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: 9/8/11 B.M.  PCB 2012-045  Steve Sauder  1795 County Road 1150 N  Eureka, IL 61530	A. Signature  X
	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label) 7011 0110 0001	8269 9468
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	