SENDER: COMPLETE THE STATE	COLUMN TER THE OFFICE OF STREET
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	A. Signature X. Jalin Den Addressee B. Received by (Printed Name) Taken Ayons D. Is delivery address different from item 1? Yes
Mr. Douglas Seese Mayor and Clerk of Council	If YES, enter delivery address below: No
Village of Lowell PO Box 337 Lowell, OH 45774	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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