

**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: 8/5/10 B.M.  
PCB 2010-074  
Grand Prairie Sanitary District  
P.O. Box 36  
LaFox, IL 60147

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *T. Kellogg*

- Agent
- Addressee

B. Received by (Printed Name)

TIM KELLOGG

C. Date of Delivery

8/17/10

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

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 3150

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540