

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: 12/04/08 B.M.

AC 2008-031

David Geier

Upper Rock Island County

Landfill

17201 20th Avenue North

P.O. Box 159

East Moline, IL 61244

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 7737

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Carolee A. Day* Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

12-11-08

D. Is delivery address different from item 1? YesIf 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