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. 	A. Signature X Agent Addressee B. Received by (Printed Name) UTADE GREENE C. Date of Delivery c7/28/08 D. Is delivery address different from item 1? Yes
1. Article Addressed to: 7/21/08 B.M. AC 2008-033	If YES, enter delivery address below: 🔀 No
Rex Greene	
P.O. Box 32	
East Lynn, IL 60932	3. Service Type Gertified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7007 3020 0000 4630 6798	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540