SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: 5/3/12 B.M. PCB 2012-095 Nykole Gillette 22232 Scott Drive Richton Park, IL 60471	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7011 0110 0001 8270 0799	
PS Form 3811, February 2004 Domestic Reti	urn Receipt 102595-02-M-1540