| 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: 1/21/10 B.M. AC 2008-005 Richard Jones 1320 East Wood Street Decatur, IL 62521 | A. Signature X |
| | 3. Service Type Certified Mall 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) 7009 0960 0000 5942 1538 | |
| PS Form 3811, February 2004 Domestic Retu | urn Receipt 102595-02-M-1540 |