

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: 1/22/09 B.M.

AC 2009-026

Bill Richardson

647 E. 13th Street

Danville, IL 61832

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X*Bill Richardson* Agent Addressee

B. Received by (Printed Name)

Bill Richardson

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below

 No

DANVILLE, IL 61832
 JAN 30 2009

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 8079