

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:

2014-00469-PR
 Grand Valley Local School District
 Board of Education
 111 Grand Valley Avenue, West Suite A
 Orwell, Ohio 44076

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Arlene Korata* Agent Addressee

B. Received by (Printed Name) *Arlene Korata* C. Date of Delivery *5-21*

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

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 7012 3460 0003 7798 5279
 (Transfer from servk)

2014 MAY 23
 COURT OFFICE
 FILED
 MAIL ROOM
 10:47

ON COMPUTER