

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: 9/8/11 B.M.
 PCB 2011-054
 Stewart Spreading
 3870 North State Route 71
 Sheridan, IL 60551

2. Article Number
 (Transfer from service label)

7011 0110 0001 8269 9383

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Musialak Agent
 Addressee

B. Received by (Printed Name)

PATTI MUSIALAK

C. Date of Delivery

9-14-11

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