

SENDER: COMPLETE THIS SECTION

- 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: 12/1/11 B.M.
PCB 2012-016
City of Rock Falls
603 West 10th Street
Rock Falls, IL 61071-1576

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 9970

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lori Simon*

Agent

Addressee

B. Received by (Printed Name)

Lori Simon

C. Date of Delivery

12/3/11

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Domestic Return Receipt

102595-02-M-1540