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 A. Signature A. Signature A. Signature A. Signature A. Signature C. Date of Delivery 11 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
1. Article Addressed to: 11/17/16 B.M. AC 2017-001 Don Roderick 3741 Bearsdale Road Decatur, IL 62526	D. Is delivery address different from item 1?
	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label) 7014 0510 000	
	eturn Receipt