

SENDER: COMPLETE THIS SECTION

- 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:

Village of Sedalia
 Ronda Alspaugh
 210 Federal Street PO Box 104
 Sedalia OH 43151

2. Article Number

*(Transfer from service label)***COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Reta Ell

 Agent Addressee

B. Received by (Printed Name)

Reta Ell

C. Date of Delivery

7/7/03

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

7007 2680 0001 0484 6029

UNITED STATES POSTAL SERVICE

COLUMBUS OH 430



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

PUBLIC UTILITIES COMMISSION OF OHIO
130 E. BROAD STREET
COLUMBUS, OHIO 43215-3783

PUDO

130 E. BROAD ST. COLUMBUS, OH 43215-3783
JUL 8 AM 11:21

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