A. Signature. Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. □ Addressee Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery Received by (Printed Name) Attach this card to the back of the mailpiece. 8-2-12 on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: 7/26/12 B.M. ☐ No If YES, enter delivery address below: AC 2012-057 Michael Whtlock 6305 Sacre Heart Road DuQuion, IL 62832 3. Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7011 0110 0001 8270 1444 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature X Michael Matters Agent Addressee B. Received by (Printed Name) C. Dete of Delivery Michael Patters Stall 2 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
1. Article Addressed to: 7/26/12 B.M. PCB 2012-130 Edward W. Dwyer Hodge Dwyer & Driver 3150 Roland Avenue	
P.O. Box 5776 Springfield, IL 62705-5776	3. Service Type Certified Mall
- who effects is at	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7011 0110 0001 8270 1499	
PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-1540