

**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: 5/15/14 B.M.

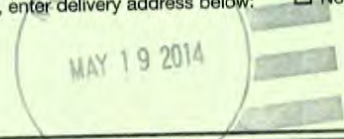
PCB 2014-120  
Dr. Tom Von Gillern  
First Midwest Bank  
506 15th Street  
Miline, IL 61265

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Ted Kaniewski*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*TED KANIEWSKI* *5-22-14*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No



3. Service Type **USPS**  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7011 0110 0001 8270 7149