| 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. Cauline Land Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery C. Date of Delivery |
| 1. Article Addressed to: 8/18/11 B.M. PCB 2011-055 James E. Goodman, Jr. O'Connor & Thomas, P.C. 700 Locust STreet | Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| Suite 200 Dubuque, IA 52001 | 3. Service Type Service Type |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number (Transfer from service label) 7011 0110 0001 8269 9154 | |
| PS Form 3811, February 2004 Domestic Ret | um Receipt 102595-02-M-1540 |