## 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. Print your name and address on the reverse so that we can return the card to you. B. Received by ( Printed Name) Attach this card to the back of the mailpiece. ENNIS HENDRIX or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: 7/21/11 B.M. □ No If YES, enter delivery address below: PCB 2011-092 Dennis Hendrix, R.A. P & H Manufacturing, Inc. 604 S. Lodge P.O. Box 549 3. Service Type Shelbyville, IL 62565 Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7011 0110 0001 8269 8935 (Transfer from service label) PS Form 3811, February 2004 **Domestic Return Receipt** 102595-02-M-1540