| 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: 4/19/12 B.M. | A. Signature X. Michael Patternan Agent Addressee B. Received by (Printed Name) C. Date of Delivery Michael Patternan Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| PCB 2012-119 Katherine D. Hodge Hodge Dwyer & Driver 3150 Roland Avenue P.O. Box 5776 Springfield, IL 62705-5776 | |
| | 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number (Transfer from service label) 7011 0110 0001 8270 0676 | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | |