

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: 10/6/11 B.M.
 AC 2011-027
 James Harris
 184 Duffield Avenue
 Galesburg, IL 61401

2. Article Number
 (Transfer from service label)

7011 0110 0001 8269 9581

COMPLETE THIS SECTION ON DELIVERY

A. Signature

James Harris Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-12-11

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