

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: 6/18/09 B.M.

AC 2009-009

Ruben J. Valdez

211 N. Walnut

P.O. Box 163

DeSoto, IL 62924

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 8642

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kathy Valdez*

Agent

Addressee

B. Received by (Printed Name)

Kathy Valdez

C. Date of Delivery

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

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- 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: 6/18/09 B.M.
 Ac 2009-009
 Alvin Valedz
 211 N. Walnut
 P.O. Box 162
 DeSoto, IL 62924

2. Article Number
 (Transfer from service label)

7008 1830 0003 9908 8635

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Kathy Valdez

- Agent
 Addressee

B. Received by (Printed Name)

1 Kathy Valdez

C. Date of Delivery

6/24/09

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

PO Box 163

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes