

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: 10/20/11 B.M.

AS 2012-002

David and Vivian Wright
 RR 3, Box 75
 Vandalia, IL 62471

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 9635

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Vivian Wright

 Agent Addressee

B. Received by (Printed Name)

Vivian Wright

C. Date of Delivery

NOV 01 2011

D. Is delivery address different from item 1?

If YES, enter delivery address below:

 Yes No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes