

**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: 1/8/09 B.M.  
AC 2009-018  
Shirely Voss  
3751 North 500th Avenue  
Alpha, IL 61413

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 8000

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Shirely Voss*

Agent

Addressee

B. Received by (Printed Name)

*Shirely Voss*

C. Date of Delivery

*01-22-09*

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