

**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: 7/24/14 B.M.  
PCB 2015-002  
Jamie Dietrich  
JD Pork, LLC  
2502 E. County Road 2150  
LaHarpe, IL 61450

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Jamie Dietrich*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Jamie Dietrich* 7-31-14

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

*2596 E County Rd 2300  
LaHarpe IL 61450*

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) 7014 0510 0001 5481 0191

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540