

**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 2014-014  
Ronald D. Young  
Law Office of Ron Young  
111 W. North Avenue  
Flora, IL 62839

2. Article #  
(Transfe

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

June Conrad

C. Date

4/7

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)