

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: 1/23/14 B.M.
PCB 2014-040
Maryann L. Reese
St. Elizabeth's Hospital
211 S. Third Street
Belleville, IL 62220

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>C. Playter</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>C. Playter</i>	C. Date of Delivery 1-27-14	
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"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

2. Article Number
(Transfer from service label) 7011 0110 0001 8270 6487

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540