

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: 6/7/12 B.M.
 PCB 2010-041
 Amy L. Jackson
 Rammelkamp Bradney, P.C.
 232 West State Street
 P.O. Box 550
 Jacksonville, IL 62651-550

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 1093

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Tami Smith*

Agent

Addressee

B. Received by (Printed Name)

Tami Smith

C. Date of Delivery

6-12-12

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