

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"/> <i>Susanne M. Kirkham</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Susanne M. Kirkham</i>	C. Date of Delivery <i>4-18-19</i>
1. Article Addressed to: 4/11/19 B.M. PCB 2019-070 Steven C. and Susanne M. Kirkham 19704 Dunham Road Woodstock, IL 60098	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7014 0510 0001 5481 4281		
PS Form 3811, July 2013 Domestic Return Receipt		

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	B. Received by (Printed Name) <i>Denise N. Kruse</i>	C. Date of Delivery <i>4/17/19</i>
1. Article Addressed to: 4/11/19 B.M. PCB 2019-070 Denise N. Kruse Best Vanderlaan and Harrington 25 E. Washington St. Suite 800 Chicago, IL 60602	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7014 0510 0001 5481 4298		
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	B. Received by (Printed Name) <i>Denise N. Kruse</i>	C. Date of Delivery <i>4/17/19</i>
1. Article Addressed to: 4/11/19 B.M. PCB 2019-070 Alison M. Harrington Best Vanderlaan and Harrington 25 E. Washington St. Suite 800 Chicago, IL 60602	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7014 0510 0001 5481 4304		
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