

**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: 3/15/12 B.M.  
 AC 2012-025  
 Grant Cape  
 Johnson Truck Sales, Inc.  
 105 S. Commercial  
 P.O. Box 972  
 Harrisburg, IL 62946

2. Article Number  
 (Transfer from service label)

7011 0110 0001 8270 0355

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Janice Kelley*

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

*3-19-12*

- 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