PCB05-93

7004 0750 0002 7330 0343

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

ELMHURST, IL 60126

Postage	$ 3.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 7.90

UNIT ID: 0126

Postmark Here
NOV 2 2004
Clerk: KSCJJM
11/12/04
ELMHURST IL 60126 USPS

Sent To: Elmhurst Public Schools
Street, Apt. No.; or PO Box No.: 130 W Madison
City, State, ZIP+4: Elmhurst, IL 60126

PS Form 3800, June 2002 — See Reverse for Instructions

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:

Dr. Joel Morris, Superintendent
Elmhurst Public Schools
Administration Office
130 West Madison
Elmhurst, IL 60126

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) W. Erickson Date of Delivery NOV 5 2004

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 0750 0002 7330 0343

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540