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: 6/2/11 B.M. PCB 2011-087 David Jakobs 21950 Ridge Road Sterling, IL 61081	A. Signature Agent Addressee Addressee B. Received by Printed Name C. Date of Delivery Coll D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7011 0110 0001 8269 8379	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	