

**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 2011-099

Max Dail

8571 Albany Road

Erie, IL 61250

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Max Dail*  Agent  
 Addressee

B. Received by (Printed Name)

MAX DAIL

C. Date of Delivery

7/12/11

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 8812