

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: 1/7/10 B.M.
 PCB 2009-104
 Dale Adams
 Village of Rockton
 110 East Main Street
 Rockton, IL 61072

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 1477

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jean Kohler*

Agent

Addressee

B. Received by (Printed Name)

JEAN KOHLER

C. Date of Delivery

1-13-10

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