

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: 9/16/10 B.M.
AC 2011-002
Robert Link
Link Truck Service, Inc.
718 Industrial Drive
Sparta, IL 62286

2. Article Number
(Transfer from service label) 7009 0960 0000 5942 3440

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Patty Jo Krape Addressee

B. Received by (Printed Name) *Patty Jo Krape* C. Date of Delivery *9/20*

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