

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: 10/1/09 B.M.
 AC 2008-016
 Jerry Niemann
 Martensen & Niemann
 140 North Taft Street
 P.O. Box 146
 Paxton, IL 60957

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 0449

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Krish John

Agent

Addressee

B. Received by (Printed Name)

Krish John

C. Date of Delivery

10/6/09

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