

SENDER: COMPLETE

- 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.

George Mattern Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

1. Article Addressed to: 7/23/15 B.M.
PCB 2015-214
George Mattern
9516 N. 100th Avenue
Magnolia, IL 61336

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

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 6681

PS Form 3811, July 2013

Domestic Return Receipt