

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: 4/1/2010 B.M.
 PCB2010-056
 Gervase Buehne
 8606 Main Street
 Breese, IL 62230

2. Article Number 7009-0960-0000-5942-2214
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Gervase Buehne*

 Agent AddresseeB. Received by (*Printed Name*)

4-8-10

C. Date of Delivery

4-8-10

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