

**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: 11/5/09 B.M.  
 AC 2010-002  
 John Pruden  
 101 South Broadway  
 Salem, IL 62881

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 0760

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Bruce West*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-9-09

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

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to: 11/5/09 B.M.  
 AC 2010-002  
 Thomas Christy ✓  
 City Salem  
 101 South Broadway  
 Salem, IL 62881

2. Article Number  
 (Transfer from service label)

7009 0960 0000 5942 0722

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Bew West*

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

*11-9-09*

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

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1. Article Addressed to: 11/5/09 B.M.  
 AC 2010-002  
 Lee Owens  
 101 South Broadway  
 Salem, IL 62881

2. Article Number  
 (Transfer from service label) 7009 0960 0000 5942 0784

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

*B.W. West*

B. Received by (Printed Name) C. Date of Delivery  
 11-9-09

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

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1. Article Addressed to: 11/5/09 B.M.  
 AC 2010-002  
 Jason Bruce  
 101 South Broadway  
 Salem, IL 62881

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 0777

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Bruce West*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-9-09

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