

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: 8/8/13 B.M.
PCB 2013-060
Mayor August Junior
Village of Atkinson
107 W. Main Street
Post Office Box 614
Atkinson, IL 61235

2. Article Number
(Transfer from service label)

7011 0110 0001 8270 4872

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Handwritten Signature] Agent
 Addressee

B. Received by (Printed Name)
[Handwritten Signature]

C. Date of Delivery
8-6-13

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

KEN TABER

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

102595-02-M-1540