

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: 6/21/18 B.M.
PCB 2018-081
Ken Ochs
Wabash Valley Service Company
909 N. Court Street
Grayville, IL 62844

COMPLETE THIS SECTION ON DELIVERY

A. Signature



- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

6/25/18

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

JUL 02 2018

STATE OF ILLINOIS
Post Office Board

3. Service Type

- Certified Mail®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7014 0510 0001 5481 3178

PS Form 3811, July 2013

Domestic Return Receipt