

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: 4/3/14 B.M.
AC 2014-034
Lester Scott Hutchings
1002 First Street
Pickneyville, IL 62274

2. Article N
(Transfer
PS Form 3

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X Lester Hutchings

B. Received by (Printed Name) *Lester Hutchings*

C. Date of Delivery *4-14-14*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
*5022 Pyatt-Cutler Rd.
62274-3916*

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes