

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> <i>Jessica Johnson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Jessica Johnson</i>	C. Date of Delivery
1. Article Addressed to: 2/19/15 B.M. PCB 2015-065 Penni S. Livingston Livingston Law Firm 5701 Perrin Road Fairview Heights, IL 62208	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) 7014 0510 0001 5481 7459		
PS Form 3811, July 2013 Domestic Return Receipt		

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<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> <i>Norma Stafford</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Norma Stafford</i>	C. Date of Delivery
Article Addressed to: 2/19/15 B.M. PCB 2015-065 Leonard Black, Mayor Village of Caseyville 909 S. Main Street Caseyville, IL 62232	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Article Number (Transfer from service label) 7014 0510 0001 5481 8869		
Form 3811, July 2013 Domestic Return Receipt		

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	B. Received by (Printed Name) <i>Norma Stafford</i>	C. Date of Delivery
1. Article Addressed to: 2/19/15 B.M. PCB 2015-065 Rob Watt, Village Clerk Village of Caseyville 909 S. Main Street Caseyville, IL 62232	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Article Number (Transfer from service label) 7014 0510 0001 5481 7473		
PS Form 3811, July 2013 Domestic Return Receipt		