SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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: 5/6/10 B.M. PCB 2010-082 John & Jennifer Fehr. 1450 E. 000N Road Rankin, IL 60960	A. Signature X. Church M. Gall Agent B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 1? If YES, enter delivery address below: 3. Service Type Control of Delivery Addressee B. Received by (Printed Name) C. Date of Delivery The Service of Delivery Addressee B. Received by (Printed Name) C. Date of Delivery The Service of Delivery Addressee B. Received by (Printed Name) C. Date of Delivery The Service of Delivery D. Is delivery address below: The Service of Delivery Addressee B. Received by (Printed Name) D. Is delivery address different from Item 1? The Service of Delivery D. Is delivery address delivery address below: D. Is delivery address delivery address below:
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