

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: 5/7/15 B.M.
Chairman
Calhoun County RWD
RR 1, Box 25
Hardin, IL 62052

PLB 15-74

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Justine H. Schulte* Agent
 Addressee

B. Received by (Printed Name) *Justine H. Schulte* C. Date of Delivery *5/12/15*

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 6193

PS Form 3811, July 2013

Domestic Return Receipt