

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Michael Patterson Jr.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 4/17/14 B.M. PCB 2010-023 Katherine D. Hodge Hodge Dwyer & Driver 3150 Roland Avenue P.O. Box 5776 Springfield, IL 62705-5776	B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Michael Patterson Jr.</i> 4-23-14 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7011 0110 0001 8270 6906 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: 4/17/14 B.M. PCB 2010-023 Monica T. Rios Hodge Dwyer & Driver 3150 Roland Avenue P.O. Box 5776 Springfield, IL 62705-5776	B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Michael Patterson Jr.</i> 4-23-14 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
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7011 0110 0001 8270 6913 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	