SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A. Signature ☐ Agent Print your name and address on the reverse Addressee so that we can return the card to you. B. Received by (Printed Name) Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes D. Is delivery a 1. Article Addressed to: 4/3/14 B.M. If YES, eg ☐ No AC 2014-034 Lester Scott Hutchings Hutch's Tire & Lube 606 South Main Street Pickneyville, IL 62274 Service Type Certified Mail Registered ☐ Express Mail ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article f (Transfe PS Form

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