

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: 5/30/19 B.M.
PCB 2019-106
Leonard Boelens
8429 E. 1900 St.
Galva, IL 61434

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Judy Boelens

Agent
 Addressee

B. Received by (Printed Name)
Judy Boelens

C. Date of Delivery
6/3/19

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

RECEIVED
JUN 06 2019
STATE OF ILLINOIS
Political Control Board

3. Service Type
 Certified Mail®
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 0510 0001 5481 4427

Domestic Return Receipt