COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. Addressee 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. or on the front if space permits. D. \(\subseteq\) delivery address different from item 1? 1. Article Addressed to: 4/7/11 BAM YES, enter delivery address below: □ No LOV PCB 2011-052 James Durkee SAMES DIMKEC P.O. Box 15232 Loves Park, IL 61111 30) Service Type Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise ☐ C.O.D. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7011 0110 0001 8269 7815 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540