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.	A. Signature X	
1. Article Addressed to: 11/15/12 B.M. PCB 1994-195 Richard J. Kavanagh 111 North Ottawa Street Joliet, IL 60432-4229	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
	3. Service Type Certified Mail	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label) 7011 0110 0001 8270 2267		
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540	

沙子小沙