

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 **PM 1: 29**
 Mr. Garis Pugh
 General Manager
 Logan County Water Pollution Control
 Indian Lake District
~~1015 Orchard Island Road, South~~
 Russells Point, OH 43348
CWA-05-2007-0004

2. Article Number
 (Transfer from service label) **7099 3400 0006 9587 5651**

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Terri Burnside** B. Date of Delivery **9-29-08**

C. Signature **X Terri Burnside** Agent Addressee

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:
PO BOX 1550

RUSSELLS POINT, OH 43348

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

4. Restricted Delivery? (Extra Fee) Yes