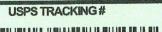
SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A Signature Complete items 1, 2, and 3. Print your name and address on the reverse ☐ Agent ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, -12-2022 or on the front if space permits. 1. Article Addressed to: D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ED YOUNG ☐ No LISLE HIGHWAY DEPT 4719 INDIANA AVE. LISLE, IL 60532 Service Type ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Adult Signature ☐ Adult Signature Restricted Delivery □ Registered Mail Restricted Delivery □ Signature Confirmation™ Certified Mail® Certified Mail® 9590 9402 7284 2028 3486 42 Collect on Delivery ☐ Signature Confirmation Restricted Delivery 2. Article Number (Transfer from service label) 7020 0640 0001 2773 6900 estricted Delivery PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt





First-Class Mail Postage & Fees Paid USPS Permit No. G-10

9590 9402 7284 2028 3486 42

United States Postal Service Sender: Please print your name, address, and ZIP+4[®] in this box PAUL PRATAPAS 1330 E CHICAGO AVE #110 NAPERVILLE, IL 60540-5822

լովիոհհերիկայիլովուայիրերիրերիկերիկերիկերիկերիկիր