

**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: 2/4/10 B.M.  
 PCB 2005-193  
 Steve Kinder  
 Wabash Valley Service Company  
 909 N. Court Street  
 Grayville, IL 62844

2. Article Number  
 (Transfer from service label) 7009 0960 0000 5942 1675

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Denise J Schroeder*

B. Received by (Printed Name) C. Date of Delivery  
 DENISE J SCHROEDER 2-8-10

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