

**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: 3/2/17 B.M.  
 AC 2017-009  
 Scott Hassler  
 2153 E. Hampshire Road  
 Maroa, IL 61756

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Scott Hassler*  Agent  
 Received by (Printed Name) *SCOTT HASSLER*  Addressee  
 C. Date of Delivery *3-6*  
 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

**RECEIVED**  
 OFFICE  
 MAR 08 2017  
 ILLINOIS  
 Control Board

2. Article Number (Transfer from service label) 7014 0510 0001 5481 0955  
 PS Form 3811, July 2013 Domestic Return Receipt