

**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: 7/10/14 B.M.  
AC 2014-043  
David R. & Beth W. Moser  
135446 North Harmony Lane  
Opdyke, IL 62872

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Beth W. Moser*  Agent  Addressee

B. Received by (Printed Name) *Beth W. Moser* C. Date of Delivery *7/14/14 JST*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  
*13546 N. HARMONY LN  
OPDYKE, IL 62872*

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article  
(Trans)

PS Form

2595-02-M-1540