COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** A. Signatur ■ Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. Addressee Print your name and address on the reverse C. Date of Delivery so that we can return the card to you. B. Received by (Printed Name) 18-24-08 Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item +? ☐ Yes 1. Article Addressed to: □ No If YES, enter delivery address below: " Elected Official Mayor and Clerk of Council Village of Jerusalem Service Type O 54046 Church St. Mail Certified Mail ☐ Express Mail Return Receipt for Merchandise ☐ Registered Jerusalem, OH 43747 C.O.D. ☐ Insured Mail 07-831 07-829 4. Restricted Delivery? (Extra Fee) ☐ Yes 07-310 Article Number 7007 5680 0007 0490 (Transfer from service

Domestic Return Receipt

PS Form 3811, February 2004

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