

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: 5/19/11 B.M.
 AC 2009-055
 Blake Weaver
 Novak Weaver Solberg
 130 W. Main Street
 Urbana, IL 61801

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 8072

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Blake Weaver

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/24

- 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