

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: 5/7/13

AC 2013-023

Sheila Bray, R.A.

IL Valley Urban Lumberjacks,
LLC1538 N. 2725 Road
Ottawa, IL 61350**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Sheila Bray*☐ Agent☐ Addressee

B. Received by (Printed Name)

Sheila Bray

C. Date of Delivery

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

MAY 16 2013

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 4056

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540