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. Х Addresse 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 Deliver Attach this card to the back of the mailpiece, Michael erson Pat or on the front if space permits. D. Is delivery address different from item 1? □ Yes 1. Article Addressed to: 12/1/11 B.M. D No If YES, enter delivery address below: PCB 2011-086 /12-46 Katherine D. Hodge Hodge Dwyer & Driver 3150 Roland Avenue P.O. Box 5776 3. Service Type S-Certified Mail Express Mail Springfield, IL 62705-5776 Registered Return Receipt for Merchandis Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes 2. Article Number 7011 0110 0001 8269 9949 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

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	4. Restricted Delivery? (Extra Fee)
2. Article Number (<i>Transfer from service label</i>) 7011 0110 0001 8269 9956	
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