SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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. Manufacture B. Received by Frinter Name) C. Date of Deliver 10 - 21/7
1. Article Addressed to: MAYOR - VILLAGE OF NORTH BEND 21 TAYLOR AVENUE NORTH BEND, OHIO 45052	D. is delivery address different from item 1? ☐ Yes if YES, enter delivery address below: ☐ No
7016 2140 0001 0285 679	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail® ☐ Certified Mail® ☐ Celtified Mail® ☐ Celtified Mail® ☐ Celtified Mail® ☐ Celtified Mail® ☐ Signature Confirmation®
PS Form 3811, July 2015 PSN 7530-02-000-9053	(over \$500) Domestic Return Receipt

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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. Article Addressed to: 	A Signatur City of Springdale 11700 Springfield Pike Agent Springdale OH 45246 Addressee B. Received by Printed Name) C. Date of Delivery D. Is delivery address different from Item 12 Yes
MAYOR - CITY OF SPRINGDALE 11700 SPRINGFIELD PIKE	If YES, enter delivery address below: ☐ No
CINCINNATI, OHIO 45246	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery
7016 2140 0001 0285 660	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Insured Mail ☐ Signature Confirmation ☐ Signature Confirmation ☐ Signature Confirmation ☐ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

	www.difficereden.com
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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 Hagely Flack X. W. Addressee B. Received by (Printed Name) C. Date of Delivery 9-30-15
1. Article Addressed to: 17-32	D. Is delivery address different from item 1?
UNION TOWNSHIP BOARD OF TRUSTEES 5300 SCHWALLIE ROAD RIPLEY, OHIO 45167	5410 Schwallie Rd.
9590 9402 1901 6104 7613 30	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery
701F 5140 0001 0592 2F2	Belivery Restricted Delivery all Committee Wall Restricted Delivery LOSignature Confirmation Restricted Delivery LOSignature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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. Oler Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery
1. Article Addressed to: 17-32	D. Is delivery address different from item 1? If YES, enter delivery address below: No
MAYOR - CITY OF CARLISLE	
760 W. CENTRAL AVENUE	
CARLISLE, OHIO 45005	
# ·	
9590 9403 0762 5196 5217 28	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation
7016 2140 0001 0285 727	
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt
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Mark.	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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 Addressee B. Received by (Printed Name) THEREA RECEIVED 10/2/117
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
CLERK OF COUNCIL VILLAGE OF EVENDALE 10500 READING ROAD	
CINCINNATI, OHIO 45241	3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Return Receipt for
2 Article Number Gransfer from service John!)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation***
7007 2680 0001 0484 713	
De Form 3811 July 2015 DENIZERO 02 000 0052	Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9053

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 Complete items 1, 2, and 3. Print your name and address on so that we can return the card to Attach this card to the back of the or on the front if space permits. Article Addressed to: 17- 	you.	B. Received by (Printed Name) A.C. & D. Is delivery address different from If YES, enter delivery address	
MAYOR - VILLAGE OF BE 120 N. MAIN STREET BETHEL, OHIO 45106	THEL		
9590 9403 0762 5196	5219 88	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail® Certified Mail®	☐ Priority Mall Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise
7016 2140 0001	label) 0285 731	Collect on Delivery Restricted Delivery instructed Mail all Restricted Delivery	☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
PS Form 3811, April 2015 PSN 753	0-02-000-9053		Domestic Return Receipt
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	\$ 144 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. 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 mailplece, or on the front if space permits.	A Signature A Signature A Signature A Signature A Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1?
1. Article Addressed to: 17-32 FISCAL OFFICER VILLAGE OF BETHEL 120 N. MAIN STREET BETHEL, OHIO 45106	D. Is delivery address different from item 1? If YES, enter delivery address below: No
9590 9403 0762 5196 5219 95	3. Service Type ☐ Adult Signature ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Cellect on Delivery ☐ Signature Confirmation™
7016 2140 0001 0265 730	
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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SENDER: COMPLETE THIS	S SECTION	COMPLETE THIS SECTION ON	DELIVERY
Complete items 1, 2, and Print your name and address that we can return the Attach this card to the bar or on the front if space pe	ess on the reverse card to you. ck of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	17-32	D. Is delivery address different from If YES, enter delivery address	
CLINTON COUNTY COMMISSIONERS M 46 S. SOUTH STREE WILMINGTON, OHI	MEMBERS T		
9590 9402 2433		3. Service Type C Adult Signature C Adult Signature Restricted Delivery C Certified Mail Restricted Delivery C Certified Mail Restricted Delivery C Collect on Delivery	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricts Delivery ☐ Return Receipt for Merchandise
7007 2680 01	101 0485 495	n Delivery Restricted Delivery Asil Restricted Delivery (over \$500)	☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery
	SN 7530-02-000-9053		Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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
1. Article Addressed to:	D. Is delivery address different from item 1? Tes If YES, enter delivery address below: No
DEERFIELD TOWNSHIP BOARD OF TRUSTEES 4900 PARKWAY DRIVE, #150 MASON, OHIO 45040	
9590 9402 1901 6104 7609 82	3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Cortified Mail Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Remail Remail Remail Restricted Delivery ☐ Remail Rema
7016 2140 0001 0285 632	☐ Collect on Delivery Restricted Delivery Signature Confirmation Signature Confirmation Signature Confirmation Signature Confirmation Restricted Delivery Confirmation Restricted Delivery Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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 Complete items 1, 2, and 3 Print your name and add so 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: 	A. Signature X B. Received by (Pfinited Name) D. Is delivery address different fro if YES, enter delivery address	Agent Addressee C. Date of Delivery mitem 1? Yes below: No
MAYOR - CITY OF MONROE 233 S. MAIN STREET P.O. BQX 330 MONROE, OHIO 45050		
9590 9402 2329 6225 7403 74	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery	☐ Priority Mali Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Beturn Receipt for Merchandise ☐ Signature Confirmation™
2 Article Nimber (Transfer from service 15-185 694 7016 2140 0001 0285 694	Delivery Restricted Delivery all Restricted Delivery (over \$500)	☐ Signature Confirmation ☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt

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 Complete items 1,2, and 3. 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 B. Received by (Printed Name)	☐ Agent☐ Addressee☐ C. Date of Delivery
1. Article Addressed to: 17-32	D. Is delivery address different fro If YES, enter delivery address	
CROSBY TOWNSHIP BOARD OF TRUSTEES 8910 WILLEY ROAD CROSBY TOWNSHIP, OHIO 45030		
9590 9402 1901 6104 7611 32	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery	☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricte Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation
7016 2140 0001 0285 625	fall Restricted Delivery 0)	Restricted Delivery

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17-22	If YES, enter delivery address below:
MAYOR - VILLAGE OF MT. ORAB 211 S. HIGH STREET P.O. BOX466 MT. ORAB, OHIO 45154	
9590 9402 2329 6225 7404 11	3. Service Type □ Priority Mail Express® □ Registered Mail™ □ Restricted Delivery □ Collect on Delivery □ Results for Merchandise
7016 2140 0001 0285 690	☐ Collection Delivery Restricted Delivery ☐ Signature Confirmation ☐ S
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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 Complete items 1, 2, and 3. 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. 	X Quly Uld B. Received by Winted Name)	Agent D Addressee C Date of Delivery
1. Article Addressed to: MAYOR- VILLAGE OF GLENDALE 30 VILLAGE SQUARE CINCINNATI, OHIO 45246	D. Is delivery address different from If YES, enter delivery address	
1782-EL-ANR 7007 2580 0001 0484 745	3. Service Type Adult Signature Adult Signature Pestricted Delivery Certified Mail@ Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery all Restricted Delivery	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		Pomestic Return Receipt

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 Complete items 1, 2, and 3. 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 mallpiece, or on the front if space permits. 1. Article Addressed to: 1/2-32 MAYOR -VILLAGE OF AMELIA 44 W. MAIN STREET AMELIA, OHIO 45102 	A. Signature X
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Domestic Return Receipt

The state of the s		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
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CLERK OF COUNCIL VILLAGE OF GLENDALE 30 VILLAGE SQUARE	D. Is delivery address different from If YES, enter delivery address	
17-32.EL.A.R	3. Service Type D Adult Signature D Adult Signature Respicted Delivery C Certified Mail® D Certified Mail® Collect on Delivery on Delivery Restricted Delivery	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Pestricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™
7007 2680 0001 0484 700	on Delivery Hestricted Delivery Note: Not	Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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: 17-32 	A. Signature Agr Adc Adc Adc Adc Adc B. Received by (Pfinted Name) C. Date of D. Adc C. Date of D. William D. Yes If YES, enter delivery address below: No
CLERK OF COUNCIL CITY OF CHEVIOT 3814 HARRISON AVENUE CHEVIOT, OHIO 45211	
9590 9403 0762 5196 5218 10	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Collect on Delivery
2 Article Number (Transfer from service label) 7016 2140 0001 0285 718	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete Items 1, 2, and 3. 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 Agent Addressee Addressee Addressee Addressee Addressee Addressee Addressee Addressee Addressee
1. Article Addressed to: MAYOR - VILLAGE OF GEORGETOWN 301 S. MAIN STREET GEORGETOWN, OHIO 45121	D. Is delivery address different from item 1? If YES, enter delivery address below: No No
17.32.EL. A.K.	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail® ☐ Coffect on Delivery ☐ Collect on Delivery ☐ Registered Mail Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation ☐ Restricted Delivery ☐ Registered Mail Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. 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. Article Addressed to:	A. Signature A. Signature A. Agent A. Addressed B. Received by (<i>Printed Name</i>) C. Date of Delivery D. Is delivery address kilfferent from item 1?
MAYOR - CITY OF SILVERTON 6860 PLAINFIELD ROAD	If YES, enter delivery address below: No
CINCINNATI, OHIO 45236	3. Service Type ☐ Priority Mail Express®☐ Adult Signature ☐ Registered Mail™☐ Registered Mail™☐ Registered Mail™☐ Restricted Delivery☐ Certified Mail®☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery☐ Collect on Delivery☐ Collect on Delivery☐ Signature Confirmation™☐ Signature Confirmation Signature
7016 2140 0001 0285 663	□ Signature Confirmation
PS Form 3811, July 2015 PSN 7530-02-000-9053	17-32- EL AIR Domestic Return Receip

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete Items 1, 2, and 3. 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: 	A. Signature X
CLERK OF COUNCIL CITY OF OXFORD 101 EAST HIGH STREET OXFORD, OHIO 45056	
9590 9402 1901 6104 7607 15 Adiala Number (Transfer from service label) 7016 2140 0001 0285 554	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Signature Confirmation ☐ Signature Confirmation ☐ Restricted Delivery ☐ Restricted Delivery ☐ Restricted Delivery ☐ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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 (Addressee B. Received by (Printed Name) C. Date of Delivery Attu Moore (A-7)
1. Article Addressed to: 17-37	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
FAIRFIELD TOWNSHIP BOARD OF TRUSTEES 6032 MORRIS ROAD HAMILTON, OHIO 45011	
9590 9402 1901 6104 7610 71	3. Service Type ☐ Adult Signature ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail® ☐ Certified Mail® ☐ Collect on Delivery ☐ Collect on Delivery ☐ Certified Mail Restricted Delivery
7016 2140 0001 0285 631	1 Delivery Restricted Delivery Signature Confirmation Signature Confirmation
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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 Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
CLERK OF COUNCIL CITY OF FAIRFIELD 5350 PLEASANT AVENUE	
77-32-EC. AIR	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mall Restricted Delivery ☐ Certified Mall Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Certified Mall Restricted Delivery ☐ Refurn Receipt for Merchandise
7007 2680 0001 0484 70	↑ □ all Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation ☐ Signature Confirmation ☐ Restricted Delivery ☐ Cover \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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 mailplece, or on the front if space permits. 	A. Signature X. Agent D. Addressee B. Beceived by (Printed Name) C. Date of Delivery THERESA RECORN (0/2/17)
1. Article Addressed to: MAYOR- VILLAGE OF EVENDALE 10500 READING ROAD CINCINNATI, OHIO 45241	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
7007 2680 0001 0484 619	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Collect on Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery ■ Mail ■ Mail Restricted Delivery ■ Signature Confirmation ■ Signature Confirmation ■ Restricted Delivery ■ Signature Confirmation ■ Restricted Delivery ■ Cover \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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:	D. is delivery address different from item 1? ' Yes If YES, enter delivery address below: No
CLERK/TREASURER VILLAGE OF NEW RICHMOND 102 WILLOW STREET	
NEW RICHMOND, OHIO 45157	3. Service Type ☐ Priority Mail Express®☐ Adult Signature ☐ Adult Signature Restricted Delivery☐ Certified Mail® Restricted Delivery☐ Certified Mail Restricted Delivery☐ Celect on Delivery☐ Signature Confirmation™
2. 7016 5140 0001 0585 F8	C Street up Confirmation
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you.	A. Signature X Agent Addressee
 Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 12-32 	B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery 10210
CLERK OF COUNCIL VILLAGE OF AMELIA 44 W. MAIN STREET AMELIA, OHIO 45102	
9590 9403 0762 5196 5219 33	J. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Certified on Delivery □ Collect on Delivery □ Collect on Delivery
<u> </u>	☐ Collect on Delivery Restricted Delivery ☐ Insured (Mail ☐ all Restricted Delivery ☐ Restricted Delivery ☐ Signature Confirmation ☐ Restricted Delivery ☐ Signature Confirmation ☐ Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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■ 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: MAYOR - VILLAGE OF NEW RICHMOND 102 WILLOW STREET	Agent Addressee Ped by (Printed Name) C. Date of pelivery Y 10 5 L DS Pery address different from item 1? Tyes
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9590 9402 2329 6225 7404 35	ture ☐ Registered Mail™ ture Restricted Delivery all Restricted Delivery Delivery ☐ Registered Mail Restricted Delivery ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Res
2016 2140 0001 0285 6889 *	Il Signature Confirmation Il Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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
1. Article Addressed to: CLERK OF COUNCIL CITY OF NORWOOD	D. Is delivery andress different from Item 18
4645 MONTGOMERY ROAD NORWOOD, OHIO 45212	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Collect on Delivery ☐ Cellect on Delivery ☐ Delivery Restricted Delivery ☐ Collect On Delivery ☐ Confirmation™
707P 5740 0007 0582 PP.	All Signature Confirmation All Restricted Delivery Restricted Delivery (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	17-32-EL ALR Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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. Surange Safet Andressee B. Received by (Printed Name) C. Date of Delivery SUSAN B. 1726 10-2-17
1. Article Addressed to: 17-32 CLERK OF COUNCIL VILLAGE OF BUTLERVILLE 8546 ST. RT. 132 PLEASANT PLAIN, OHIO 45162	D. Is delively address different from ham 12. These if YES, enter delively address below: No
9590 9402 2413 6249 7028 20	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation*
7016 2140 0001 0285 544	Signature Confirmation
	all Signature Confirmation

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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. Article Addressed to: 	A. Signature X
MAYOR - VILLAGE OF TERRACE PARK 428 ELM ROAD TERRACE PARK, OHIO 45174	If YES, enter delivery address below:
2 Article Mumber (Transfer from service 1970) 7016 2140 0001 0285 659	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Itali □ Restricted Delivery □ Collect on Delivery □ Itali □ Restricted Delivery □ Signature Confirmation □ Signature Confirmation □ Signature Confirmation □ Restricted Delivery □ Signature Confirmation □ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	(Over \$500) 17 - 32 - EL ALR Domestic Return Receipt

. '	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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 mailplece, or on the front if space permits. 	A. Signature X Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: MAYOR- VILLAGE OF BUTLERVILLE 8671 ST. RT. 132 PLEASANT PLAIN, OHIO 45162	D. Is delivery address different from item 1?
9590 9402 2413 6249 7028 13 2 Article Atumber (Transfer from socials label) 7016 2140 0001 0285 545	ight Hospicton Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

Control of the Contro	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete Items 1, 2, and 3. 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 Agent Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: 17-32	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
WILLIAMSBURG BOARD OF TRUSTEES P.O. BOX 499 WILLIAMSBURG, OHIO 45176	
9590 9402 1901 6104 7606 30	J. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Signature Confirmation™
307F 5740 0007 0592 2PA	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

19.00		* · · ·
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. 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 B. Received by (Printed Name)	☐ Agent ☐ Addressee C. Date of Delivery
1. Article Addressed to: 17-32 MAYOR- CITY OF MILFORD 745 CENTER STREET MILFORD, OHIO 45150	D. Is delivery address different from if YES, enter delivery address	
9590 9402 2329 6225 7402 44 2. Article Number (Transfer from service label) 7016 2140 0001 0285 707	3. Service Type Adult Signature Cartified Mail® Collect on Delivery Collect on Delivery All Restricted Delivery All Restricted Delivery All	☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery
PS Form 3811 July 2015 DENI 7500 02 000 0059	(0000 4000)	Hestricted Delivery Competic Return Receiv

PS Form 3811, July 2015 PSN 7550-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. 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 13	
1. Article Addressed to: 17-32	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
MIAMI TOWNSHIP BOARD OF TRUSTEES 6101 MEHER DRIVE MILFORD, OHIO 45150	0 (1102 S 77) N	
9590 9402 1901 6104 7611 94	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery	
? 7016 2140 0001 0285 61	— Dollyon, Post-letted Dollyon, □ Signature Confirmation™	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete Items 1, 2, and 3. ■ 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: 17-32 CHY OF CINCIPMAT HULL BURNETH SH SIE EAST SEWINTH SH CINCIPMATI, Dh 45202	A. Signature X
- 9590 9402 2329 6225 7404 59	
- 1020 - 1000	jail Restricted Delivery Restricted Delivery (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
Complete items 1, 2, and 3. 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: 17-32 MAYOR - CITY OF CHEVIOT 3814 HARRISON AVENUE CHEVIOT, OHIO 45211	B. Pleceived by (Printed Name) Tunned Ovel ve D. Is delivery address different fro If YES, enter delivery address	
######################################	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Collect on Delivery 1 Delivery Restricted Delivery Collect on Belivery Delivery Deliv	☐ Priority Mall Express® ☐ Registered Mali™ ☐ Registered Mali Restricte Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation ☐ Signature Confirmation Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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
1. Article Addressed to: [INID Energy Group David Bothm 3le E. Severth St Severth St Severth St Cincinnation 45202 9590 9402 2329 6225 7404 97	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No CINC MID Service Type Gettified Mail® Certified Mail® Certified Mail® Certified Mail® Certified Mail® Certified Mail® Certified Mail® Return Receipt for Merchandise
7016 2140 0001 0285 682	Delivery Confirmation Signature Confirmation Signature Confirmation Signature Confirmation Signature Confirmation Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. 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	☐ Agent ☐ Addressee C. Date of Delivery
CLERK OF COUNCIL CITY OF MILFORD 745 CENTER STREET MILFORD, OHIO 45150	D. Is delivery address different from If YES, enter delivery address I	
9590 9402 2329 6225 7403 50 7016 2140 0001 0265 696	3. Service Type Adult Signature Cartified Mail® Certified Mail Restricted Delivery Citient on Delivery Collect on Delivery Adult Ad	☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricte Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Receipt Application Receipt Application Receipt Application
PS Form 3811, July 2015 PSN 7530-02-000-9053	(over \$500)	Restricted Delivery Jamestic Return Receip

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	ELIVERY
 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. 	A. Signature XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	☐ Agent ☐ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	Braceived by (Printed Name) JIM DEERING	C. Date of Delivery
1. Article Addressed to: 171-32	D. Is delivery address different from If YES, enter delivery address be	
While Energy Ohio Inc		
139 E. Fourth St.		
139 E. FOWARD 45202		
9590 9402 1901 6104 7606 47	☐ Adult Signature [☐ Adult Signature Restricted Delivery ☐ ☐ Certified Mail®	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted ☐ Delivery ☐ Return Receipt for
9390 9402 1901 0104 7000 47	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery	Merchandise ☐ Signature Confirmation™
7016 2140 0001 0285 563	Anti	Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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: 	A. Signature X Suphand Journal G Agent B. Received by (Printed Name) C. Date of Delivery Stephan Le Loward D. Is delivery address different from item 1? Yes If YES, enter delivery address below: I No
FISCAL OFFICER VILLAGE OF BLANCHESTER 318 E. MAIN STREET BLANCHESTER, OHIO 45107	If YES, enter delivery address below: No
9590 9403 0762 5196 5217 80	. 3. Service Type D Adult Signature D Adult Signature Restricted Delivery D Certified Mail® D Certified Mail Restricted Delivery D Collect on Delivery D Collect on Delivery
2 2850 1000 04£5 721	Delivery Restricted Delivery D Signature Confirmation If Restricted Delivery Cover \$500)
	Domestic Return Receipt

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
 Complete items 1, 2, and 3. 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 Hawwythl B. Received by (Printed Name) Hamma Kawhuk	Agent Di Addressee C. Date of Delivery
1. Article Addressed to: CLERK OF COUNCIL VILLAGE OF GEORGETOWN 301 S. MAIN STREET	D. Is delivery address different from if YES, enter delivery address	
GEORGETOWN, OHIO 45121	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Collect on Delivery Collect on Delivery	☐ Priority Mall Express® ☐ Registered Mall™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise
7007 2680 0001 0484 701	P Collect on Delivery Restricted Delivery Itali It	☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9053

A CONTRACTOR OF THE PROPERTY O	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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
1. Article Addressed to: 17-32	D. Is delivery address of Dept from item 1? Yes If YES, epicadelivery address
TURTLECREEK TOWNSHIP BOARD OF TRUSTEES 670 N. STATE ROUTE 123 LEBANON, OHIO 45036	OCT 0 2 2017
9590 940ž 1901 6104 7613 23	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery
7016 2140 0001 0285 568	all Restricted Delivery all Restricted Delivery (over 5000) Disignature Confirmation Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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 Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to: MAYOR- CITY OF FAIRFIELD	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
5350 PLEASANT AVENUE FAIRFIELD, OHIO 45014	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Refurn Receipt for
/7·32 7007 2680 0001 0484 617	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: 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. Article Addressed to: MAYOR - VILLAGE OF HAMERSVILLE 202 W. MAIN STREET	A. Signature Agent Addressee Addressee Addressee B. Repeived by (Printed Name) C. Date of Delivery O. M. C. C. Date of Delivery D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No
HAMERSVILLE, OHIO 45130	3. Septice Type
7016 2140 0001 0285 7497	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION O	ON DELIVERY
CLERK OF COUNCIL VILLAGE OF TERRACE PARK 1. Complete items 1, 2, and 3. Also con item 4 if Restricted Delivery is desired. 2. Print your name and address on the east that we can return the card to you attach this card to the back of the mor on the front if space permits. 2. Article Addressed to: 2. CLERK OF COUNCIL VILLAGE OF TERRACE PARK 428 ELM ROAD TERRACE PARK. OHIO 45174	A. Septice Type A. Septice Type A. Septice	from item 1?
2. Article Nus	7007 2680 0001 0486	6188
(Transfer in service label)	[[] [] [] [] [] [] [] [] [] [

, and the same of	*:	
SENDER: 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 reso that we can return the card to you. Attach this card to the back of the major on the front if space permits. 	verse	A: Signature X
1. Article Addressed to: 17-3. CLERK OF COUNCIL VILLAGE OF WEST UNION 33 LOGAN LANE	2	D. Is delivery address different from item 1? Yes if YES, enter delivery address below: No
WEST UNION, OHIO 45693		3. Service Type 1 Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	7007	2680 0007 0488 6784
PS Form 3811, February 2004	Domestic B	eturn Receipt 102595-02-M-1540

SENDER: COMPLETE THIS S	ECTION	COMPLETE THIS SECTION ON DELIV	'ERY
 Complete Items 1, 2, and 3. A item 4 if Restricted Delivery is Print your name and address so that we can return the car Attach this card to the back or on the front if space permi 	desired. on the reverse to you. of the mailplece,	SILVER	Agent Addressee C. Date of Delivery
1. Article Addressed to: CLERK OF COUNCIL CITY OF MONTGOMER		D is delivery address different from item if YES, enter delivery address below I	
10101 MONTGOMERY MONTGOMERY, OHIO		3. Service Type Opinified Mail Express Mail Registered	ot for Merchandise
		4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	7007 268	0 0001 0486 6249	
PS Form 3811, February 2004	Domestic Ref		102595-02-M-1540

SENDER: 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 revers so that we can return the card to you. Attach this card to the back of the mailpie or on the front if space permits. 1. Article Addressed to: 	se Addressee
MAYOR - VILLAGE OF FELICITY P.O. BOX 613 FELICITY, OHIO 45120	3. Septice Type
	V☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- Company of the Comp	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label) 7	007 2680 0001 0486 5181
PS Form 3811, February 2004 Dor	nestic Return Receipt 102595-02-M-1540

SENDER: 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. 1. Article Addressed to: CLERK OF COUNCIL VILLAGE OF HAMERSVILLE 202 W. MAIN STREET	A Signature X
HAMERSVILLE, OHIO 45130	3. Service Type Certified Mail
- IT TO BURAIR	4. Restricted Delivery? (Extra Fee) ☐ Yes
7016 2140 0001 0285 742	B .
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

SENDER: 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 Agent Addressee Addres
I, Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
CLERK OF COUNCIL VILLAGE OF GREENHILLS 11000 WINTON ROAD	
CINCINNATI, OHIO 45218	3. Service Type Certified Mail
17-32-EL AIR	4. Restricted Delivery? (Extra Fee) Yes

4 1/40/4-1/	
SENDER: 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
1. Article Addressed to:	DI is delivery address different from item 1? Yes If YES, enter delivery address below: No
MAYOR - CITY OF HARRISON 300 GEORGE STREET HARRISON, OHIO 45030	
	3. Seprice Type
17-32-EL-AIR	4. Restricted Delivery? (Extra Fee)
7016 2140 0001 0285 7480	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also completitem 4 if Restricted Delivery is desired. Print your name and address on the reveso that we can return the card to you. Attach this card to the back of the mailpior on the front if space permits. 	rse	A. Signature X
Article Addressed to:		If YES, enter delivery address below:
CLERK OF COUNCIL VILLAGE OF MT. ORAB 211 S. HIGH STREET P.O. BOX466 MT. ORAB, OHIO 45154		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
		4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label)	107 26	90 0001 049P PSOT
PS Form 3811, February 2004 D	Domestic Return Receipt 102595-02-N	

A. Signature A. Signature A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery C. Date o
3. Service Type Certified Mail
007 2680 0001 0486 6225
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<u> </u>		<u> 1860 </u>	
SENDER: COMPLETE THIS SECT	TION	COMPLETE THIS SECTION ON DELI	VERY
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.		B. Received by (Printed Marne) D. Is delivery address different from item If YES, enter delivery address below	<i>'</i>
CLERK OF COUNCIL CITY OF MONROE			
233 S. MAIN STREET P.O. BOX 330 MONROE, OHIO 45050	•	3. Service Type Contified Mall Registered Refum Rece Insured Mall C.O.D.	l ipt for Merchandise
		4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	7007 26	30 0001 0486 6256	
PS Form 3811, February 2004	Domestic Ret	urn Receipt	102595-02-M-1540

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(15 ³			,
SENDER: COMPLETE THIS SE	ECTION	COMPLETE THIS SECTION ON DELIVE	RY
	desired. on the reverse I to you. f the mailpiece,	A. Signature X. B. G. B.	☐ Agent ☐ Addressee Date of Delivery ☐ → → ← 7 ? ☐ Yes ☐ No
CLERK OF COUNCIL CITY OF TRENTON 11 E. STATE STREET TRENTON, OHIO 45067		3. Service Type Certified Mail	t for Merchandise
Article Number (Transfer from service label)	7007 268	30 0001 0486 6171	
PS Form 3811, February 2004	Domestic Retu	urn Receipt	102595-02-M-1540

1	ng di sanganan na mananan na sasi sasaniin	34	***********			
SENDER: COMPLETE THIS SE	CTION		COMPLETE	E THIS SEC	CTION ON DE	LIVERY
 Complete items 1, 2, and 3. All item 4 if Restricted Delivery is Print your name and address on that we can return the card Attach this card to the back of or on the front if space permits 	desired. on the reverse to you. the mailplece	- 11	A. Signatur X B. Received	d by (Printe	·	Agent Addressee C. Date of Delivery
CLERK/COUNCIL VILLAGE OF WILLIAMS 107 W. MAIN STREET				-	different from it ry address bel	— .
WILLIAMSBURG, OHIO	45176	-	3. Service Certif Regis Insure	ied Mail stered ed Mail	☐ C.O.D.	ceipt for Merchandise
Article Number (Transfer from service label)	7007	26 <u>9</u> 0		0486	(Extra Fee) 6157	☐ Yes
PS Form 3811, February 2004	Dome	estic Retu	rn Receipt		,	62595-02-M-1540

* '-''	المراجات المواجعة المراجع المر	A CONTRACTOR OF THE PROPERTY O	
ra		2. 人名·蒙古兰娜·斯	i
SENDER: COMPLETE THIS SEC	TION	COMPLETE THIS SECTION ON DELI	VERY
 Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is d Print your name and address or so that we can return the card t Attach this card to the back of to or on the front if space permits. 	esired. the reverse o you. the mailpiece,	B. Received by (Printed Name)	Agent Addressee C. Date of Delivery 2-1-7
1. Article Addressed to: MAYOR - CITY OF OXFORM 101 EAST HIGH STREET	32 rd	Is delivery address different from iten If YES, enter delivery address below	
OXFORD, OHIO 45056	. 3	3. Septice Type Certified Mail	il pipt for Merchandise
Article Number (Transfer from service label,	7014 2120	0001 2560 8289	
PS Form 3811, February 2004	Domestic Re	turn Receipt	102595-02-M-1540 }

	Cympa.
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. ■ 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: 10-33 Therstate Gas Supply Inc. Under Children Participant Dublin, Dh. 43016	A. Signature Agent Addressee Addressee B. Received by (Printed Name) C. Date of Delivery
9590 9402 2329 6225 7404 80	3. Service Type ☐ Priority Mail Express®☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation ☐ Signature Confirmation
7016 2140 0001 0285 683 PS Form 3811, July 2015 PSN 7530-02-000-9053	4 all Restricted Delivery Restricted Delivery Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
 Complete items 1, 2, and 3. 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 B. Received by (Printed Name)	☐ Agent ☐ Addressee C. Date of Delivery
1. Article Addressed to: 17-32	D. Is delivery address different from If YES, enter delivery address	
BUTLER COUNTY BOARD OF COMMISSIONERS MEMBERS 315 HIGH STREET HAMILTON, OHIO 45011		
9590 9402 2413 6249 7029 05 7007 2480 0001 0485 497	3. Service Type 1 Adult Signature Certified Mall® 1 Certified Mall Restricted Delivery n Delivery n Delivery Restricted Delivery 4ail	☐ Priority Mall Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation ™ ☐ Signature Confirmation Restricted Delivery
1001 1000	(over \$500)	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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 mailplece, or on the front if space permits. 1. Article Addressed to: 17-32 	A. Signature A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery C. D. Is delivery address different from item 1? D. Is delivery address below:
CLERK OF COUNCIL CITY OF CARLISLE 760 W. CENTRAL AVENUE CARLISLE, OHIO 45005	in the state of th
9590 9403 0762 5196 5218 03	3. Service Type □ Priority Mail Express® □ Adult Signature □ Adult Signature Restricted Delivery □ Registered Mail Restricted Delivery □ Certified Mail Restricted Delivery □ Return Facelot for Merchandise □ Collect on Delivery Restricted Delivery □ Signature Confirmation™
7016 2140 0001 0285 715	Il Signature Confirmation Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

<u>, </u>	;
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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. Article Addressed to: 	A. Signature X
MAYOR- CITY OF NORWOOD 4645 MONTGOMERY ROAD NORWOOD, OHIO 45212	D. Is delivery address different from item 1? If Yes of the delivery address below: IN OF THE COLUMN TO THE COLU
7 Oct. 10 Oct.	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Certified Mail Restricted Delivery □ Collector 95/Nery □ Collector Restricted Delivery □ Signature Confirmation □ Signature Confirmation □ Signature Confirmation
7016 2140 0001 0285 677	(Delitery Floodistate Bellion)
PS Form 3811, April 2015 PSN 7530-02-000-9053	17-32-ECAIR Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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 A. Signature A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery
MAYOR - VILLAGE OF AMBERLEY VILLAGE 7149 RIDGE ROAD CINCINNATI, OHIO 45237	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
9590 9403 0762 5196 5219 02	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect On Delivery ☐ Certified Mail Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise
7016 2140 0001 0285 739	1 Delivery Restricted Delivery lair □ Signature Confirmation™ lair □ Signature Confirmation Restricted Delivery (over \$500)
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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
1. Article Addressed to: 17-32 MAYOR - CITY OF BLUE ASH 4343 COOPER ROAD BLUE ASH, OHIO 45242	Dr. Is delivery address different from them 1?
9590 9403 0762 5196 5217 11	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Collect on Delivery Delivery Restricted Delivery Delivery Restricted Delivery Signature Confirmation**
7016 2140 0001 0285 728 PS Form 3811, April 2015 PSN 7530-02-000-9053	C all Signature Confirmation Restricted Delivery (over \$500) Domestic Return Receipt

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. 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: 	B. Received by Printed Name) D. Is delivery address different from If YES, enter delivery address	
GOSHEN TOWNSHIP BOARD OF TRUSTEES 6757 GOSHEN ROAD GOSHEN, OHIO 45122		
9590 9402 1901 6104 7611 56 7016 2140 0001 0285 6230	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Aall Aall Restricted Delivery	☐ Priority Mall Express®☐ Registered Mali™ ☐ Registered Mali™☐ Registered Mali Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	()	Domestic Return Receipt

The same of the sa	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete Items 1, 2, and 3. 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 A Agent B Received by (Printed Name) C. Date of Delivery 7/29/17
1. Article Addressed to: 17-32	D. Is delivery address different from item 1?
SYCAMORE TOWNSHIP BOARD OF TRUSTEES 8540 KENWOOD ROAD CINCINNATI, OHIO 45236	
9590 9402 1901 6104 7613 16	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Signature Confirmation™
7016 2140 0001 0285 56	D Olympian Confirmation
PS Form 8811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
 Complete items 1, 2, and 3. 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: 17-32 Stephan P. Wellien: Libb Emesals Pkhy Dublin, Dh. 43011 	A. Signature B. Received by (Printed Name) D. Is delivery address different from If YES, enter delivery address	
9590 9402 2329 6225 7404 73	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Meil® Certified Meil® Collect on Delivery	☐ Priority Mall Express® ☐ Registered Mail™ ☐ Registered Mail Restricte Delivery ☐ Return Receipt for Merchandise
701F 5140 0001 0592 P84	n Delivery Restricted Delivery (sait (sait Asstricted Delivery (over \$500)	☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	(Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
 Complete items 1, 2, and 3. 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 B. Received by One (NO)	☐ Agent ☐ Addressee ☐ C. Date of Delivery
1. Article Addressed to: 17-32 HAMILTON COUNTY BOARD OF COMMISSIONERS MEMBERS 138 E. COURT STREET #603 CINCINNATI, OHIO 45202	D. Is delivery address different for if YES, enter delivery address 20	rten 1? Yes celeur: No
9590 9402 2413 6249 7029 43 7007 2680 0001 0485 453	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Collect on Delivery Collect on Delivery I call Restricted Delivery I call Restricted Delivery	div Mail Express® ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail Restricte Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt

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: 17-32 CLERK OF COUNCIL CITY OF BLUE ASH 4343 COOPER ROAD BLUE ASH, OHIO 45242 ■ Address different from item 1? □ Yes If YES, enter delivery address below: □ No	ETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY	R: COMPLETE THIS SECTION
CLERK OF COUNCIL CITY OF BLUE ASH 4343 COOPER ROAD BLUE ASH, OHIO 45242 If YES, enter delivery address below: No	and address on the reverse eturn the card to you. to the back of the mailpiece, space permits. X	your name and address on the reverse at we can return the card to you. This card to the back of the mailpiece, the front if space permits.
	If YES, enter delivery address below: No DUNCIL SEASH REROAD	RK OF COUNCIL OF BLUE ASH COOPER ROAD
9590 9403 0762 5196 5217 97 Adult Signature Restricted Delivery Registered Mail™ Adult Signature Restricted Delivery Refur Receipt for Merchandise Restricted Delivery Refur Receipt for Merchandise Signature Confirmation Delivery Signature Confirmation Delivery Signature Confirmation Delivery Signature Confirmation Delivery Signature Confirmation Signature Confi	Adult Signature Restricted Delivery Registered Mail Response Register	9590 9403 0762 5196 5217 97
All Restricted Delivery (over \$500) Restricted Delivery	(over \$500)	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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 mailplece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?
CLERK OF COUNCIL VILLAGE OF NEWTOWN 3536 CHURCH STREET	Same
CINCINNATI, OHIO 45244	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Return Receipt for
17-32-5 L- A IC 2 Article Number (Transfer from service label) 7016 2140 0001 0285 6803	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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 Agent Addressee B. Repeived by (Printed Name) C. Date of Delivery
1. Article Addressed to: /7-32 CLERK OF COUNCIL VILLAGE OF OWENSVILLE P.O. BOX490 115 WEST MAIN STREET	D. Is delivery address different from Item 1? ☐ Yes If YES, enter delivery address below: ☐ No
OWENSVILLE, OHIO 45160 9590 9402 1901 6104 7607 08	3. Service Type 3. Service Type 3. Service Type 4 Adult Signature 5. Adult Signature Restricted Delivery 6. Certified Mail® 7. Certified Mail® 8. Registered Mail* 9. Registered Mail* 9. Registered Mail* 9. Return Receipt for Merchandise Merchandise 9. Signature Confirmation* 1. Signature Confirmation* 1. Signature Confirmation*
7016 2140 0001 0285 555	Mail CI Signature Confirmation Apil Restricted Delivery Restricted Delivery (3)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

	St. See	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. 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 Manage () Agent D Addressee B. Received by (Printed Narre) C. Date of Delivery	
1. Article Addressed to: 12-32	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
MIAMI TOWNSHIP BOARD OF TRUSTEES 3780 SHADY LANE NORTH BEND, OHIO 45052		
9590 9402 1901 6104 7612 00 7016 2140 0001 0285 618	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Collect on Delivery □ Restricted Delivery □ Collect on Delivery □ Collect On Delivery □ Collect On Delivery □ Collect On Delivery □ Signature Confirmation	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Aail Restricted Delivery 10) Restricted Delivery Domestic Return Receipt	

	(William)	
SENDER: COMPLETE THIS SECTION	A. Signature X	
 Complete items 1, 2, and 3. 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. 		
Article Addressed to: CLERK OF COUNCIL	D. is delivery address different from if YES, enter delivery address to	
VILLAGE OF LINCOLN HEIGHTS 1201 STEFFEN AVENUE LINCOLN HEIGHTS, OHIO 45215	☐ Adult Signature Restricted Delivery	☐ Priority Mall Express® ☐ Registered Mall™ ☐ Registered Mell Restricted
7016 2140 0001 0285 701	Collect on Delivery Collect on Delivery Restricted Delivery	Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation ☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	D	omestic Return Receipt

SENDER: 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. 1. Article Addressed to:	A. Signature X. Bufa DAddressee B. Beceived by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
TRENTON, OHIO 45067	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
7016 2140 0001 0285 654	4
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540

Complete items 1, 2, and 3. Also complete item 4 tf Restricted Delivery is desired. Print your name and address on the reverse	A. Signature X. My	☐ Agent ☐ Addresse
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. Article Addressed to: 17-32	B. Received by (Printed Name) D. Is delivery address different from iter If YES, enter delivery address below	
CLERK OF COUNCIL CITY OF SILVERTON 6860 PLAINFIELD ROAD CINCINNATI, OHIO 45236	3. Service Type ☐ Certified Mail ☐ Express Ma	u
12. .	☐ Registered ☐ Return Record Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee)	eipt for Merchandis
7016 2140 0001 0285 651		

The second secon	Service .
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
CLERK OF COUNCIL CITY OF SPRINGDALE	A. Signature X City of Springdale
11700 SPRINGFIELD PIKE CINCINNATI, OHIO 45246	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	△ Rechicted Delivery? (Extra Fee) ☐ Yes
: 7016 2140 0001 0285 648	17-32
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540

SENDER: 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 Puri Agent Addressee B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to: 17-32 MAYOR- VILLAGE OF WILLIAMSBURG 107 W. MAIN STREET WILLIAMSBURG, OHIO 45176	D. Is delivery address different from item 1?	
	3. Service Type Contified Mail Dexpress Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Pres	
7016 2140 0001 0285 6520		
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540	
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 Complete items 1, 2, and 3. 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 malipiece, or on the front if space permits. 	A. Signature X B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: 17-32 MAYOR - CITY OF CINCINNATI CITY HALL-801 PLUM STREET CINCINNATI, OHIO 45202	OCT 0 2 2017	m item 1? ☐ Yes
9590 9403 0762 5196 5217 42 7016 2140 0001 0285 725	3. Service 43 - 452 Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery ail ail Restricted Delivery (over \$500)	☐ Priority Mall Express® ☐ Registered Mall™ ☐ Registered Mall Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card of ou. Attach this card to the back of the translete, or on the front if space permits. 1. Article Addressed to: MAYOR - CITY OF MONTGOMERY 10101 MONTGOMERY, OHIO 45242	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes if YES, enter delivery address below: No
9590 9402 2329 6225 7403 81 7016 2140 0001 0285 693	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail® □ Certified Mail® □ Collect on Delivery □ Collect on Delivery □ Nail ■ Aail Restricted Delivery □ Adult Signature Restricted Delivery □ Signature Confirmation □ Signature Confirmation □ Restricted Delivery □ Cover \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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 Complete items 1, 2, and 3. 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 Bry Harin Agent Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: 17-32	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
BATAVIA TOWNSHIP BOARD OF TRUSTEES 1535 CLOUGH PIKE BATAVIA, OHIO 45103	
9590 9402 1901 6104 7611 18	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery
2 Article Number (Transfer from service Jahrel) 7016 2140 0001 0285 627	Collect on Delivery Restricted Delivery Signature Confirmation Signature Confirmation Signature Confirmation Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

and the state of t	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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VILLAGE OF NORTH BEND	
21 TAMEOR AVENUE NORTH BEND, OHIO 45052 7016 2140 0001 0285 67	(over \$500)
PS Form 3811 , July 2015 PSN 7530-02-000-9053	17-32 - ELAUR Domestic Return Receipt

SENDER: 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. 1. Article Addressed to: 17-37 CLERK OF COUNCIL VILLAGE OF FELICITY P.O. BOX 613 FELICITY, OHIO 45120	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? If 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
2. Article Number 7007 25 (Transfer from service label)	80 0001 0486 5105

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540