

**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: 8/7/14 B.M.  
AC 2014-045  
Benjamin & Rose Mary Releigh  
1560 N. Coal Road  
P.O. Box 347  
Colchester, IL 62326

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
X Benjamin Releigh

B. Received by (Printed Name) C. Date of Delivery  
Ben Releigh 8-12-14

D. Is delivery address different from item 1?  Yes  
if YES, enter delivery address below:  No

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 Number  
(Transfer from service label)

7014 0510 0001 5481 5059

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540