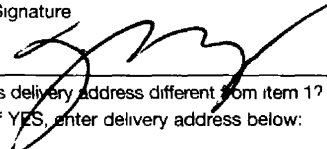| SENDER: *COMPLETE THIS SECTION*	COMPLETE THIS SECTION ON DELIVERY

■ 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. Received by *(Please Print Clearly)*   B. Date of Delivery
12·26

C. Signature
X   ☐ Agent
                                          ☐ Addressee

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

1. Article Addressed to:

OO\285

ectAmerica, Inc.
othy Sledz
2 Centre Point Drive, Suite 128
erville IL 60563-4851

ail   ☐ Express Mail
      ☐ Return Receipt for Merchandise
il   ☐ C O.D.

ivery? *(Extra Fee)*   ☐ Yes

2. Article Number *(Copy from service label)*

7000 0600 0026 4145 4(SED)

PS Form 3811, July 1999   Domestic Return Receipt   102595-99-M-1789

+

APP _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
LEG _____
CPC _____
PAI _____
DPO _____
SEC _1___
SER _____
OTH _____