

**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: 5/5/11 B.M.  
 PCB 2011-075  
 James Bohnert  
 112 179th St. N  
 East Moline, IL 61244

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *James Bohnert*

 Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

5/10/11

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

2. Article Number

*(Transfer from service label)*

7011 0110 0001 8269 8041