

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: 2/20/14 B.M.

PCB 2014-105
William Borsdorf
11752 U.S. 20 E
Stockton, IL 61085

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Mary Borsdorf

Agent

Addressee

B. Received by (Printed Name)

Mary Borsdorf

C. Date of Delivery

2-25-14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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 6586

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540