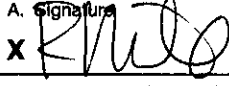
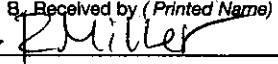


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<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee	
1. Article Addressed to: 7/26/07 B.M. PCB 2006-119 R.A. For Strata Geologic Services, Inc. Roseanne M. Miller, R.A. 8281 North Unity Road Lena, IL 61048	B. Received by (Printed Name)  Miller	C. Date of Delivery 8-2-07
2. Article Number (Transfer from service label) 7007 0220 0003 0236 3104	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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