

**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: 1/19/17 B.M.  
PCB 2017-023  
James O'Leary  
2572 160th Avenue  
Aledo, IL 61231

2. Article Number  
(Transfer from service label) || 7014 0510 0001 5481 0696  
PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *James O'Leary*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes

No

3. Service Type

Certified Mail®

Registered

Insured Mail

Priority Mail Express™

Return Receipt for Merchandise

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

Domestic Return Receipt