

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: 9/5/13 B.M.
PCB 2014-017
Robb Creasey
R7500 E. 145th Street
Macomb, IL 61455

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Robert P. Creasey* C. Date of Delivery *9-10-13*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
*7500 E. 145th St
Macomb IL 61455*

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label) 7011 0110 0001 8270 5152

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540