

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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: 4/2/15 B.M.  
 AC 2015-029  
 Bob Whitaker  
 9125 W. Wheeler Road  
 Mapleton, IL 61547

A. Signature  
 X *Bob Whitaker*  Agent  
 Addressee

B. Received by (Printed Name) *Bob Whitaker* C. Date of Delivery *4-6-15*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) 7014 0510 0001 5481 9255