

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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Rosalyn Schlabach</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: right;"><i>8-29-18</i></p>
<p>1. Article Addressed to: 8/23/18 B.M. PCB 2019-042 Glen Schlabach 737 Calvary Cemetery Road Campbell Hill, IL 62916</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; color: red; font-weight: bold;">RECEIVED CLERK OFFICE SEP 10 2018</p> <p style="text-align: center; color: red; font-weight: bold;">STATE OF ILLINOIS Pollman Control Board</p>
<p>2. Article Number (Transfer from service label) 7014 0510 0001 5481 3246</p>	<p>3. Service type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	