COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse Addressee so that we can return the card to you. B. Beceived by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: 1/7/10 B.M. If YES, enter delivery address below: □ No PCB 2010-047 Mark Van Holton 19170 Rush Road Lyndon, IL 61261 3. Service Type Gertified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise ☐ Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7009 0960 0000 5942 1514 (Transfer from service label)

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004