SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
■ Print your name and address on the reverse	X Susanne / / / / / / Exadressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Pripted Name) C. Date of Delivery
or on the front if space permits.	Sucarit 1 1 1/4 4-18-19
1. Article Addressed to: 4/11/19 B.M.	© ladeiwery address afte ent from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	if YES, enter delivery address below:
PCB 2019-070 Steven C. and Susanne M. Kirkhan 19704 Dunham Road	APR 2
19704 Dunham Road	OF ILLINOIS
Woodstock, IL 60098	ATE OF ILLINOIS
Pol	A Certified Mail® ☐ Priority Mail Express™
•	☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7014 0510 0001	5481 4281
PS Form 3811, July 2013 Domestic Retu	urn Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete Items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X ☐ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	Demotope 7
1. Article Addressed to: 4/11/19 B.M.	D. Is delivery address different from item 1?
PCB 2019-070	APR 24 2019
Denise N. Kruse	of the dwOIS
Best Vanderlaan and Harrington	STATE OF ILLINOIS
25 E. Washington St. Usuite 800	STATE OF LIBOARD 3. Service Type Huttern Control Board Description Mail® Priority Mail Express™
Chicago, IL 60602	Doramod Man
_	☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	1 5/01 /200
(<i>Transfer from service label</i>) 7014 0510 0001 PS Form 3811, July 2013 Domestic Retu	
PS Form 3011, July 2013	am noope
CENTED	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 	A. Signature
Print your name and address on the reverse	X Agent
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Beceived by (Printed Name) C. Date of Delive
or on the front if space permits.	Den 10pl 4/17/19
1. Article Addressed to: 4/11/19 B.M.	D. Is delivery address different from item 1?
PCB 2019-070	The delivery address before No
Alison M. Harrington	
Best Vanderlaan and Harrington	APR 24 2019
25 E. Washington St. Suite 800	L- STATE OF THE PARTY OF
Chicago, IL 60602	3. Service HypeOFILL.INOIS FERRITOR MAD NEW MADE Express™
	☐ Registered ☐ Return Receipt for Merchandisc
	☐ Insured Mail ☐ Collect on Delivery
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label) 7014 0510 000	1 5481 4304