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. 1. Article Addressed to: 7/12/12 B.M. PCB 2012-129 John Daly, Administrator Village of Orland Hills 16033 S. 94th Avenue Orland Hills, IL 60487	A. Signature X
	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7011 0110 0001 8270 1383	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

