

**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:

MR PAT HAGEN  
 COUNCIL MEMBER  
 VILLAGE OF LEESBURG  
 P.O. BOX 35  
 LEESBURG, OH 45135

08-941-GA-ALT

2. Article Number

(transfer from service label)

7007 2680 0001 0485 0019

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) Pat Hagen C. Date of Delivery 6/25/09

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

RECEIVED-DOCKETS DIV  
 JUN 29 3 15 PM '09  
 P U O C

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

4. Restricted Delivery? (Extra Fee)  Yes

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.  
 Technician TF Date Processed 06/29/2009