

**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: **7/9/15 B.M.**  
**AC 2015-018**  
**Charles L. Wessel, R.A.**  
**CL Wessel Heavy Equipment, Inc.**  
**3715 N. Trivoli Road**  
**Trivoli, IL 61569**

2. Article Number  
 (Transfer from service label) **7014 0510 0001 5481 6490**

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
**7-17**

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

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1. Article Addressed to: **7/9/15 B.M.**  
**AC 2015-018**  
**Charles L. Wessel**  
**3715 N. Trivoli Road**  
**Trivoli, IL 61569**

2. Article Number  
 (Transfer from service label) **7014 0510 0001 5481 6476**

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
**7-17**

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

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1. Article Addressed to: **7/9/15 B.M.**  
**AC 2015-018**  
**Ronald L. Hamm**  
**411 Hamilton Blvd.**  
**Suite 1020**  
**Peoria, IL 61602**

2. Article Number  
 (Transfer from service label) **7014 0510 0001 5481 6483**

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
**7/17/15**

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