

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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: 11/21/13 B.M. AC 2012-058 Perry L. Bishop, R.A. Bishop's Truck Service, Inc. 501 South Cherry Street Harrisburg, IL 62946	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	
7011 0110 0001 8270 5725		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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	B. Received by (Printed Name) <i>Cheri Jesinski</i>	C. Date of Delivery <i>11-26-13</i>
1. Article Addressed to: 11/21/13 B.M. AC 2012-058 T.R. Murphy, Jr. Watson & Murphy 1333 Locust Street P.O. Box 59 Eldorado, IL 62930	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	
7011 0110 0001 8270 5701		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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	B. Received by (Printed Name) <i>LEOTA HUMM</i>	C. Date of Delivery
1. Article Addressed to: 11/21/13 B.M. AC 2012-058 Leota Humm 315 E. Gaskin Street Harrisburg, IL 62946	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
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		
2. Article Number (Transfer from service label) 7011 0110 0001 8270 5695		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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	B. Received by (Printed Name) <i>RICHARD HUMM</i>	C. Date of Delivery <i>11-27-13</i>
1. Article Addressed to: 11/21/13 B.M. AC 2012-058 Richard Humm 70 Pierson Hill Road Harrisburg, IL 62946	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
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		
2. Article Number (Transfer from service label) 7011 0110 0001 8270 5718		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540