

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: 3/23/17 B.M.

PCB 2017-050
Tim Mitchell
11587 Edwardsville Road
Winnebago, IL 61088

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tim Mitchell*

Agent

Addressee

B. Received by (Printed Name)

Tim Mitchell

C. Date of Delivery

3-29-17

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 0993

PS Form 3811, July 2013

Domestic Return Receipt