

**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: 5/30/19 B.M.  
PCB 2019-105  
Clark McWhorter  
17494 E. 200th Ave.  
Effingham, IL 62401

2. Article Number  
(Transfer from service label)

7014 0510 0001 5481 4410

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

X Rachael McWhorter

B. Received by (Printed Name)  
Rachael McWhorter

C. Date of Delivery  
6-6-19

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

RECEIVED  
CLERK'S OFFICE

JUN 12 2019

STATE OF ILLINOIS

3. Service Type  
 Certified Mail™  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes