| 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: 5/3/12 B.M. PCB 2012-095 | A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below: No | |
| Anielle Lipe | | |
| 22123 Meadow Lake Place Richton Park, IL 60471 | | |
| Archeon Fark, 11 004/1 | 3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D. | |
| | 4. Restricted Delivery? (Extra Fee) | |
| 2. Article Number 7011 0110 0001 8270 0782 | | |
| PS Form 3811, February 2004 Domestic Reti | urn Receipt 102595-02-M-1540 | |