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 Michael attlum Agent Addressee B. Received by (Printed Name) C. Date of Delivery M. Mage (Patterson) id Id Id
1. Article Addressed to: 12/6/12 B.M. PCB 2012-113 thru PCB 2012-115 PCB 2012-116 & PCB 2012-117 Monica T. Rios Hodge Dwyer & Driver	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
3150 Roland Avenue P.O. Box 5776 Springfield, IL 62705-5776	3. Service Type Certified Mail
0.000	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7011 0110 0001 8270 2472	
PS Form 3811, February 2004 Domestic Return Receipt	