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 C. Signature X W W Addressee D. Is delivery address different from Item 1? Yes
Article Addressed to:	if YES, enter delivery address below:
Willie P. Burrell 300 N. Indiana Avenue	TSCA-05-2006-0012
Kankakee, IL 60901	3. Service Type Cartified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
July 17, 2006 starped	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service labs 7001 0320 0006 1562 2535	
PS Form 3811, March 2001 Domestic Ref	turn Receipt 102595-01-M-1424