

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: 10/18/18 B.M.

PCB 2019-063
Scott D. Fisher
1517 45th Street
New Boston, IL 61272

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Scott Fisher

- Agent
- Addressee

B. Received by (Printed Name)
SCOTT FISHER

C. Date of Delivery
10/23/2018

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

NOV 01 2018

STATE OF ILLINOIS
Postage Control Stamp

3. Service Type

- Certified Mail®
- Registered
- Insured Mail

- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 3451

PS Form 3811, July 2013

Domestic Return Receipt