

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: 7/7/11 B.M.
 PCB 2010-109
 James E. MEason
 113 W. Mains Street
 Rockton, IL 61072-2416

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Judith L. Heil

 Agent Addressee

B. Received by (Printed Name)

Judith Heil

C. Date of Delivery

7/11/11

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 8713