

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: 12/2/10 B.M.
 AC 2011-011
 James & Patricia Quisenberry
 635 North Sherman
 Lincoln, IL 62656

2. Article Number
 (Transfer from)

COMPLETE THIS SECTION ON DELIVERY

A. Signature



- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-6

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