Carrie Management ...

2017 OCT -5 PM 3: 02

17-32-EL-AIR

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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. 	X Danus Kelle Agent Addressee B. Received by (Printed Name) C. Date of Delivery Denise Kelle
CLERK OF COUNCIL CITY OF LEBANON 50S, BROADWAY	D. Is delivery address different feet item 1? Yes If YES, enter deficit address provide No OCT 0 2 2017
LEBANON, OHIO 45036 17-32-EL-A:R	3. Service Type Adult Signature Adult Signature Restricted Service Registered Main Registered Main Registered Main Registered Main Registered Main Restricted Delivery Registered Main Restricted Delivery Restricted Delivery Restricted Delivery Restricted Delivery Signature Confirmation Signature Confirmation
3507; 2 <u>850 · 1000 · 0415 [†] 4107</u>	(OVE/3500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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 Date Processed /0/5/17

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:	D. Isladelivery address different from item 1? Yes If YES, enter delivery address below: No
CLERK OF COUNCIL CITY OF HARRISON 300 GEORGE STREET	
HARRISON, OHIO 45030	3. Service Type Certified Mail Registered Return Receipt for Merchandise
17-32-EL-AIR	4. Restricted Delivery? (Extra Fee)
7016 2140 0001 0285 741	1
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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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 B. Received by (Printed Name) C. Date of Delivery Arm Strong 16-2-17
Article Addressed to: MAYOR - VILLAGE OF SOUTH	D. Is delivery address different from flem 1? ☐ Yes If YES, enter delivery address below: ☐ No
LEBANON 99 N. HIGH STREET SOUTH LEBANON, OHIO 45065	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery
2. Article Number (Transfer from service lehel) 7016 2140 0001 0285 662	☐ Collect on Delivery Restricted Delivery all Restricted Delivery □ Signature Confirmation □ Signature Confirmation Restricted Delivery
PS Form 3811 , July 2015 PSN 7530-02-000-9053	17. 32 - EL - AIR 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: 	A. Signature X Part Agent Addressee B. Received by (Printe Name) C. Date of Delivery O-3-7 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
MAYOR - CITY OF MOSCOW 79 ELIZABETH STREET MOSCOW, OHIO 45153	
	3. Service Type ☐ Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7007 (Transfer from service label)	2680 0001 0486 5150
PS Form 3811, February 2004 Domestic Re	eturn 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 Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address officerent from item 12 Yes
1. Article Addressed to: 11-32 CLERK/TREASURER VILLAGE OF NEW MIAMI 268 WHITAKER	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
HAMILTON, OHIO 45011	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7007 21 (Transfer from service label)	480 0001 0486 6195
DC Farm 2011 Fabruary 2004 Demostic B	aturn Decoint

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540 ;

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Complete items 1, 2, and 3. Al item 4 if Restricted Delivery is Print your name and address coso 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. f the mailpiece,	B. Received by (Print) D. Is delivery address	abley of c.	☐ Agent☐ Addressee Date of Delivery
1. Article Addressed to: CLERK OF COUNCIL VILLAGE OF NEVILLE P.O. BOX 122	17-32	If YES, enter deliv	ery address below:	□ No
NEVILLE, OHIO 45156	L	3. Service Type Certified Mail Registered Insured Mail	☐ Express Mail ☐ Return Receipt ☐ C.O.D.	for Merchandisë
		4. Restricted Deliver	y? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	7014 2120	0007 52PJ	7076	
DO E 0011				

PS Form 3811, February 2004

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 July Laboratoria Specific Specif	☐ Agent ☐ Addressee ☐ C. Date of Delivery
1. Article Addressed to: 17-32	D. Is delivery address different from	
MAYOR - CITY OF DEER PARK 7777 BLUE ASH ROAD DEER PARK, OHIO 45236		
9590 9403 0762 5196 5217 66	3. Service Type Adult Signature Cartified Mail® Certified Mail® Collect on Delivery Collect on Delivery	☐ Priority Mall Express® ☐ Registered Mail [™] ☐ Registered Mail Restricts Delivery ☐ Return Receipt for Merchandise
2. Article Number (Transfer 1991) 1 0285 723	Delivery Restricted Delivery lail Lail Restricted Delivery (over \$500)	☐ Signature Confirmation [®] ☐ Signature Confirmation ☐ Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receip

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 Jacob Agent Addressee B. Received by (Printed Name) 1 a now Johnson D. Is delivery address different from item 1? Uses
1. Article Addressed to: 17-32 MAYOR- VILLAGE OF WEST UNION 33 LOGAN LANE WEST UNION, OHIO 45693	If YES, enter delivery address below: No
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3. Service Type Certified Mail Registered Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
7016 2140 0001 0285 653	7
PS Form 3811, February 2004 Domestic Ref	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. Article Addressed to: In 17-32 CLERK OF COUNCIL CITY OF SPRINGBORO 	A. Signature X DOW TONY THE Agent Addresses B. Received by (Brinted Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
320 W. CENTRAL SPRINGBORO, OHIO 45066	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
7016 2140 0001 0285 649	0
PS Form 3811, February 2004 Domestic Re	sturn Receipt 102595-02-M-154

A STATE OF THE STA		
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. Ulltria Ullslig Addressee B. Received by (Printed Name) V. HENS USY D. Is delivery address different from item 12 Yes	
Article Addressed to: 17-32 UNION TOWNSHIP ADMINISTRATOR	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
4350 AICHOLTZ ROAD CINCINNATI, OHIO 45245-1517		
	3. Service Type Coertified Mail Registered Registered Receipt for Merchandise C.O.D.	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number 7007 2L80 (Transfer from service label)	0007 0486 6563	
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-N-1540	
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A Company of the Comp					24
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SI	ECTION ON	DELIVER	?Y
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1. Article Addressed to: 17-32		D. Is delivery address If YES, enter deliv			☐ No
MAYOR- VILLAGE OF NEVI P.O. BOX 122 NEVILLE, OHIO 45156	LLE				
		3. Septice Type Z Certified Mail Registered Insured Mail	☐ Expres	n Receipt f	or Merchandise
		4. Restricted Deliver	y? (Extra Fe	e)	☐ Yes
Article Number (Transfer from service label)	7007	5690 000J	0486	5167	
PS Form 3811, February 2004	Domestic Ret	urn Receipt	-1!		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. Article Addressed to: 17-32 FISCAL OFFICER 	A. Signature X
CITY OF MOSCOW 79 ELIZABETH STREET MOSCOW, OHIO 45153	3. Service Type Certified Mail
Article Number (Transfer from service label) 7014 2	4. Restricted Delivery? (Extra Fee) ☐ Yes 120 0001 2560 8319
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-154

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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	☐ Agent ☐ Addressee C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from If YES, enter delivery address	
CLERK OF COUNCIL CITY OF DEER PARK 7777 BLUE ASH ROAD DEER PARK, OHIO 45236		,
9590 9403 0762 5196 5218 41	Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery	□ Priority Mall Express® □ Registered Mail™ □ Registered Mall Restricte Delivery □ Return Receipt for Merchandise □ Signature Confirmation™ Signature Confirmation
7016 2140 0001 0285 715	ail Restricted Delivery	Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON CELIVERY
 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 Doul Doub Agent Addressee B. Received by (Printed Name) C. Date of Delivery LONG LONG C. Da
MAYOR- CITY OF SPRINGBORO 320 W. CENTRAL	If YES, enter delivery address below: No
2. Article Number (Transfer from service lehal)	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Coll
7016 2140 0001 0285 6618	lall Restricted Delivery Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 17+32-EL Aux 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: 17-32 MAYOR - VILLAGE OF ELMWOOD PLACE 6118 VINE STREET 	A. Signature A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from items If YES, entered livery address below: O. No C. Date of Delivery O. No Yes If YES, entered livery address below: O. No
9590 9403 0762 5196 5217 73	3. Service Typs Adult Signature Adult Signature Restricted Delivery Certified Mail® Collect on Delivery Collect on Delivery Restricted Delivery If Restricted Delivery Signature Confirmation Restricted Delivery (over \$500)
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receip

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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
1. Article Addressed to: MAYOR - VILLAGE OF NEW MIAMI 268 WHITAKER HAMMLTON, OHIO 45011	D. Is delivery address different from item 1? If YES, enter delivery address below: No
9590 9402 2329 6225 7404 28 7016 2140 0001 0285 689	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Delivery Restricted Delivery ☐ Adult Signature Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Delivery ☐ Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation ☐ 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	CONPLETE 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:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
MAYOR - VILLAGE OF GREENHILLS 11000 WINTON ROAD CINCINNATI, OHIO 45218	
	3. Service Type Carcified Mail Express Mail Registered Return Receipt for Merchandise Co.D.D.
17-32-EL-AIR	** Totricted Delivery? (Extra Fee)
7007 2680 0001 0484 6988	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540
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 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. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Addressee B. Received by (#Finted Name) C. Date of Delivery
1. Article Addressed to: MAYOR - CITY OF ST. BERNARD 110 WASHINGTON AVENUE	D. Is delivery address different from item to how the free for the free free free from item to how the free free free free from item to how the free free free free free free free fr
CINCINNATI, OHIO 45217 Cincinnati, OHIO 45217 Cincinnati, OHIO 45217 Cincinnati, OHIO 45217	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Collect on Delivery Collect on Delivery Collect on Delivery Signature Confirmation Signature Confirmation Restricted Delivery Signature Confirmation Restricted Delivery Restricted Delivery Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	17-32-ELAIR 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 Choul Change
1. Article Addressed to: CLERK OF COUNCIL CITY OF ST. BERNARD	D. Is delivery address the safe from the first of the safe from the safe fro
2. Article Number Grander from 2017	3. Service Type □ Adult Signature □ Adult Signature Restricted Celivery □ Certified Mail Restricted Delivery □ Certified Mail Restricted Delivery □ Coffect on Delivery □ Delivery Restricted Delivery □ Signature Confirmation □ Signature Confirmation
7016 2140 0001 0285 66	(over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	17-32-ELAIR Domestic Return Receipt

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. □ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? If YES, entracellivery address below: 1. Article Addressed to: OCT 03 2017 CLERK/TREASURER VILLAGE OF ELMWOOD PLACE 6118 VINE STREET CINCINNATI, OHIO 45216 3. Service Type ☐ Prioritivial Express® ☐ Adult Signature ☐ Adult Signature Restricted Solivery S ☐ Begistered Mail™ Delivery ☐ Certified Malk® ☐ Certified Mall Restricted Delivery Return Receipt for Merchandise 9590 9403 0762 5196 5218 58 Collect on Delivery Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery 7016 2140 0001 0285 7145 I Restricted Delivery

PS Form 3811, April 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 C. Date of Delivery D. F. D. T. L. S. C. D. L. D.
1. Article Addressed to: 17-32	D. Is delivery address different from item 1? ☐ Yes if YES, enter delivery address below: ☐ No
CLEARCREEK TOWNSHIP BOARD OF TRUSTEES 7593 BUNNELL HILL ROAD SPRINGBORO, OHIO 45066	
9590 9402 1901 6104 7609 68	3. Service Type
7016 2140 0001 0285 634	Delivery Restricted Delivery Signature Confirmation Signature Confirmation Signature Confirmation I Signature Confirmation I Signature Confirmation Restricted Delivery I (over \$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 X	☐ Agent☐ Addressee☐ C. Date of Delivery☐ 2
1. Article Addressed to: 17-32 MAYOR- VILLAGE OF NEWTOWN 3536 CHURCH STREET CINCINNATI, OHIO 45244	D. Is delivery address different from	
9590 9402 2329 6225 7404 42	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Collect on Delivery Adult Signature Restricted Delivery Collect on Delivery Adult Signature Adult Signature Adult Signature Delivery Signature Adult Signature Delivery Adult Signature Adult Signature Delivery Adult Signature Adult Si	☐ Priority Mall Express®☐ Registered Mall™☐ Registered Mall Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation
7016 2140 0001 0285 687	Aail Restricted Delivery (over \$500)	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 OF	N DELIVERY
Complete items 1, 2, and 3 Print your name and addreso that we can return the control of the backers or on the front if space per 1. Article Addressed to: MAYOR - CITY OF LO 120 W. LOVELAND AV LOVELAND, OHIO 45	ss on the reverse and to you. k of the mailpiece, mits. 32 VELAND VENUE	B. Received by (Printed Name) D. Is delivery address different for if YES, enter delivery address	
9590 9403 0762 5 2. Article Number (Trends for 17014 2140 E	196 5218 65 1901 0285 71	3. Service Type 3. Service Type 4 Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Jelivery Restricted Delivery il Restricted Delivery (over \$500)	☐ Priority Mail Express®☐ Registered Mall™☐ Registered Mail Restricte Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation ™☐ Signature Confirmation Restricted Delivery
PS Form 3811, April 2015 PS	N 7530-02-000-9053	(Cital accel	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. January Mary C. Date of Delivery Lawa Wal-ZOUSTEX [1:2.1]
1. Article Addressed to: 17-32	D. Is delivery address different from ftem 1?
PIERCE TOWNSHIP BOARD OF TRUSTEES 950 LOCUST CORNER ROAD CINCINNATI, OHIO 45245	
9590 9402 1901 6104 7612 17	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 617	P all Restricted Delivery Signature Confirmation all Restricted Delivery Restricted Delivery T (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

 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 mailpied or on the front if space permits. 	Address
1. Article Addressed to: 17-38 CLERK OF COUNCIL CITY OF LOVELAND	D. Is delivery address different from item 1? ☐ Yes if YES, enter delivery address below: ☐ No
120 W. LOVELAND AVENUI; LOVELAND, OHIO 45140	3. Service Type ☐ Priority Mall Express®
9590-9402 2329 6225 74023 68	☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Certified on Delivery ☐ Collect on Delivery ☐ Collect on Delivery
2. Article Number 77	7 3 3 n Delivery Restricted Delivery Signature Confirmation Signatu

<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. 1. Article Addressed to: 	A. Signature A. Signature D. Agent D. Is delivery address different from item 1? D. Is delivery address below:
HARRISON TOWNSHIP BOARD OF TRUSTEES 300 GEORGE STREET HARRISON, OHIO 45030	
9590 9402 1901 6104 7610 95	3. Service Type □ Priority Mail Express® □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Cellect on Delivery □ Signature Confirmation™ □ Signature Confirmation
7016 2140 0001 0285 629 PS Form 3811, July 2015 PSN 7530-02-000-9053	2 tail Restricted Delivery Restricted Delivery 0) Domestic Return Receipt

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SENDER: COMPLETE THIS SECTION	COMPLA : 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. Agent Addressee B. Begeived by (Printed Name) C. Date of Delivery A. C. (2/17)
1. Article Addressed to: 17-32	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
DEERFIELD TOWNSHIP ADMINISTRATOR 4900 PARKWAY DRIVE, SUITE 150 MASON, OHIO 45040	
9590 9402 2413 6249 7029 36	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restrieted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect On Delivery
7007 2680 0001 0485 4945	Mail Signature Confirmation Mail Signature Confirmation Mail Signature Confirmation Mail Restricted Delivery Restric
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
1. Article Addressed to: CLERK OF COUNCIL CITY OF LOCKLAND 101 N. COOPER	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
LOCKLAND, OHIO 45215 (7-32-EC-A-CR 2. Article Number 7140 0001 0285 70	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Noelivery ☐ Delivery ☐ Noelivery ☐ Delivery ☐ Noelivery ☐ Noelivery ☐ Delivery

SENDER: COMPLETE THI	S SECTION	COMPLETE THIS SECTION C	N DELIVERY
 Complete items 1, 2, and Print your name and address that we can return the Attach this card to the base or on the front if space per 	ess on the reverse card to you. ck of the mailpiece,	A. Signature X B. Received by (Printed Name)	LI Addressee
1. Article Addressed to:	17-32	D. Is delivery address different in If YES, enter delivery address	
MAYOR - CITY OF N 6000 MASON-MONT MASON, OHIO 45040	GOMERY ROAL		
9590 9402 2329 6		3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Cotlect on Delivery	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise
7016 2140 0	1001 0285	Delivery Restricted Delivery all Restricted Delivery (over \$500)	ry ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

Complete items 1, 2, and 3.	A. Signature
 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. 	B. Received by (Printed Name) C. Date of Delivery
MIAMI TOWNSHIP ADMINISTRATOR MIAMI TOWNSHIP CIVIC CENTER 6101 MEIJER DRIVE MIAMI TOWNSHIP, OHIO 45150	D. Is delivery address different from them ?? If YES, enter delivery address below. OS 15 10
9590 9402 2413 6249 7029 67	3. Service Type □ Priority Mail Express® □ Registered Mail™ □ Registered Mail™ □ Registered Mail™ □ Registered Mail™ □ Registered Mail ™ □ Registered Mail Restricted Delivery □ Regist
7007 2680 0001 0485 4914	Cionatum Confirmation
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

or on the front if space permits. 1. Article Addressed to: 17-32 MAYOR - VILLAGE OF MORROW 150 E. PIKE STREET MORROW, OHIO 45152 18-10-10-10-10-10-10-10-10-10-10-10-10-10-	٠
If YES, enter delivery address below: MAYOR - VILLAGE OF MORROW 150 E. PIKE STREET MORROW, OHIO 45152 Solvice Type	Agent Daddress Pate of Deliver 2 -17
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SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signaturé. ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse □ Agent X Alama □ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery ■ Attach this card to the back of the mailpiece, D. Is deliged by the Chiral Control of the Section or on the front if space permits. 1. Article Addressed to: CLERK OF COUNCIL CITY OF CINCINNATI OCT 0 2 2017 CITYHALL- 801 PLUM STREET CINCINNATI, OHIO 45202 ☐ Priority Mall Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mall Restricted Delivery 9590 9403 0762 5196 5218 27 Collect on Delivery Collect on Delivery Collect on Delivery Restricted Delivery 2. Article Number (Transfer from sendre label) ☐ Signature Confirmation Restricted Delivery 7016 2140 0001 0285 7176 ail 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 Agent DAMUS Agent Addressee B Received by (Printed Name) C. Date of Delivery ADV DV DV DV DV DV DV DV
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
CLERMONT COUNTY BOARD OF COMMISSIONERS MEMBERS 101 E. MAIN STREET	
BATAV I A, OHIO 45103 III ENHILI IIII IIII IIII IIII III III III III	3. Service Type □ Priority Mall Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Certified Mail Restricted Delivery □ Cellect on Delivery □ Cellect on Delivery
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PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

0	ENDER: 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: //-32 MAYOR - VILLAGE OF OWENSVILLE P.O. BOX 490 115 WEST MAIN STREET OWENSVILLE, OHIO 45160	A. Signature X
		4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON I	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 mailprece, or on the front if space permits. 1. Article Addressed to: CONNONMAND WAY POICY CANTER NAME IN FIRSTER STANDS STAN	B. Received by (Printed Name) D. Is delivery address different from If YES, enter delivery address is	
9590 9402 2329 6225 7404 66 7016 2140 0001 0285 685	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery fall fall Restricted Delivery	☐ Priority Mall 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	0)	Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-905

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. 	B. Redeived by (Printed Name) C. Date of Delivery
1. Article Addressed to: /7-32 HIGHLAND COUNTY BOARD OF COMMISSIONERS MEMBERS 114 GOVERNOR FORAKER PLACE HILLSBORO, OHIO 45133	D. Is delivery address different from term 1? III Yes If YES, enter delivery address below: No
9590 9402 2413 6249 7029 50 7007 2680 0001 0485 492	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail® ☐ Collect on Delivery ☐ Collect on Delivery ☐ Registered Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Require Receipt for Merchandise ☐ Signature Confirmation ☐ Signature Confirmation ☐ Signature Confirmation ☐ Restricted Delivery ☐ Restricted Delivery ☐ Restricted Delivery
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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 mailplece, or on the front if space permits. 1. Article Addressed to: 17-32 MAYOR - VILLAGE OF BLANCHESTER 318 E. MAIN STREET BLANCHESTER, OHIO 45107 	A. Signature X. Agent D. Addressee B. Received by (Printed Name). Stephanic Loward 10-2-17 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Collect on Delivery Collect on Delivery Restricted Delivery Restricted Delivery Cover \$500)
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

ASSESSED 1	
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 Ohio Hospital Association Richard Sites 155 East Broad St. 8724 91001 Uols. Oh. 43215	D. Is delivery address to like and trong to the low. If YES, enter delivery address below. In No.
9590 9402 1901 6104 7608 83 7016 2140 0001 0285 658	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Collect on Delivery □ Collect on Delivery □ Collect on Delivery □ Item Receipt for Merchandise □ Collect on Delivery □ Collect on Delivery □ Item Receipt for Merchandise □ 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 Agent Addresse B. Received of (Printed Name) C. Date of Deliver
Article Addressed to: MAYOR - CITY OF SHARONVILLE	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
10900 READING ROAD SHARONVILLE, OHIO 45241 2. Article Number (Transfer from service tabel)	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail™ ☐ Certified Mail® ☐ Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation ☐ Signature Confirmation

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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 A. Signature A. Signature A. Agent A. Addressed B. Received by Printed Name C. Date of Delivery A. A. Signature A. A. A. Signature A. A. Signature A. A. A. Signature A. A
CLERK OF COUNCIL	*D. Is delivery address different from item 1? CJ Yes If YES, enter delivery address below: GJ No
CITY OF SHARONVILLE 10900 READING ROAD SHARONVILLE, OHIO 45241	3. Service Type ☐ Priority Mail Express®☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail®☐ ☐ Certified Mail Restricted Delivery ☐ Cellect on Delivery ☐ Cellect on Delivery ☐ Merchandise
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, and 3. I address on the reverse rn the card to you. the back of the mailpiece, ace permits.	A. Signature X B. Received by (Printed Name)	Addressee C. Date of Delivery	
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29 6225 7403 36	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery	☐ Priority Mall Express® ☐ Registered Mall™ ☐ Registered Mall Restricted Delivery ☐ Return Receipt for Merchandise	
1 0001 0285 6988	n Delivery n Delivery Restricted Delivery Alail Insured Mall Restricted Delivery (over \$500)	☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
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