SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Received by (Printed Name)  Received by (Printed Name)  C. Date of Delivery  Rehard Cooper 3-21-12  Dis delivery address different from item 1? Tyes
1. Article Addressed to: 3/15/12 B.M. PCB 2012-085	If YES, enter delivery address below:
Charles Cowell	
Richard Cooper	
P.O. Box 99	
Red Bud, IL 62278	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7011 0110 0001 8270 0447	
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540