

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: 10/2/14 B.M.
PCB 2014-014
Gail F. Newingham, R.A.
Donley Trucking, Inc.
P.O. Box 13
I-55 Frontage Road South
Williamsville, IL 62693

2. Article Number (Transfer from service label) 7014 0510 0001 5481 5936

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
T. Donley

B. Received by (Printed Name) *Todd Donley* C. Date of Delivery *10/7/14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 10/2/14 B.M.
PCB 2014-014
Todd Donley, VP
Donley Trucking, Inc.
8998 W. Outer Road
Williamsville, IL 62693

2. Article Number (Transfer from service label) 7014 0510 0001 5481 5929

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
T. Donley

B. Received by (Printed Name) *Todd Donley* C. Date of Delivery *10/7/14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt