

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 <i>John Frieders</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: 12/15/16 B.M. PCB 2017-018 John C. Frieders 14286 Pine Road Sandwich, IL 60548	B. Received by (Printed Name) <i>John Frieders</i>	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If Yes, after delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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	
PS Form 3811, July 2013	7014 0510 0001 5481 2461 Domestic Return Receipt	

RECEIVED
 ATTORNEY GENERAL
 DEC 30 2016
 OFFICE SERVICES
 MAILROOM

SANDWICH IL 60548
 DEC 20 2016
 U.S. MAIL