

**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: 4/5/12 B.M.  
 PCB 2012-027  
 John F. Palmer, R.A.  
 Industrial Enclosure Corp.  
 619 North Loucks Street  
 Aurora, IL 60505

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 0652

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Gen Gannece*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-10-12

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

Domestic Return Receipt

102595-02-M-1540