

7009 0960 0000 7350 2374

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

COLCHESTER, IL 62326

Postage	\$3.75
Certified Fee	\$2.75
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.50

Sent To

Street, Apt.
or PO Box

City, State

Attn: Marsha Livingston
MTC Communications
210 North Coal Street
Colchester, IL 62326

PS Form 3811, February 2004

Official Use

Postmark
AUG 22 2017
0828 23

uctions

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. <div>7009 0960 0000 7350 2374</div> <div>Attn: Marsha Livingston MTC Communications 210 North Coal Street Colchester, IL 62326</div>	<div>A. Signature <input checked="" type="checkbox"/> <i>Joyce Faxon</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</div> <div>B. Received by (Printed Name) <i>Joyce Faxon</i></div> <div>C. Date of Delivery <i>8-28-17</i></div> <div>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</div> <div>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</div> <div>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</div>
2. Article Number (Transfer from service label)	
PS Form 3811, February 2004	Domestic Return Receipt
	102595-02-M-1540