

**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: 10/7/10 B.M.  
PCB 2010-008  
Donald R. Swinson  
2621 Baxter Road  
Rockford, IL 61109

2. Article Number  
(Transfer from service label)

7009 0960 0000 5942 3686

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Donald Swinson*

Agent  
 Addressee

B. Received by (Printed Name)

Donald Swinson

C. Date of Delivery

10-21-10

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

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Domestic Return Receipt

102595-02-M-15