

FILE

13

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.

1. Article Addressed to:

FISCAL OFFICER/TREASURER
 VILLAGE OF SEVEN MILE
 213 S. MAIN STREET
 SEVEN MILE, OHIO 45062

2. Article Number (Transfer from service label)

7016 2140 0001 0285 6650

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Laura Oliver* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/4/17

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

RECEIVED
 2017 OCT 10 PM 3:13
 UCC
 AIR

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery

17-32 6L AIR

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 lc Date Processed 10/10/17

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to: 17-32

COLERAIN TOWNSHIP BOARD OF TRUSTEES
4200 SPRINGDALE ROAD
CINCINNATI, OHIO 45251



9590 9402 1901 6104 7611 25

7016 2140 0001 0285 6261

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Adult Signature
 Agent
 Addressee

B. Received by (Printed Name) Emily Randolph C. Date of Delivery 10-31-17

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®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Priority Mail Express®

RECEIVED
 2017 OCT 31 10 PM
 CINCINNATI OH

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

17-32

CLERK OF COUNCIL
 VILLAGE OF JACKSONBURG
 4623 E. OXFORD-MIDDLETOWN ROAD
 MIDDLETOWN, OHIO 45042

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Mike Sword*

Agent

Addressee

B. Received by (Printed Name)

MIKE SWORD

C. Date of Delivery

D. Is delivery address different from item 1? Yes

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

(Transfer from service label)

7007 2680 0001 0486 5099

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: **17-32**

MAYOR - VILLAGE OF WEST ELKTON
 135 NORTH MAIN STREET
 P.O. BOX 180
 WEST ELKTON, OHIO 45070

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Venish Thompson* 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

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 **7014 2120 0001 2560 8272**
 (*Transfer from service label*)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
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1. Article Addressed to:

17-32

MAYOR- VILLAGE OF RUSSELVILLE
 213 W LIBERTY STREET
 RUSSELVILLE, OHIO 45168



9590 9402 1901 6104 7606 92

2 Article Number (Transfer from service label)

7016 2140 0001 0285 5561

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ricky Steele* Agent
 Addressee

B. Received by (Printed Name)

Ricky Steele

C. Date of Delivery

10-5-17

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> all Restricted Delivery | |

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 17-32
 Alpine Energy Solutions
 Michael Dorton
 65 E. State St
 Ste 200
 COB. Oh. 43215



9590 9402 1901 6104 7606 61

COMPLETE THIS SECTION ON DELIVERY

A. Signature 10-2-17
 X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
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®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

PS Form 3849, July 2010 PSN 7500-02-000-9000

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
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1. Article Addressed to: 17-32

CLERK OF COUNCIL
VILLAGE OF HIGGINSPOET
P.O. BOX 121
HIGGINSPOET, OHIO 45131



9590 9402 1901 6104 7607 46

2. Article # 7016 2140 0001 0285 5516

COMPLETE THIS SECTION ON DELIVERY

A. Signature Sheila Beffay 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

Po Box 121

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Delivery Restricted Delivery
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Priority Mail Express®

SENDER: 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.
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1. Article Addressed to: **17-32**

MAYOR - VILLAGE OF HIGGINSPO
 P.O. BOX 132
 HIGGINSPO, OHIO 45131



9590 9402 2413 6249 7027 45

2. Article Number (Transfer from service label)

7016 2140 0001 0285 5592

A. Signature

Shirley DeFay

- 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

Po Box 121

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
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1. Article Addressed to:

17-32

OHIO TOWNSHIP BOARD OF TRUSTEES
 2877 MOUNT PISGAH ROAD
 NEW RICHMOND, OHIO 45157



9590 9402 1901 6104 7612 86

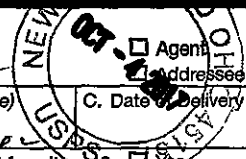
2. Article Number (Transfer from service label)

7016 2140 0001 0285 5707

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*



B. Received by (Printed Name)

David O'Connor

Agent

Addressee

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

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.
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1. Article Addressed to: **17-32**

MAYOR- VILLAGE OF CLEVES
101 N. MIAMI
CLEVES, OHIO 45002



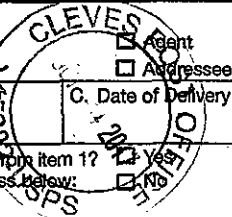
9590 9403 0762 5196 5217 59

7016 2140 0001 0285 7244

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Kathy Volk



- 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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

(over 350g)

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.

1. Article Addressed to: **17-32**

CLERK OF COUNCIL
VILLAGE OF CLEVES
101 N. MIAMI
CLEVES, OHIO 45002



9590 9403 0762 5196 5218 34

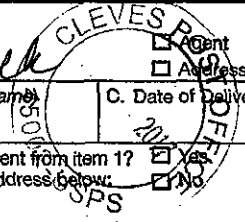
2. Article Number
7016 2140 0001 0285 7169

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Kathy Volk

B. Received by (Printed Name) _____ C. Date of Delivery **3/21/15**

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




3. Service Type
- | | |
|---|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Signature Confirmation Restricted Delivery | |
- (over \$500)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: ~~XXXXXX~~ 17-32
Retail Energy Supply Assoc.
Mark Whitt
The KeyBank Building
88 East Broad St.
Columbus, OH 43215

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X  Agent
 Addressee

B. Received by (Printed Name)
Rebekah Glover

C. Date of Delivery

D. Is delivery address different from item 1? Yes
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

PS I

102595-02-M-1540

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.

1. Article Addressed to: 17-52

GREEN TOWNSHIP BOARD OF TRUSTEES
6303 HARRISON AVENUE
CINCINNATI, OHIO 45247



9590 9402 1901 6104 7610 88

7016 2140 0001 0285 6308

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X [Signature]

B. Received by *[Printed Name]* C. Date of Delivery 10-2-17
[Signature]

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

RECEIVED BY MAIL ROOM
2017 OCT 2 PM 3:13
MARKETING DIV

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Priority Mail Express®