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CINCINNATI
CLEVELAND
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WASHINGTON, DC

May 5, 2011

Ms. Renee J. Jenkins
Director, Administrative Department
Secretary to the Commission
Docketing Division
The Public Utilities Commission of Ohio
180 East Broad Street
Columbus, OH 43215-3793

RE: Proof of Publication
Amendment to the Geauga County 138 kV
Transmission Line Supply Project
OPSB Case No. 11-1220-EL-BTA

PUCO

2011 MAY -5 PM 4:14

RECEIVED-DOCKETING DIV

Dear Ms. Jenkins:

In accordance with the rules of the Ohio Power Siting Board ("Board"), American Transmission Systems, Incorporated and The Cleveland Electric Illuminating Company (collectively, the "Applicants"), subsidiaries of FirstEnergy Corp., are filing the enclosed Public Notices and Affidavits of Publication related to the proposed amendments to the Geauga County Transmission Supply Line Project in Case No. 11-1220-EL-BTA as proof of publication and public notice of the application. Applicants are seeking minor amendments to the Certificate of Environmental Compatibility and Public Need issued for the Geauga County 138 kV Transmission Line Supply Project in Case No. 07-0171-EL-BTX. Included with this filing are:

Attachment A: Proof of Publication of the public notice of the Application for the Amendments.

Attachment B: Copies of the certified mail return receipts for all copies of the Application served on local officials and agencies as required by Revised Code Section 4906.06(B).

Applicants note that due to an inadvertent delay, the Public Notice of the filing of the application for amendments to the Geauga County 138 kV Transmission Line Supply Project Certificate, that Public Notice was not published within 15 days of the submittal of the application. Applicants request pursuant to Revised Code Section 4906.06(D), that since all parties entitled to notice of the proposed amendments have received such notice and the public notice has been properly published, the Board issue an order confirming that Applicants have taken sufficient steps to ensure adequate Public Notice of the proposed amendments and any inadvertent delays are inconsequential.

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 AM Date Processed 5/5/11

Ms. Renee J. Jenkins
May 5, 2011
Page 2

Applicants request that the Board acknowledge the adequacy of service and public notice of the proposed amendments to the Geauga County 138 kV Transmission Line Supply Project.

Respectfully submitted,



Robert J. Schmidt, Jr.

RJS:clk

Enclosures

cc: Service List

COLUMBUS/1585590v.1

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing "*Proof of Publication, Amendment to the Geauga County 138 kV Transmission Line Supply Project, OPSB Case No. 11-1220-EL-BTA*" has been served upon the following persons by mailing a copy, postage prepaid, on May 5, 2011.

Thomas G. Lindgren, Esq.
Thomas W. McNamee, Esq.
Assistant Attorneys General
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Public Utilities Section
180 East Broad Street, 7th Floor
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Mr. Klaus A. Lambeck, Chief
Facilities, Siting & Environmental
Analysis Division
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Klaus.lambeck@puc.state.oh.us

James O'Dell
Utilities Department/Facilities, Siting
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Katie L. Stenman, Esq.
Attorney Examiner/Adm. Law Judge
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Public Utilities Section
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Columbus, OH 43215-3793
langell@ag.state.oh.us
mmalone@ag.state.oh.us


Robert J. Schmidt

COLUMBUS/1468104v.5

ATTACHMENT A

State of Ohio ss.
Cuyahoga County

I, Joan Wheeler, being duly sworn, do upon my oath, depose and say that I am a ACCOUNTS RECEIVABLE REPRESENTATIVE of The Plain Dealer Publishing company, publisher of The Plain Dealer, a newspaper printed in said county, and general circulation in Ashtabula, Geauga, Lake, Lorain, Medina, Portage, Summit and Trumbull counties, in addition to said county; the requirements of Section 7/12 of the Revised Code of Ohio as amended September 14, 1957, relating to publication and distribution are fulfilled by said newspaper; and the advertisement attached was published in said newspaper on the following day, or days in a type size larger thanagate. Insertion dates as follows:

April 28, 2011

Sworn to and subscribed before me this day of Apr 28 11

Joan Wheeler

Brenda Jordan

Notary Public
Brenda G. Jordan
Notary Public, State of Ohio
Recorded in Cuyahoga County
My Commission Expires 09/04/11



NOTICE OF PROPOSED MAJOR UTILITY FACILITY

American Transmission Systems, Incorporated and the Cleveland Electric Illuminating Company (collectively the "Applicants"), subsidiaries of FirstEnergy Corp., have filed an Amendment application with the Ohio Power Siting Board ("Board") in Case No. 11-1220-EL-BTA seeking to amend its certificate of environmental compatibility and public need issued to construct the Geauga County 138 kV Transmission Line Supply Project in Geauga and Lake counties, Ohio in Case Number 07-0171-EL-BTX. The purpose of the Amendment is to adjust the approved route to reflect three changes requested by property owners, and to reflect a change identified by the Applicants to avoid placing a structure in a wetland. The adjustments are generally located in the areas: north of Whitney Road, south of Rock Creek Road, near Ledge Road and north of Burrows Road. The Applicants believe the three adjustments to the approved route requested by the property owners can be reasonably accommodated without significant increased impacts and have therefore proposed the adjustments in the Amendment. In the event one or more of the proposed adjustments are not approved by the Board, the Applicants intend to proceed with constructing that portion of the project on the route previously approved by the Board. More information may be obtained by writing to the offices of the Ohio Power Siting Board, 180 East Broad Street, Columbus, Ohio 43215 or calling the Board at 1-866-270-6772. A copy of the Amendment application is available at the Board's main office at 180 East Broad Street, 11th Floor, Columbus, Ohio 43215. Copies of the Amendment Application have been provided to the Morley Library (Painesville); Madison Public Library; Burton Public Library; and the Geauga County Public Library System: Chardon Library; Middlefield Library; and Thompson Library Station. A copy of the Amendment application is available online on the Board's website at <http://dis.puc.state.oh.us/DocumentRecord.aspx?DocID=82d958c8-8388-42c7-a555-af7fe4ecbc2>. Interested persons wishing to comment on or raise objections to the proposed Amendment may do so by filing written comments and, if desired, a request for a hearing, specifically referencing Case No. 11-1220-EL-BTA, with the Board within 10 days of the publication of this notice.

AFFIDAVIT OF PUBLICATION

The News-Herald

7085 Mentor Avenue – Willoughby, Ohio 44094

The State of Ohio Lake County, ss

Robin Luthanen, being first duly sworn, says that she is the designated agent of The News-Herald, a newspaper printed and of general circulation in the Counties of Lake, Geauga, Ashtabula, and other districts; and in compliance with sections 7.12 and 5721.1 of the revised code of the State of Ohio as amended, effective September 14, 1957; that the attached notice was published on the same day of each week for a period of 1 consecutive weeks in said newspaper commencing April 28, 2011.

Robin Luthanen

Signature

Total Cost \$ _____

Sharon Puruczky

Notary Public

SHARON PURUCZKY
NOTARY PUBLIC - STATE OF OHIO
Recorded in Geauga County
My commission expires Aug. 25, 2014

NOTARY PUBLIC - STATE OF OHIO
My commission expires Aug. 25, 2014

NOTARY PUBLIC - STATE OF OHIO
My commission expires Aug. 25, 2014

NOTICE OF PROPOSED MAJOR UTILITY FACILITY

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STATE OF OHIO }
COUNTY OF GEAUGA } ss.

CAPTION: NOTICE OF PROPOSED
MAJOR UTILITY FACILITY

COST: \$154.00

I, Jeffrey B. Karlovec, being duly sworn,
upon oath, depose and say that I am the
agent of the Geauga County Maple Leaf,
and that the annexed advertisement
attached hereto was published in the
GEAUGA COUNTY MAPLE LEAF, a
weekly newspaper of general circulation
published in the County of Geauga, State
of Ohio, on April 28, 2011.

ATTACHED



Sworn to and subscribed in my presence
this 28 day of April, A.D. 2011.



NOTARY PUBLIC

RAE SZABO, Notary Public
STATE OF OHIO (Cuyahoga County)
My Commission Expires March 19, 2015

GEAUGA COUNTY MAPLE LEAF
100 CENTER STREET, SUITE 250
CHARDON, OHIO 44024

PROOF OF PUBLICATION

NOTICE OF PROPOSED MAJOR UTILITY FACILITY

American Transmission Systems, Incorporated and the Cleveland Electric Illuminating Company (collectively the "Applicants"), subsidiaries of FirstEnergy Corp., have filed an Amendment application with the Ohio Power Siting Board ("Board") in Case No. 11-1220-EL-BTA seeking to amend its certificate of environmental compatibility and public need issued to construct the Geauga County 138 kV Transmission Line Supply Project in Geauga and Lake counties, Ohio in Case Number 07-0171-EL-BTX. The purpose of the Amendment is to adjust the approved route to reflect three changes requested by property owners, and to reflect a change identified by the Applicants to avoid placing a structure in a wetland. The adjustments are generally located in the areas: north of Whitney Road, south of Rock Creek Road, near Ledge Road and north of Burrows Road. The Applicants believe the three adjustments to the approved route requested by the property owners can be reasonably accommodated without significant increased impacts and have therefore proposed the adjustments in the Amendment. In the event one or more of the proposed adjustments are not approved by the Board, the Applicants intend to proceed with constructing that portion of the project on the route previously approved by the Board. More information may be obtained by writing to the offices of the Ohio Power Siting Board, 180 East Broad Street, Columbus, Ohio 43215 or calling the Board at 1-866-270-6772. A copy of the Amendment application is available at the Board's main office at 180 East Broad Street, 11th Floor, Columbus, Ohio 43215. Copies of the Amendment Application have been provided to the Morley Library (Painesville); Madison Public Library; Burton Public Library; and the Geauga County Public Library System: Chardon Library; Middlefield Library; and Thompson Library Station. A copy of the Amendment application is available online on the Board's website at <http://dis.puc.state.oh.us/DocumentRecord.aspx?DocID=82d958c8-8388-42c7-a555-af7fe4eccbc2>. Interested persons wishing to comment on or raise objections to the proposed Amendment may do so by filing written comments and, if desired, a request for a hearing, specifically referencing Case No. 11-1220-EL-BTA, with the Board within 10 days of the publication of this notice.

ATTACHMENT B

<div>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: The Honorable Tracy A. Jernison Geauga County Commissioner 470 Center Street, Building #4 Chardon, Ohio 44024</div> <div>COMPLETE THIS SECTION ON DELIVERY A. Signature <u>Tracy A. Jernison</u> B. Received by (Printed Name) <u>TRACY A. JERNISON</u> C. Date of Delivery <u>2/4/11</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: 3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D. 4. Restricted Delivery? (Enter Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>2. Article Number (Transfer from service label) <u>7009 3410 0001 8465 1306</u> PS Form 3811, February 2004 Domestic Return Receipt 10286-02-04-1540</div>	<div>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: The Honorable May E. Samide Geauga County Commissioner 470 Center Street, Building #4 Chardon, Ohio 44024</div> <div>COMPLETE THIS SECTION ON DELIVERY A. Signature <u>May E. Samide</u> B. Received by (Printed Name) <u>MAY E. SAMIDE</u> C. Date of Delivery <u>2/4/11</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: 3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D. 4. Restricted Delivery? (Enter Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>2. Article Number (Transfer from service label) <u>7009 3410 0001 8465 1290</u> PS Form 3811, February 2004 Domestic Return Receipt 10286-02-04-1540</div>	<div>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. Robert L. Phillips, P.E., P.S. Geauga County Engineer 470 Center Street, Building #5 Chardon, Ohio 44024</div> <div>COMPLETE THIS SECTION ON DELIVERY A. Signature <u>Robert L. Phillips</u> B. Received by (Printed Name) <u>ROBERT L. PHILLIPS</u> C. Date of Delivery <u>2/4/11</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: 3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D. 4. Restricted Delivery? (Enter Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>2. Article Number (Transfer from service label) <u>7009 3410 0001 8465 1269</u> PS Form 3811, February 2004 Domestic Return Receipt 10286-02-04-1540</div>	<div>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. Thomas Q. Curtin Director Geauga County Park District 9160 Robinson Road Chardon, Ohio 44024</div> <div>COMPLETE THIS SECTION ON DELIVERY A. Signature <u>Thomas Q. Curtin</u> B. Received by (Printed Name) <u>THOMAS Q. CURTIN</u> C. Date of Delivery <u>2/4/11</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: 3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D. 4. Restricted Delivery? (Enter Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>2. Article Number (Transfer from service label) <u>7009 3410 0001 8465 1236</u> PS Form 3811, February 2004 Domestic Return Receipt 10286-02-04-1540</div>	<div>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. Dan McClelland Geauga County Sheriff 12450 Merritt Road Chardon, Ohio 44024</div> <div>COMPLETE THIS SECTION ON DELIVERY A. Signature <u>Dan McClelland</u> B. Received by (Printed Name) <u>DAN MCCLELLAND</u> C. Date of Delivery <u>2/4/11</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: 3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D. 4. Restricted Delivery? (Enter Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>2. Article Number (Transfer from service label) <u>7009 3410 0001 8465 1245</u> PS Form 3811, February 2004 Domestic Return Receipt 10286-02-04-1540</div>	<div>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. David C. Dietrich AICP, Planning Director Geauga County Planning Commission 470 Center Street, Building #1-c Chardon, Ohio 44024</div> <div>COMPLETE THIS SECTION ON DELIVERY A. Signature <u>David C. Dietrich</u> B. Received by (Printed Name) <u>DAVID C. DIETRICH</u> C. Date of Delivery <u>2/4/11</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: 3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D. 4. Restricted Delivery? (Enter Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>2. Article Number (Transfer from service label) <u>7009 3410 0001 8465 1252</u> PS Form 3811, February 2004 Domestic Return Receipt 10286-02-04-1540</div>	<div>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: Mrs. Frank J. O'Hara Geauga County Auditor 231 Main Street, Suite 1-A Chardon, Ohio 44024</div> <div>COMPLETE THIS SECTION ON DELIVERY A. Signature <u>Frank J. O'Hara</u> B. Received by (Printed Name) <u>FRANK J. O'HARA</u> C. Date of Delivery <u>2/3/11</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: 3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D. 4. Restricted Delivery? (Enter Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>2. Article Number (Transfer from service label) <u>7009 3410 0001 8465 1221</u> PS Form 3811, February 2004 Domestic Return Receipt 10286-02-04-1540</div>
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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p>Mr. Jim Baker Huntsburg Township Trustee PO Box 280 Huntsburg, Ohio 44046</p> <p>Article Number (Transfer from service label) 7009 3410 0001 8465 0828</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 10288-02-00-1500</p>		<p>A. Signature <i>Jim Baker</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jim Baker</i> C. Date of Delivery <i>4-28-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Mr. Jerry M. Rose, Jr. Huntsburg Township Trustee PO Box 280 Huntsburg, Ohio 44046</p> <p>Article Number (Transfer from service label) 7009 3410 0001 8465 0842</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 10288-02-00-1500</p>		<p>A. Signature <i>Mr. Rose</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mr. Rose</i> C. Date of Delivery <i>4-28-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Mr. Jon A. Hunter Huntsburg Township Trustee PO Box 280 Huntsburg, Ohio 44046</p> <p>Article Number (Transfer from service label) 7009 3410 0001 8465 0835</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 10288-02-00-1500</p>		<p>A. Signature <i>Mr. Hunter</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mr. Hunter</i> C. Date of Delivery <i>4-28-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Mr. James Maric Montville Township Trustee Montville Town Hall 9755 Madison Road Montville, Ohio 44064</p> <p>Article Number (Transfer from service label) 7009 3410 0001 8465 1177</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 10288-02-00-1500</p>		<p>A. Signature <i>Mr. Maric</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mr. Maric</i> C. Date of Delivery <i>4-28-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Ms. Michele A. Saunders Huntsburg Township Fiscal Officer PO Box 280 Huntsburg, Ohio 44046</p> <p>Article Number (Transfer from service label) 7009 3410 0001 8465 0859</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 10288-02-00-1500</p>		<p>A. Signature <i>Ms. Saunders</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ms. Saunders</i> C. Date of Delivery <i>4-28-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Ms. Alexa Jean Holbert Montville Township Trustee Montville Town Hall 9755 Madison Road Montville, Ohio 44064</p> <p>Article Number (Transfer from service label) 7009 3410 0001 8465 1153</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 10288-02-00-1500</p>		<p>A. Signature <i>Ms. Holbert</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ms. Holbert</i> C. Date of Delivery <i>4-28-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Mr. Erwin M. Laffal Thompson Township Trustee Thompson Town Hall 6741 Madison Road Thompson, Ohio 44086</p> <p>Article Number (Transfer from service label) 7009 3410 0001 8465 1139</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 10288-02-00-1500</p>		<p>A. Signature <i>Mr. Laffal</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mr. Laffal</i> C. Date of Delivery <i>4-28-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Mr. Francis A. Sims, Jr. Thompson Township Trustees Thompson Town Hall 6741 Madison Road Thompson, Ohio 44086</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <i>Michael Kuehn</i> <input type="checkbox"/> Address B. Recipient by (Printed Name) <input type="checkbox"/> Date of Delivery <i>Michael Kuehn</i> <i>4-5-11</i> C. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes D. If YES, enter delivery address below: <i>P.O. Box 204</i> E. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 7009 3430 0001 8465 1061</p> <p>PS Form 3811, February 2004 Domestic Return Receipt</p>		<p>3. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Mr. Benjamin V. Smith Thompson Township Trustee Thompson Town Hall 6741 Madison Road Thompson, Ohio 44086</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <i>Michael Kuehn</i> <input type="checkbox"/> Address B. Recipient by (Printed Name) <input type="checkbox"/> Date of Delivery <i>Michael Kuehn</i> <i>4-5-11</i> C. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes D. If YES, enter delivery address below: <i>P.O. Box 204</i> E. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 7009 3430 0001 8465 1065</p> <p>PS Form 3811, February 2004 Domestic Return Receipt</p>		<p>3. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>The Honorable Robert E. Aufdush Lake County Commissioner P. O. Box 490 105 Main Street Painesville, Ohio 44077</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <i>Michael Kuehn</i> <input type="checkbox"/> Address B. Recipient by (Printed Name) <input type="checkbox"/> Date of Delivery <i>Michael Kuehn</i> <i>4-5-11</i> C. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes D. If YES, enter delivery address below: <i>P.O. Box 204</i> E. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 7009 3430 0001 8465 1065</p> <p>PS Form 3811, February 2004 Domestic Return Receipt</p>		<p>3. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Mr. William Margolis Lake County Director of Administrative Services P. O. Box 490 105 Main Street Painesville, Ohio 44077</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <i>Michael Kuehn</i> <input type="checkbox"/> Address B. Recipient by (Printed Name) <input type="checkbox"/> Date of Delivery <i>Michael Kuehn</i> <i>4-5-11</i> C. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes D. If YES, enter delivery address below: <i>P.O. Box 204</i> E. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 7009 3430 0001 8465 1054</p> <p>PS Form 3811, February 2004 Domestic Return Receipt</p>		<p>3. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Mr. Amy Elszasz Clerk of Lake County Commissioners P. O. Box 490 105 Main Street Painesville, Ohio 44077</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <i>Michael Kuehn</i> <input type="checkbox"/> Address B. Recipient by (Printed Name) <input type="checkbox"/> Date of Delivery <i>Michael Kuehn</i> <i>4-5-11</i> C. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes D. If YES, enter delivery address below: <i>P.O. Box 204</i> E. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 7009 3430 0001 8465 1061</p> <p>PS Form 3811, February 2004 Domestic Return Receipt</p>		<p>3. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>The Honorable Raymond E. Sims President Lake County Commissioners P. O. Box 490 105 Main Street Painesville, Ohio 44077</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <i>Michael Kuehn</i> <input type="checkbox"/> Address B. Recipient by (Printed Name) <input type="checkbox"/> Date of Delivery <i>Michael Kuehn</i> <i>4-5-11</i> C. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes D. If YES, enter delivery address below: <i>P.O. Box 204</i> E. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 7009 3430 0001 8465 1092</p> <p>PS Form 3811, February 2004 Domestic Return Receipt</p>		<p>3. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>The Honorable Daniel P. Troy Lake County Commissioner P. O. Box 490 105 Main Street Painesville, Ohio 44077</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <i>Michael Kuehn</i> <input type="checkbox"/> Address B. Recipient by (Printed Name) <input type="checkbox"/> Date of Delivery <i>Michael Kuehn</i> <i>4-5-11</i> C. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes D. If YES, enter delivery address below: <i>P.O. Box 204</i> E. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 7009 3430 0001 8465 1078</p> <p>PS Form 3811, February 2004 Domestic Return Receipt</p>		<p>3. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Mr. James R. Gills, P.E., P.S. Lake County Engineer 550 Blackbrook Road Painesville, Ohio 44077</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <i>Michael Kuehn</i> <input type="checkbox"/> Address B. Recipient by (Printed Name) <input type="checkbox"/> Date of Delivery <i>Michael Kuehn</i> <i>4-5-11</i> C. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes D. If YES, enter delivery address below: <i>P.O. Box 204</i> E. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 7009 3430 0001 8465 1047</p> <p>PS Form 3811, February 2004 Domestic Return Receipt</p>		<p>3. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Mr. Peter Wayman
Madison Township Trustee
2065 Hubbard Road
Madison, Ohio 44057

2. Article Number (Transfer from service label) 7009 3410 0001 8465 1016

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Mr. Peter Wayman
Madison Township Trustee
2065 Hubbard Road
Madison, Ohio 44057

2. Article Number (Transfer from service label) 7009 3410 0001 8465 1016

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Mr. Stephen W. Madewell
Executive Director
Lake Metroparks
11211 Spear Road
Concord Township, Ohio 44077

2. Article Number (Transfer from service label) 7009 3410 0001 8465 1023

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Mr. Stephen W. Madewell
Executive Director
Lake Metroparks
11211 Spear Road
Concord Township, Ohio 44077

2. Article Number (Transfer from service label) 7009 3410 0001 8465 1023

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Mr. Jason W. Boyd
Director, Lake County Planning
Commission
125 East Erie Street
Painesville, Ohio 44077

2. Article Number (Transfer from service label) 7009 3410 0001 8465 1030

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Mr. Jason W. Boyd
Director, Lake County Planning
Commission
125 East Erie Street
Painesville, Ohio 44077

2. Article Number (Transfer from service label) 7009 3410 0001 8465 1030

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Ms. Terry Corred-Ditchcreek
Madison Township Fiscal Officer
2065 Hubbard Road
Madison, Ohio 44057

2. Article Number (Transfer from service label) 7009 3410 0001 8465 0969

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Ms. Terry Corred-Ditchcreek
Madison Township Fiscal Officer
2065 Hubbard Road
Madison, Ohio 44057

2. Article Number (Transfer from service label) 7009 3410 0001 8465 0969

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Mr. Max Anderson, Jr.
Madison Township Trustee
2065 Hubbard Road
Madison, Ohio 44057

2. Article Number (Transfer from service label) 7009 3410 0001 8465 0956

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Mr. Max Anderson, Jr.
Madison Township Trustee
2065 Hubbard Road
Madison, Ohio 44057

2. Article Number (Transfer from service label) 7009 3410 0001 8465 0956

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Mr. Bill Brotzman
Chairman Madison Township Trustees
2065 Hubbard Road
Madison, Ohio 44057

2. Article Number (Transfer from service label) 7009 3410 0001 8465 1009

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Mr. Bill Brotzman
Chairman Madison Township Trustees
2065 Hubbard Road
Madison, Ohio 44057

2. Article Number (Transfer from service label) 7009 3410 0001 8465 1009

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Ms. Holly Manning Lynn
Director, Burton Public Library
14588 West Park Street
Burton, Ohio 44021

2. Article Number (Transfer from service label) 7009 3410 0001 8465 0860

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Ms. Holly Manning Lynn
Director, Burton Public Library
14588 West Park Street
Burton, Ohio 44021

2. Article Number (Transfer from service label) 7009 3410 0001 8465 0860

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Ms. Nancy Currie
Director, Madison Public Library
6111 Middle Ridge Road
Madison, Ohio 44057

2. Article Number (Transfer from service label) 7009 3410 0001 8465 0877

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Ms. Nancy Currie
Director, Madison Public Library
6111 Middle Ridge Road
Madison, Ohio 44057

2. Article Number (Transfer from service label) 7009 3410 0001 8465 0877

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Ms. Mary Frances Burras
Director, Morley Library
184 Phelps Street
Painesville, Ohio 44077

2. Article Number (Transfer from service label) 7009 3410 0001 8465 0903

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Ms. Mary Frances Burras
Director, Morley Library
184 Phelps Street
Painesville, Ohio 44077

2. Article Number (Transfer from service label) 7009 3410 0001 8465 0903

PS Form 3811, February 2004

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:

Ms. Deborah O'Connor
Director, Geauga County Public Library
System
Administrative Center
12701 Ravenswood Drive
Chardon, Ohio 44024

2. Article Number

(Transfer from service label)

7009

3410

0001

8465

0866

PS Form 3811, February 2004

Domestic Return Receipt

1640

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
Robert McKersie

B. Received by (Printed Name) C. Date of Delivery

Robert McKersie *4.2.01*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No