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: 4/7/11 B.M. PCB 2010-084 Jennifer M. Martin	A. Signature X Medical Addressee B. Received by (Printed Name) C. Date of Delivery M. Clase Pattern of APR 1 1 7011 of D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No
Hodge Dwyer & Driver 3150 Roland Avenue	V 5-2
P.O. Box 5776 Springfield, IL 62705-5776	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7011 0110 0001	8269 7747
PS Form 3811, February 2004 Domestic Reti	urn Receipt 102595-02-M-1540

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. 	A. Signature X Agent Addressee	
1. Article Addressed to: 4/7/11 B.M. PCB 2010-084 Edward W. Dwyer Hodge Dwyer & Driver 3150 Roland Avenue P.O. Box 5776 Springfield, IL 62705-5776	If YES, enter delivery address below: USPS	
	3. Service Type Certified Mall Registered Return Receipt for Merchandise C.O.D.	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Transfer from service lebel) 7011 0110 0001 8269 7754		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		