

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: 3/17/16 B.M.
PCB 2016-087
Ron Mueller
41583 E 2300 N
Cropsey, IL 61731

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 8050

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ron Mueller*

Agent

Addressee

B. Received by (Printed Name)

Ron Mueller

C. Date of Delivery

3/21/16

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

3. Service Type

Certified Mail®

Priority Mail Express™

Registered

Return Receipt for Merchandise

Insured Mail

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes