

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: 2/2/17 B.M.
PCB 2017-036
Michael Breiby
10015 Knoxville Road
Milan, IL 61264

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 0801

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Michael Breiby*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-6

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

Domestic Return Receipt