SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X / Li Addrasser  B. Received by (Printed Name)  C. Date of Dalivery
Article Addressed to:      Ms. Lynn Cummins     Mayor and Clerk of Council	D. Is delivery address different from item 1? L1 Yes If YES, enter delivery address below:  17 L1 Yes If YES, enter delivery address below:  18 No.
Village of Spencerville 116 S. Broadway Spencerville, OH 45887	3. Service Type  D Certified Mail
2. Article Number 7007 2680 00	01 0491 2960

Domestic Return Receipt

102595 02 M 1540

ED STATES POSTAL SERVICE		First-Class Ma Postage & Fee USPS Permit No. G-1
* Sender: Please print your name PUBLIC UTILITIES COLUMBUS, OHIO 43215-3793 DOCKETING DIVISIO	OMMISSION OF OIL  T	box +  in this box heceived-dockeling biv  in this 2000 HAY 28 AN II: 44

United States Postal Service