SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse ☐ 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. or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes Article Addressed to: 3/5/09 B.M. If YES, enter delivery address below: ☐ No PCB 2008-087 Steve Soderberg Steve's Concrete & Excavating 1720 Charles Road 3. Service Type V Rockford, IL 61104 Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7008 1830 0003 9908 9229 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540