

**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: 9/6/12 B.M.  
 AC 2011-004  
 Karen L. Allen  
 17205 Africa Road  
 Thompsonville, IL 62890

2. Article Number  
 (Transfer from service label)

7011 0110 0001 8270 1710

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Karen Allen*

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-12-12

- 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