

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: 5/6/10 B.M.
AC 2010-020
Susan Crow
1003 S. 20th Street
Murphysboro, IL 62966

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Susan Crow

Agent

Addressee

B. Received by (Printed Name)

SUSAN CROW

C. Date of Delivery

5-10-10

D. Is delivery address different from item 1?
If YES, enter delivery address below:

Yes

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)

7099 0960 0000 5942 2313

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540