

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: 1/19/17 B.M.
PCB 2017-023
James O'Leary
2572 160th Avenue
Aledo, IL 61231

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *James O'Leary*

☐ Agent

☐ Addressee

C. Date of Delivery

B. Received by (Printed Name)

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail®

☐ Registered

☐ Insured Mail

☐ Priority Mail Express™

☐ Return Receipt for Merchandise

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

7014 0510 0001 5481 0696