	<u></u>
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X Janu Pinted Name) G. Date of Delivery
1. Article Addressed to: 3/3/11 B.M. PCB 2011-047 Jane Smith 29607 253rd Street	D. Is delivery address different from Item 1?
Barry, IL 62312	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7010 3090 0000 3626 9327	
PS Form 3811, February 2004 Domestic Retu	ım Receipt 102595-02-M-1540