

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Don Lianed</i> <div style="float: right;"> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </div>	
1. Article Addressed to: <b>7/23/15 B.M.</b>  <b>PCB 2015-215</b> <b>Keith A. Poppy</b> <b>6631 N. 750th Avenue</b> <b>Lynn Center, IL 61262</b>	B. Received by (Printed Name)	C. Date of Delivery <b>7-27-15</b>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  3. Service Type <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  4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
<b>7014 0510 0001 5481 6698</b>		PS Form 3811, July 2013    Domestic Return Receipt