SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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 2012-026 Gary Bloodworth 829 Jody Lane Marion, IL 62659	A. Bidnature  A. Bidnature  A. 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  **Indicate State St
O Author Name	Trestroid Delivery (Land 166)
2. Article Number (Transfer from service label) 7011 0110 000	01 8270 0362
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