

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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 <input checked="" type="checkbox"/> <i>Michael Patterson Jr.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (<i>Printed Name</i>) <i>Michael Patterson Jr.</i>	C. Date of Delivery <i>12-6-11</i>
1. Article Addressed to: 12/1/11 B.M. PCB 2011-086 <i>12-46</i> Katherine D. Hodge Hodge Dwyer & Driver 3150 Roland Avenue P.O. Box 5776 Springfield, IL 62705-5776	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7011 0110 0001 8269 9949		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15		

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	B. Received by (<i>Printed Name</i>) <i>Michael Patterson Jr.</i>	C. Date of Delivery <i>12-6-11</i>
1. Article Addressed to: 12/1/11 B.M. PCB 2011-086 <i>12-46</i> Monica T. Rios Hodge Dwyer & Driver 3150 Roland Avenue P.O. Box 5776 Springfield, IL 62705-5776	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7011 0110 0001 8269 9956		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		