.DER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature X
Article Addressed to: Mr. David Berger Mayor and Clerk of Council	If YES, enter delivery address below: 디 No
City of Lima 50 Town Square Lima, OH 45801	3. Service Type D Ćertified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes
Article Number 2002 21.4	

Domestic Return Receipt

102595-02-M-1540

(Transfer from service label)
PS Form 3811, February 2004

• Sender: Please print your nam	ne, address, and Z	IP+4∰tl	nis boox •
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