

**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.  
 PCB 2011-026  
 d/b/a MAB Pallets  
 Lowell Null  
 1100 South Second Street  
 Hopeton, IL 60942

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 9598

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Lowell Null*

Agent

Addressee

B. Received by (Printed Name)

*Lowell Null*

C. Date of Delivery

*11-19-11*

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