

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 2011-097
 Jeff & Mitzi Sharer
 RR #2, Box 95
 Little York, IL 61453

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 8805

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Mitzi Sharer* Agent
 Addressee

B. Received by (Printed Name)

Mitzi Sharer

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