

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. 	A. Signature <input checked="" type="checkbox"/> <i>Wess Whittaker</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Wess Whittaker</i>	C. Date of Delivery <i>6/21/14</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: <i>6/19/14 B.M.</i> PCB 2014-100 Wess Whittaker Whittaker Auto Salvage 1365 N. 45th Road Earlville, IL 60518		
2. Article Number (Transfer from service label) <i>7011 0110 0001 8270 7422</i>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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	B. Received by (Printed Name) <i>S. Johnson</i>	C. Date of Delivery <i>6/23/14</i>
	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"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: <i>6/19/14 B.M.</i> PCB 2014-100 Richard S. Porter Hinshaw & Culbertson 100 Park Avenue P.O. Box 389 Rockford, IL 61105-1389		
2. Article Number (Transfer from service label) <i>7011 0110 0001 8270 7408</i>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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	B. Received by (Printed Name) <i>S. Johnson</i>	C. Date of Delivery <i>6/23/14</i>
	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"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: <i>6/19/14 B.M.</i> PCB 2014-100 Jeffrey P. Zanchelli Hinshaw & Culbertson 100 Park Avenue P.O. Box 1389 Rockford, IL 61105-1389		
2. Article Number (Transfer from service label) <i>7011 0110 0001 8270 7415</i>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540