

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: 3/20/14 B.M.
AC 2014-033
Russ Renner
Whiteside County Solid Waste
Management
200 East Knox
Morrison, IL 61270

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *(Signature)* Agent Addressee

B. Received by (Printed Name)

(Signature)

C. Date of Delivery

4-14-14

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

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 6753

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540