

SENDER: COMPLETE THIS SECTION

- 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: 8/5/10 B.M.
PCB 2010-093
Eric Powley
Terracon Consultants, Inc.
135 Ambassador Dr.
Naperville, IL 60540

2. Article Number
(Transfer from service label)

7009 0960 0000 5942 3174

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Robert M. Rix Agent
 Addressee

B. Received by (Printed Name)
BEUNDA M. Rix

C. Date of Delivery
8-9-10

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes