## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature 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. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. Maudette Lampbell or on the front if space permits. Is delivery address different from item 1? 9/17/09 B.M. 1. Article Addressed to: If YES, enter delivery address below: PCB 2009-047 RR 3Box 201 Ed Bailey, President Lawrenceville, 1 Birds Pinkstaff Water District 62430 R.R. #2, Box 201 3. Service Type Lawrenceville, IL 62439 Certified Mail ☐ Express Mail ☐ Registered □ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7009 0960 0000 5942 0340 (Transfer from service label)

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004