

**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: 3/19/15 B.M.  
PCB 2015-157  
Aaron Warren  
Village of Rankin  
116 South Main Street  
P.O. Box 356  
Rankin, IL 60960

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Minette Warren*  Addressee

B. Received by (Printed Name) *Minette Warren* C. Date of Delivery *3-23-15*

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7014 0510 0001 5481 9231