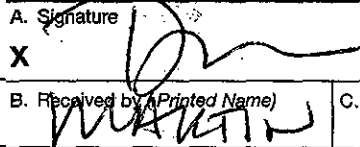
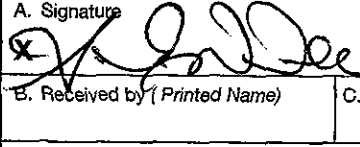
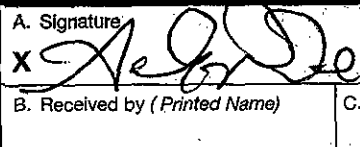
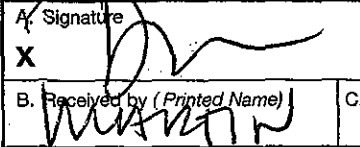


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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <u>X</u>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>W. Martin</u> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>		<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <u>X</u>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
Article Addressed to: <u>17-32</u>				1. Article Addressed to: <u>17-32</u>			
CLERK OF COUNCIL CITY OF WYOMING 800 OAK AVENUE CINCINNATI, OHIO 45215		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		MAYOR - VILLAGE OF WOODLAWN 10141 WOODLAWN BOULEVARD CINCINNATI, OHIO 45215		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Article Number (Transfer from service label) <u>7007 2680 0001 0486 5129</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		2. Article Number (Transfer from service label) <u>7007 2680 0001 0486 6140</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
S Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540		PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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Article Addressed to: <u>17-32</u>				1. Article Addressed to: <u>17-32</u>			
CLERK OF COUNCIL VILLAGE OF WOODLAWN 10141 WOODLAWN BOULEVARD CINCINNATI, OHIO 45215		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		MAYOR - CITY OF WYOMING 800 OAK AVENUE CINCINNATI, OHIO 45215		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Article Number (Transfer from service label) <u>7007 2680 0001 0486 5136</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		2. Article Number (Transfer from service label) <u>7007 2680 0001 0486 6133</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
S Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540		PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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