

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) John Blunt	C. Date of Delivery 5-26
1. Article Addressed to: 4/2/15 B.M. AC 2015-029 Alfredo Palafox, R.A. American Demolition Corporation 305 Ramona Avenue Elgin, IL 60120	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7014 0510 0001 5481 6315		
PS Form 3811, July 2013 Domestic Return Receipt		

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	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: 4/2/15 B.M. AC 2015-029 Bob Whitaker 9125 W. Wheeler Road Mapleton, IL 61547	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7014 0510 0001 5481 6308		
PS Form 3811, July 2013 Domestic Return Receipt		