

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee X <i>Tom Herlacher</i>	
1. Article Addressed to: 9/5/13 B.M. PCB 2013-056 Tom Herlacher Herlacher Angelton Associates, LLC 2615 Oakridge Drive Waterloo, IL 62298	B. Received by (Printed Name) <i>Tom Herlacher</i>	C. Date of Delivery <i>9-9-13</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
<div style="display: flex; justify-content: space-between; align-items: center;"> PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 </div>		

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