sent To

*Hon. Jerry Krubly*Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7002 2410 0000 1650 1731

U.S. Postal Service™

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Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Postmark  
Here

Sent To

*Hon. Mark Elliott*Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7001 2510 0004 9177 0769

U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Postmark  
Here

Sent To

*Ms. Judi Mitten*Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To L. Bolton  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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OFFICIAL USE

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mrs. Marlene Anelaki  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

U.S. Postal Service™  
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OFFICIAL USE

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Scott Coleman  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

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OFFICIAL USE

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To David Lello  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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OFFICIAL USE

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Arthur Baldwin II  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mrs. Meredith Rhodes  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9663

U.S. Postal Service<sup>TM</sup>  
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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Jack Zink  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2005

See Reverse for Instructions

7002 2410 0000 1650 1601

U.S. Postal Service<sup>TM</sup>  
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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mr. Robt Reid  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7007 2680 0001 0490 9656

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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Lynn McSill  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2005

See Reverse for Instructions

7002 2430 0000 1650 1571

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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Don Plusquellic  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002

7001 2510 0004 9177 0738

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Sharon Krall  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

7001 2510 0004 9177 0745

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Yolanda Bodie  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

7007 2680 0001 0490 9274

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**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Janel Wein-Creighton  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9281

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**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Paul Arnold  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 4247

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**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Don Wittwer  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9700

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Elected Official/ Village Clerk  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7002 2410 0000 1650 1656

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mr. John Cox  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7002 2410 0000 1650 1618

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Deborah Miller  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7001 2510 0004 9177 0790

U.S. Postal Service  
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OFFICIAL USE

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Jess Sturkey  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0000 1650 1786

U.S. Postal Service<sup>TM</sup>  
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OFFICIAL USE

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. John Hill  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0000 1650 1809

U.S. Postal Service<sup>TM</sup>  
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OFFICIAL USE

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mark Cozy  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0000 1650 1816

U.S. Postal Service<sup>TM</sup>  
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OFFICIAL USE

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. John Groen  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0000 1650 1823

U.S. Postal Service<sup>TM</sup>  
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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Paul Moracco  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0000 1650 1793

U.S. Postal Service<sup>TM</sup>  
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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Wm. Weaver  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7007 2680 0001 0490 9906

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mayor Hill  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

7007 2680 0001 0491 3578

U.S. Postal Service<sup>TM</sup>  
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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mr. Frank Blich  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

7007 2680 0001 0490 9830

U.S. Postal Service<sup>TM</sup>  
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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mayor Cicchirelli  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

7007 2680 0001 0491 3066

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**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mayor Brodzinski  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

7007 2680 0001 0490 9925

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Marks  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

7007 2680 0001 0490 9823

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mayor Howell  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

7007 2680 0001 0491 3059

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Carson  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 3042

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Al Bollow  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9151

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Don Croghan  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9168

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mayor Arnold Bailey  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 3226

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mrs. Jeannette Cristler  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 3219

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mrs. Falvey  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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See Reverse for Instructions

7007 2680 0001 0490 9526

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To *Mr. Alan Turbea*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0490 9755

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To *Thomas Aulet*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 3523

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To *Mr. Raymond Vehovec*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0490 9250

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To *Mr. Linda Burkner*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0490 9748

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To *United Office*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 3561

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To *Wm. Williams*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 3530

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Rodney Watkins  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 3547

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mr. Richard Spaar  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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See Reverse for Instructions

7007 2680 0001 0491 3554

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mr. Katherine Procop  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 3493

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Paul Schweikert  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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See Reverse for Instructions

7007 2680 0001 0490 9326

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mr. Larry Ellice  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0490 9335

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Lat Corner  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0490 9359

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To *Hon. Don Rosten*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 4438

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To *Hon. Phyllis Kuylenberg*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 4445

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To *Hon. La Vern Harmon*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 4452

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To *Hon. Michael Bogart*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 4476

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To *Mr. Doug Lewis*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

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7007 2680 0001 0491 4469

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To *Mr. Michael Lynch*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 4483

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mr. Bradley Sweet  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

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7007 2680 0001 0491 4490

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mrs. Helen Humphreys  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 4513

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mrs. Ude Smeto  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 2878

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mr. David Butkowski  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 2885

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mrs. Judith Lawson  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 2892

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To John Bugak  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 4261

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To *Hon. Richard Loxie*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0001 0491 2984

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To *Mr. Laverne Schulze*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0001 0491 2991

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To *Guy Frenault*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 3295

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To *Hon. Kaplan*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0490 9595

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To *Hon. Huchta*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 3301

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To *Mayor Spence*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0001 0491 3318

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mrs. Chedden  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 3288

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mayer Helby  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 4353

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Kenneth Benjamin  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 4346

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Village of Ft Shawnee  
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 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 4339

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To City of Cortland  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Al Bolas  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 4377

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Bill McDowell  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

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7007 2680 0001 0491 4131

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Kenneth Loreny  
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 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 4148

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. David Anderson  
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 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 4155

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Thomas Luffner  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 4162

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Maria Fudge  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 2809

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Connie White  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 2830

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To

Hon. James Melfi

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

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7007 2680 0001 0491 2847

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To

Gene Warneke

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

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7007 2680 0001 0491 3509

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To

Hon. Mark Pavlick

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or PO Box No.

City, State, ZIP+4

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To

Fred Straver

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or PO Box No.

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To

Robert Birdot

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To

Mr. Haskell

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

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7007 2680 0001 0491 3004

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Karen Fritschel  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

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7007 2680 0001 0491 3264

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mayor Mulcahy  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

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7007 2680 0001 0490 9724

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Michael Chaffec  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

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7007 2680 0001 0491 3431

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|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Naipa Umu  
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 or PO Box No.  
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7007 2680 0001 0491 3448

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|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mr. Boggs  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 3455

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|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mayor of New York City  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

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7007 2680 0001 0491 3462

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| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mayor DeBler.  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

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7007 2680 0001 0491 3394

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|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Pratt  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0001 0491 3387

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**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Poland.  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0001 0491 3356

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Lyons  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0001 0491 3479

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. B. Obet  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7001 2510 0004 9177 0776

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Jay Wms.  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, January 2001 See Reverse for Instructions

7002 2410 0000 1650 1564

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Colt. Nash  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0000 1650 1779

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**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Gerald Lamb  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0000 1650 1762

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**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Geo. Chute  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0000 1650 1755

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Mike Procul  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7002 2410 0000 1650 1670

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Raymond McFall  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7007 2680 0001 0490 9964

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Ted Andzjewski  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 2680 0001 0491 2731

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Bill Cervenik  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 2724

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Ron Kleopenstein  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 2746

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Wm. Keith Jr.  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 2755

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Frank Sarony  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 2762

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Hon. Eileen Patton  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 2774

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To John Wolf  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 2785

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Thomas Longo  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 2793

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Craig Moser  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 2816

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. James Pearson  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 3189

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Melane  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 3080

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Puggler  
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 or PO Box No.  
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PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 3073

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Trustee Metzger  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 4094

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Don. Caesar Carrino  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 4087

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Mark Finamore  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 3097

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Marion Lapschick  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

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7007 2680 0001 0491 4100

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Don Farmer  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 4137

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Don. Randall Westfall  
 Street, Apt. No.,  
 or PO Box No.  
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PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 4124

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|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Don. Beryl Rothschild  
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 or PO Box No.  
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PS Form 3800, August 2006

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7007 2680 0001 0491 3165

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Williams  
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 or PO Box No.  
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PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0491 3103

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Mr. John Permet  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9861

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Ciavarella  
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 or PO Box No.  
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PS Form 3800, August 2006

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7007 2680 0001 0491 3141

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|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. O'Leary  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

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7007 2680 0001 0490 9717

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Joan Sobek  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7007 2680 0001 0490 9601

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To Hon. Wm. Brozman  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7001 2510 0004 7177 1045

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Kindbolt David  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, January 2001 See Reverse for Instructions

7001 2510 0004 7177 1052

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Poulos Gregory J  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, January 2001 See Reverse for Instructions

7001 2510 0004 7177 1069

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Sauer Larry  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, January 2001 See Reverse for Instructions

7001 2510 0004 7177 1076

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Boyer Berth E  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, January 2001 See Reverse for Instructions

7001 2510 0004 7177 1083

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Utility Workers Union OF Amer  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, January 2001 See Reverse for Instructions

7001 2510 0004 7177 0215

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To Ohio Partners for Affordable  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, January 2001 See Reverse for Instructions

7001 2510 0004 7177 0987

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| <b>Total Postage &amp; Fees</b>                   | \$ |

Postmark  
Here

Sent To Boehm David Esg.  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

7001 2510 0004 7177 0994

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| <b>Total Postage &amp; Fees</b>                   | \$ |

Postmark  
Here

Sent To Airay Jonathan  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

7001 2510 0004 7177 1007

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| <b>Total Postage &amp; Fees</b>                   | \$ |

Postmark  
Here

Sent To Daskar John  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

7001 2510 0004 7177 1014

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| <b>Total Postage &amp; Fees</b>                   | \$ |

Postmark  
Here

Sent To Clark Joseph M  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

7001 2510 0004 7177 1021

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| <b>Total Postage &amp; Fees</b>                   | \$ |

Postmark  
Here

Sent To Patricoff M  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

7001 2510 0004 7177 1038

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

**OFFICIAL USE**

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| <b>Total Postage &amp; Fees</b>                   | \$ |

Postmark  
Here

Sent To Nelson Daniel J  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

7001 2510 0004 7177 0222

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To  
**Ohio Oil & Gas Association**  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

7001 2510 0004 7177 0239

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To  
**Ohio Consumers Council**  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

7001 2510 0004 7177 0246

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To  
**Industrial Energy Users**  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

7001 2510 0004 7177 0253

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To  
**East Ohio Gas Company**  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

7001 2510 0004 7177 0260

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

|                                                   |    |                  |
|---------------------------------------------------|----|------------------|
| Postage                                           | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To  
**Dominion Retail**  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions