

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: 1/19/17 B.M.

PCB 2017-025
Tim Leman
1931 County Road 1050N
Secor, IL 61771

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Traci D. Leman Addressee

B. Received by (Printed Name) C. Date of Delivery
Traci Leman 10/25/17

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 0719

PS Form 3811, July 2013

Domestic Return Receipt

RECEIVED
FEB 01 2017
CLERK'S OFFICE
POLICE CHIEF
POLICE CHIEF
POLICE CHIEF